

Consideration of Lea County Resolution No. 22-MAY-126R Awarding the Request for Proposals No. 05 2021 – 2022 Jail Health Services for the Lea County Detention Center



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EVALUATION COMMITTEE SCORING					
JAIL HEALTH SERVICES					
LEA COUNTY DETENTION CENTER					
PROPOSAL #05 - (21-22)					
DUE DATE: April 18, 2022 - 3:00 P.M.					
				POINTS AWARDED	POINTS AWARDED
				Advanced Correctional Healthcare of Lea County	Roadrunner Health Services
<i>Evaluator</i>	<i>#</i>	<i>Possible</i>	<i>Points</i>		
1		100		86	94
2		100		75	100
3		100		85	93
4		100		65	94
5		100		59	90
TOTALS		500		370	471



LEA COUNTY BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY FORM

LCBCC Meeting Date: Thursday, May 26, 2022

Submit this summary form & all attachments to the Finance Director clow@leacounty.net & cc the Community Engagement Manager sstout@leacounty.net; Public Information Officer mrussell@leacounty.net and County Manager mcallagher@leacounty.net by: **Tuesday, May 17, 2022**

County Manager Approval required for all time sensitive issues that do not meet the above deadline.

DATE SUBMITTED mm-dd-yyyy: 05/23/2022	SUBMITTED BY Name, Title, Dept: Ruben Quintana, Warden, Detention
SUBJECT: Agreement between Lea County and to provide medical and mental health care for detainees	ATTACHMENT(S): Resolution, score sheet
NO. OF ORIGINALS FOR SIGNATURE:	ACTION REQUESTED: Action Item
BUDGET LINE ITEM NUMBER: 418-23-2018	FISCAL BUDGET YEAR: FY2023
STRATEGIC PLAN Implementation of 5 Year Strategic Plan: Section 3.5 Safety "Lea County shall be a safe community without crime"	
SUMMARY: Roadrunner Health Services will provide on-site health care, including mental health care, to detainees incarcerated in the Lea County Detention Center to include medical provider on-site, nursing staff, and telecom-medicine. Also includes, mental health coverage, psychiatry/PMHNP and LPC/LCSW with LADAC supplemented with Telecom-Psych. Hazardous waste, laboratory, ekg, oxygen supply, optometry, auditory services and other ancillary services, dentist services, out-patient services, emergency services, and hospitalizations. Proposed cost based on 180 average daily detainee population is \$ 2,148,567	
Requested Items Needed for Presentation Easels/Laptop/Projector/Etc.: Easel <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Projector <input checked="" type="checkbox"/> Other: _____ <small>If checked, how many:</small>	See Additional Summary Attached <input type="checkbox"/>
SUBMITTER'S RECOMMENDATION(S): Approve Roadrunner Health Services as LCDC medical/mental health provider	Submitter's Signature Department Director, Etc. <i>Ruben Quintana</i>
FINANCE REVIEW Fiscal Impact/Cost: \$1,300,000 is currently budgeted in line item 418-23-2018 for FY23. A budget increase of \$848,567.	Reviewed by Finance Director <i>Henry C. Low, Jr.</i>
LEGAL REVIEW: (Note: Travel does not need legal review)	Reviewed by County Attorney
COUNTY MANAGER REVIEW:	Approved by County Manager to be Placed on Agenda <i>Mike Collopy</i>
Item No. <u>0208</u> RECORDING SECRETARY'S USE ONLY ~ COMMISSION ACTION TAKEN	
Approved: _____ Resolution No. <u>22-MAY-126R</u> Continued To: _____	Denied: _____ Policy No. _____ Referred To: _____
Other: _____ Ordinance No. _____ Comments: _____	

STATE OF NEW MEXICO
COUNTY OF LEA
RESOLUTION NO. 22-MAY-126R

A RESOLUTION AWARDING THE REQUEST FOR PROPOSAL NO. 05 2021 - 2022 JAIL HEALTH SERVICES FOR THE LEA COUNTY DETENTION CENTER

WHEREAS, the Lea County Detention Center is responsible for providing medical care, including mental health care, to persons detained in its detention center; *and*

WHEREAS, the Lea County issued Request for Proposal Qualifications (RFPO) No. 05 2021 – 2022 Jail Health Services-Lea County Detention Center; *and*

WHEREAS, Lea County has received a proposal from Roadrunner Health Services in the amount of \$2,148,567.00.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of County Commissioners of Lea County that Request for Proposal Qualifications No. 05 2021 – 2022 from Roadrunner Health Services is hereby approved.

BE IT FURTHER RESOLVED that the Commission Chair and/or County Manager may finalize and sign any agreements consistent with the terms of this resolution.

PASSED AND APPROVED on this 26th day of May, 2022, by the Lea County Board of County Commissioners in an open meeting in Lovington, New Mexico.

LEA COUNTY BOARD OF COUNTY COMMISSIONERS

Dean Jackson (District 1), Chair
Voted: Yes No Abstain

Gary G. Eidson (District 3), Vice Chair
Voted: Yes No Abstain

Rebecca Long (District 2), Member
Voted: Yes No Abstain

Jonathan Sena (District 4), Member
Voted: Yes No Abstain

Pat Sims (District 5), Member
Voted: Yes No Abstain

ATTEST: Keith Manes
Lea County Clerk

**APPROVED AS TO FORM AND LEGAL
SUFFICIENCY:**

By: _____
Teri Davis, Deputy Clerk

John W. Caldwell, County Attorney

REQUEST FOR PROPOSALS (RFP)

JAIL HEALTH SERVICES

RFP# 05 - (21-22)



Release Date: March 4, 2022

**Due Date: April 18, 2022 at 3:00 p.m.
(local time)**

All potential Offerors are requested to carefully review the information contained in this RFP. This RFP was designed to set out clear, concise and specific expectations for a system of Health Care Services at the Lea County Detention Center.

TABLE OF CONTENTS

I. INTRODUCTION	3
A. Purpose.....	3
B. Scope	3
C. Term.....	4
D. Procurement Manager	4
II.CONDITIONS GOVERNING THE PROCUREMENT	5
A. Sequence of Events.....	5
B. Explanation of Events	5
C. General Requirements.....	9
III. RESPONSE FORMAT AND ORGANIZATION	15
A. Number of Responses.....	15
B. Number of Copies	16
C. Proposal Format	16
IV. SCOPE OF WORK SPECIFICATIONS.....	17
A, General Specifications	17
B. Technical Specifications	21
V. Cost Proposal	23
VI. Additional Submittal Requirements.....	23
VII.Evaluation Criteria	24
VIII. Appendix	
A. Acknowledgement of Receipt.....	27
B. Campaign Contribution Form	29
C. Letter of Transmittal Form	33
D. Residency and Veteran Certification.....	36
E. Conflict of Interest	38
F. NM Association of Counties Adult Detention Standards.....	39
G. Federal Performance Based Detention Standards	40
H. Lea County Contract for Goods and Services - Sample.....	42

I. INTRODUCTION

A. PURPOSE OF THIS REQUEST FOR PROPOSALS

The Lea County Board of County Commissioners is requesting sealed proposals from qualified agencies that can do business in the State of New Mexico to provide comprehensive healthcare services consistent with all applicable federal, state and local laws and requirements in the most cost effective manner possible to those detained at the Lea County Detention Center (LCDC).

LCDC is located at 1401 South Commercial, Lovington, New Mexico, 88260. LCDC houses both adult and juvenile offenders of both genders and has a bed capacity of 400 with an average daily population of 180 adult detainees and 10 juvenile detainees. Of that average over 60 are adult federal detainees.

Lea County Board of County Commissioners is requesting the sealed proposals on behalf of the Lea County Detention Center for Jail Health Services (NIGP Commodity Code(s) # 91878, 94807, 94828, 94848, 94855, 94864, 94874, 95262, 95828, 95856 and 95867.

Responses will be accepted in the Finance Department, 100 North Main, Ste. 11, 4th floor, Lovington, New Mexico 88260 up to 3:00 p.m. (local time) on **April 18, 2022**. The Lea County Board of Commissioners reserves the right to reject any and all responses.

All RFP documents as well as any further addenda may be found on the Lea County website: [Requests for Proposals \(leacounty.net\)](https://leacounty.net)

B. SCOPE OF PROCUREMENT

The County's intent of this Request for Proposal (RFP) is to obtain proposals from qualified agencies that can do business in the State of New Mexico to provide comprehensive healthcare services at the LCDC. General Service Categories include Primary Care/Medical Services, Psychiatry Services, Pharmacy Services, Behavioral Health Services, and Dental Services. The County reserves the right to carve out select General Service Categories at the full discretion of The County and as such prospective Offeror(s) reserve the right to submit proposals in one of four ways in accordance to and full compliance with this RFP:

1. As one vendor for all General Service Categories: Primary Care/Medical Services; Psychiatry Services; Pharmacy Services; Behavioral Health Services; and Dental Services.
2. As a consortium of vendors for all General Service Categories: Primary Care/Medical Services; Psychiatry Services; Pharmacy Services; Behavioral Health Services; and Dental Services.

3. As one vendor for one or several, but not all, General Service Categories according to subject expertise.
4. As a consortium of vendors for one or several, but not all, General Service Categories according to subject expertise.

C. TERM OF CONTRACT

This RFP is to contract for one (1) year. Thereafter, the contract may be extended for three additional one-year terms upon the mutual consent of both parties. The Term of Contract shall commence on the date of the execution of this Agreement.

D. PROCUREMENT MANAGER

Lea County has assigned a Procurement Manager who is responsible for the conduct of this procurement whose name, address, telephone number and e-mail address are listed below:

Name: Kelli Ferguson, Buyer
Address: Lea County
100 North Main, Ste.11, 4th floor
Lovington, NM 88260
Telephone: (575) 396-8521 ext. 8610
Fax: (575) 396-1127
Email: kferguson@leacounty.net

All deliveries of responses via express carrier must be addressed as follows

Name: Lea County Finance Dept.
Attn: Kelli Ferguson
Reference RFP Name: JAIL HEALTH SERVICES
RFP# 05 – (21-22)
Address: Lea County
100 North Main, Ste. 11
Lovington, NM 88260

Any inquiries or requests regarding this procurement should be submitted, in writing, to the Procurement Manager. Offerors may **ONLY** contact the Procurement Manager regarding this procurement. Other county employees or Evaluation Committee members do not have the authority to respond on behalf of the County. Any future addenda shall be posted to the Lea County website: [Requests for Proposals \(leacounty.net\)](http://leacounty.net) **Protests of the solicitation or award must be delivered by mail to the Protest Manager.** A Protest Manager has been named in this Request for Proposals, pursuant to NMSA 1978, § 13-1-172, **ONLY** protests delivered directly to the Protest Manager in writing and in a timely fashion will be considered to have been submitted properly and in accordance with statute, rule and this Request for Proposals. Emailed protests

will not be considered as properly submitted nor will protests delivered to the Procurement Manager be considered properly submitted.

II.CONDITIONS GOVERNING THE PROCUREMENT

This section of the RFP contains the schedule, description and conditions governing the procurement.

A. SEQUENCE OF EVENTS

The Procurement Manager will make every effort to adhere to the following schedule:

Action	Responsible Party	Due Dates
1. Issue of RFP	Lea County	March 4, 2022
2. Acknowledgement of Receipt	Potential Offerors	March 14, 2022
4. Deadline to Submit Written Questions	Potential Offerors	March 25, 2022 By 1:00 pm local time
5. Response to Written Questions	Procurement Manager	March 29, 2022 By 4:00 pm local time
6. Submission of Proposal	Potential Offerors	April 18, 2022 by 3:00 PM local time
7. Proposal Evaluation	Evaluation Committee	TBD
8. Best & Final Offer (if requested)	Offerors	TBD
9. Oral Presentations (if requested)	Offerors	TBD
10. Selection of Finalists	Evaluation Committee	TBD
11. Contracts Negotiations	Lea County and Potential Offerors	TBD
12. Contract Awards	Sandoval County	TBD
13. Protest Deadline		+15 days

B.EXPLANATION OF EVENTS

The following paragraphs describe the activities listed in the sequence of events shown in Section II. A., above.

1. Issuance of RFP

This RFP is being issued on behalf of the Lea County Detention Center.

2. Acknowledgement of Receipt

Potential Offerors may e-mail, hand deliver, return by facsimile or registered or certified mail the "Acknowledgement of Receipt of Request for Proposals Form" that accompanies this document, APPENDIX A, to have the offeror placed on the procurement distribution list. The form should be signed by an authorized representative of the offeror, dated and returned to the Procurement Manager by 5:00 pm MST or MDT on **March 14, 2022**.

The procurement distribution list will be used for the distribution of written responses to questions.

3. Deadline to Submit Written Questions

Potential Offerors may submit written questions to the Procurement Manager as to the intent or clarity of this RFP until **March 25, 2022** at 1:00 pm local time as indicated in the sequence of events. All written questions must be addressed to the Procurement Manager as declared in Section I, Paragraph D. Questions shall be clearly labeled and shall cite the Section(s) in the RFP or other document which form the basis of the question.

4. Response to Written Questions

Written responses to written questions will be distributed as indicated in the sequence of events to all potential Offerors whose name appears on the procurement distribution list. An e-mail copy will be sent to all Offeror's that provide acknowledgement of Receipt Forms.

5. Site Visit

There is no scheduled site visit. Any requests to tour facility should be made through contacting Ruben Quintana, Lea County Detention Center Administrator.

6. Submission of Proposals

ALL OFFEROR PROPOSALS MUST BE RECEIVED FOR REVIEW AND EVALUATION BY THE PROCUREMENT MANAGER OR DESIGNEE NO LATER THAN 3:00 PM MOUNTAIN STANDARD TIME /DAYLIGHT TIME ON **April 18, 2022**. Proposals received after this deadline will not be accepted. The date and time of receipt will be recorded on each proposal.

Proposals must be addressed and delivered to the Procurement Manager at the address listed in Section I, Paragraph D2. Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to Jail Health Services and RFP# 05 – (21-22). **Proposals submitted by facsimile, or other electronic means will not be accepted.**

A public log will be kept of the names of all Offerors that submitted proposals. Pursuant to NMSA 1978, § 13-1-116, the contents of proposals shall not be disclosed to competing potential Offerors during the negotiation process. The negotiation process is deemed to be in effect until the contract is awarded pursuant to this Request for Proposals.

7. Proposal Evaluation

An Evaluation Committee will perform the evaluation of proposals. This process will take place as indicated in the sequence of events, depending upon the number of proposals received. During this time, the Procurement Manager may initiate discussions with Offerors who submit responsive or potentially responsive proposals for the purpose of clarifying aspects of the proposals. However, proposals may be accepted and evaluated without such discussion. Discussions SHALL NOT be initiated by the Offerors.

8. Best and Final Offers

Finalists may be asked to submit revisions to their proposals for the purpose of obtaining best and final offers on the date indicated in Section A, Sequence of Events.

9. Oral Presentations

Finalists may be required to attend and participate in an oral presentation on the date(s) indicated in Section A, Sequence of Events.

10. Selection of Finalist

Any Contractual agreement(s) resulting from this RFP will be finalized with the most advantageous Offeror(s) as per schedule Section II. A., Sequence of Events or as soon thereafter as possible. This date is subject to change at the discretion of Lea County. In the event mutually agreeable terms cannot be reached with the apparent most advantageous Offeror in the time specified, the County reserves the right to finalize a contractual agreement with the next most advantageous Offeror(s) without undertaking a new procurement process.

11. Contract Negotiations

The County will begin negotiations with the highest ranked Offeror(s) following Finalist notification. Actual fees shall be negotiated based upon specific services, reimbursable expenses, and specific successful Offeror requirements. If negotiations are successful, the County shall prepare an Agreement for approval by the County Commission or its designee. If an agreement on terms cannot be reached within a reasonable time the County shall terminate negotiations and begin negotiations with the next firm on the ranking list. This process will continue until an Agreement has been negotiated with one of the firms on the ranking list. If an Agreement cannot be negotiated with the firms on the ranking list, the County may choose to negotiate with other qualified Offerors scored by the Committee or to terminate negotiations.

12. Contract Awards

The contract shall be awarded to the Offeror whose proposals are most advantageous to Lea County, taking into consideration the evaluation factors set forth in this RFP. The most advantageous proposal may or may not have received the most points. The award is subject to appropriate Lea County Commission approval.

13. Protest Deadline

Any protest by an Offeror must be timely and in conformance with NMSA 1978, § 13-1-172 and applicable procurement regulations. As a Protest Manager has been named in this Request for Proposals, pursuant to NMSA 1978, § 13-1-172, ONLY protests delivered directly to the Protest Manager in writing and in a timely fashion will be considered to have been submitted properly and in accordance with statute, rule and this Request for Proposals. The 15 calendar day protest period shall begin on the day following the award of contracts and will end at 5:00 pm Mountain Standard Time/Daylight Time on the 15th day. Protests must be written and must include the name and address of the protestor and the request for proposal number. It must also contain a statement of the grounds for protest including appropriate supporting exhibits and it must specify the ruling requested from the party listed below. The protest must be delivered to:

Chip Low, Finance Director
Lea County
100 N. Main, Ste. 11
Lovington, NM 88260

Protests received after the deadline will not be accepted.

C.GENERAL REQUIREMENTS

1.Acceptance of Conditions Governing the Procurement

Potential Offerors must indicate their acceptance of the Conditions Governing the Procurement section in the letter of transmittal. Submission of a proposal constitutes acceptance of the Evaluation Factors.

2.Incurring Cost

Any cost incurred by the potential Offeror in preparation, transmittal, and/or presentation of any proposal or material submitted in response to this RFP shall be borne solely by the Offeror. Any cost incurred by the Offeror for set up and demonstration of the proposed equipment and/or system shall be borne solely by the Offeror.

3.Prime Contractor Responsibility

Any contractual agreement that may result from this RFP shall specify that the prime contractor is solely responsible for fulfillment of all requirements of the contractual agreement which may derive from this RFP.

4.Amended Proposals

An Offeror may submit an amended proposal before the deadline for receipt of proposals. Such amended proposals must be complete replacements for a previously submitted proposal and must be clearly identified as such in the transmittal letter. The County personnel will not merge, collate, or assemble proposal materials.

5. Offeror's Rights to Withdraw Proposal

Offerors will be allowed to withdraw their proposals at any time prior to the deadline for receipt of proposals. The Offeror must submit a written withdrawal request addressed to the Procurement Manager and signed by the Offeror's duly authorized representative.

The approval or denial of withdrawal requests received after the deadline for receipt of the proposals is governed by the applicable procurement regulations.

6. Proposal Offer Firm

Responses to this RFP, including proposal prices for services, will be considered firm for one hundred twenty (120) days after the due date for receipt of proposals or ninety (90) days after the due date for the receipt of a best and final offer, if the Offeror is invited or required to submit one.

7. Disclosure of Proposal Contents

- A. Proposals will be kept confidential until negotiations and the award are completed by the County. At that time, all proposals and documents pertaining to the proposals will be open to the public, except for material that is clearly marked proprietary or confidential. The Procurement Manager will not disclose or make public any pages of a proposal on which the potential Offeror has stamped or imprinted "proprietary" or "confidential" subject to the following requirements:
- B. Proprietary or confidential data shall be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal.
- C. Confidential data is restricted to:
 - 1. confidential financial information concerning the Offeror's organization;
 - 2. and data that qualifies as a trade secret in accordance with the Uniform Trade Secrets Act, NMSA 1978 § 57-3A-1 to 57-3A-7.
 - 3. PLEASE NOTE: The price of products offered or the cost of services proposed **shall not be designated** as proprietary or confidential information.

8. No Obligation

This RFP in no manner obligates Lea County to the use of any Offeror's services until a valid written contract is awarded and approved by appropriate authorities.

9. Termination

This RFP may be canceled at any time and any and all proposals may be rejected in whole or in part when the agency determines such action to be in the best interest of Lea County.

10. Sufficient Appropriation

Any contract awarded as a result of this RFP process may be terminated if sufficient appropriations or authorizations do not exist. Such terminations will be effected by sending written notice to the contractor. The County's decision as to whether sufficient appropriations and authorizations are available will be accepted by the contractor as final.

11. Legal Review

The County requires that all Offerors agree to be bound by the General Requirements contained in this RFP. Any Offeror's concerns must be promptly submitted in writing to the attention of the Procurement Manager.

12. Governing Law

This RFP and any agreement with an Offeror which may result from this procurement shall be governed by the laws of the State of New Mexico.

13. Basis for Proposal

Only information supplied, in writing, by Lea County through the Procurement Manager or in this RFP should be used as the basis for the preparation of Offeror proposals.

14. Offeror Qualifications

The Evaluation Committee may make such investigations as necessary to determine the ability of the potential Offeror to adhere to the requirements specified within this RFP. The Evaluation Committee will reject the proposal of any potential Offeror who is not a Responsible Offeror or fails to submit a responsive offer as defined in NMSA 1978, § 13-1-83 and 13-1-85.

15. Right to Waive Minor Irregularities

The Evaluation Committee reserves the right to waive minor irregularities. The Evaluation Committee also reserves the right to waive mandatory requirements provided that all of the otherwise responsive proposals failed to meet the same mandatory requirements and the failure to do so does not otherwise materially affect the procurement. This right is at the sole discretion of the Evaluation Committee.

16. Notice of Penalties

The Procurement Code, NMSA 1978, § 13-1-28 through 13-1-199, imposes civil, misdemeanor and felony criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for bribes, gratuities and kickbacks.

17. Right to Publish

Throughout the duration of this procurement process and contract term, Offerors and contractors must secure from the County written approval prior to the release of any information that pertains to the potential work or activities covered by this procurement and/or County contracts deriving from this procurement. Failure to adhere to this requirement may result in disqualification of the Offeror's proposal or removal from the contract.

18.Ownership of Proposals

All documents submitted in response to the RFP shall become property of Lea County.

19.Confidentiality

Any confidential information provided to, or developed by, the contractor in the performance of the contract resulting from this RFP shall be kept confidential and shall not be made available to any individual or organization by the contractor without the prior written approval of the County.

The Contractor(s) agrees to protect the confidentiality of all confidential information and not to publish or disclose such information to any third party without the procuring County's written permission.

20.Campaign Contribution Disclosure Form

Offeror must complete, sign, and return the Campaign Contribution Disclosure Form as a part of their proposal. Failure to complete and return the signed unaltered form will result in disqualification.

21.Letter of Transmittal

Offeror's proposal must be accompanied by the Letter of Transmittal Form which must be completed and signed by an individual person authorized to obligate the company. The letter of transmittal MUST:

- Identify the submitting business entity.
- Identify the name, title, telephone, and e-mail address of the person authorized by the Offeror organization to contractually obligate the business entity providing the Offer.

- Identify the name, title, telephone, and e-mail address of the person authorized to negotiate the contract on behalf of the organization (if different than (2) above).
- Identify the names, titles, telephone, and e-mail addresses of persons to be contacted for clarification/questions regarding proposal content.
- Sub-contractor will not be authorized for this procurement.
- Identify the following with a check mark and signature where required:
 - **Explicitly** indicate acceptance of the Conditions Governing the Procurement **Explicitly** indicate acceptance of Section II of this RFP; **and**
 - Acknowledge receipt of any and all amendments to this RFP.
- Be signed by the person identified in paragraph 2 above.

22. Disclosure Regarding Responsibility

- A. Any prospective Contractor and any of its Principals who enter into a contract greater than sixty thousand dollars (\$60,000.00) with any state agency or local public body for professional services, tangible personal property, services or construction agrees to disclose whether the Contractor, or any principal of the Contractor's company:
1. is presently debarred, suspended, proposed for debarment, or declared ineligible for award of contract by any federal entity, state agency or local public body;
 2. has within a three-year period preceding this offer, been convicted in a criminal matter or had a civil judgment rendered against them for:
 - a. the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract or subcontract;
 - b. violation of Federal or state antitrust statutes related to the submission of offers; or
 - c. the commission in any federal or state jurisdiction of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, violation of Federal criminal tax law, or receiving stolen property;
 3. is presently indicted for, or otherwise criminally or civilly charged by any (federal state or local) government entity with the commission of any of the offenses enumerated in paragraph A of this disclosure;
 4. has, preceding this offer, been notified of any delinquent Federal or state taxes in an amount that exceeds \$3,000.00 of which the liability remains unsatisfied. Taxes are considered delinquent if the following criteria apply.
 - a. The tax liability is finally determined. The liability is finally determined if it has been assessed. A liability is not finally determined if there is a pending administrative or judicial challenge. In the case of a judicial

challenge of the liability, the liability is not finally determined until all judicial appeal rights have been exhausted.

- b. The taxpayer is delinquent in making payment. A taxpayer is delinquent if the taxpayer has failed to pay the tax liability when full payment was due and required. A taxpayer is not delinquent in cases where enforced collection action is precluded.
 - c. Have within a three year period preceding this offer, had one or more contracts terminated for default by any federal or state agency or local public body.)
- B. Principal, for the purpose of this disclosure, means an officer, director, owner, partner, or a person having primary management or supervisory responsibilities within a business entity or related entities.
- C. The Contractor shall provide immediate written notice to the State Purchasing Agent or other party to this Agreement if, at any time during the term of this Agreement, the Contractor learns that the Contractor's disclosure was at any time erroneous or became erroneous by reason of changed circumstances.
- D. A disclosure that any of the items in this requirement exist will not necessarily result in termination of this Agreement. However, the disclosure will be considered in the determination of the Contractor's responsibility and ability to perform under this Agreement. Failure of the Contractor to furnish a disclosure or provide additional information as requested will render the Offeror nonresponsive.
- E. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the disclosure required by this document. The knowledge and information of a Contractor is not required to exceed that which is the normally possessed by a prudent person in the ordinary course of business dealings.
- F. The disclosure requirement provided is a material representation of fact upon which reliance was placed when making an award and is a continuing material representation of the facts during the term of this Agreement. If during the performance of the contract, the Contractor is indicted for or otherwise criminally or civilly charged by any government entity (federal, state or local) with commission of any offenses named in this document the Contractor must provide immediate written notice to the State. In the event Contractor knowingly rendered an erroneous disclosure, in addition to other remedies available to the Government, the State Purchasing Agent or Central Purchasing Officer may terminate the involved contract for cause. Still further the State Purchasing Agent or Central Purchasing Officer may suspend or debar the Contractor from eligibility for future solicitations until such time as the matter is resolved to the satisfaction of the State Purchasing Agent or Central Purchasing Officer.

23 .New Mexico Preferences

To ensure adequate consideration and application of NMSA 1978, § 13-1-21 (as amended), Offerors **must** include a copy of their preference certificate with their proposal. Certificates for preferences must be obtained through the New Mexico Department of Taxation & Revenue:

<http://www.tax.newmexico.gov/Businesses/in-state-veteran-preference-certification.aspx>.

A. New Mexico Business Preference

OR

B. New Mexico Resident Veterans Business Preference

In addition to a copy of the certification, the Offeror should sign and complete the Resident Veterans Preference Certificate form, as provided in this RFP.

An agency shall not award a business both a resident business preference and a resident veteran business preference.

The New Mexico Preferences shall not apply when the expenditures for this RFP includes federal funds.

III. RESPONSE FORMAT AND ORGANIZATION

This section describes the format and organization of the Offeror's responses. Failure to conform to these guidelines may result in the disqualification of the proposal.

A. NUMBER OF RESPONSES

Offerors shall submit only one proposal in response to this RFP.

B. NUMBER OF COPIES

1. Hard Copy Responses

Offeror's proposal must be clearly labeled and numbered and indexed as outlined in **Section III.C. Proposal Format**. Proposals must be submitted as outlined below. The original copy shall be clearly marked as such on the front of the binder. Envelopes, packages or boxes containing the original and the copies must be clearly labeled and submitted in a sealed envelope, package, or box bearing the following information:

Offerors should deliver:

1. **Technical Proposals** – One (1) ORIGINAL and five (5) HARD COPIES (6 TOTAL)
2. **Cost Proposals** – One (1) ORIGINAL and five (5) HARD COPIES (6 TOTAL): MUST BE IN A SEPARATE SEALED ENVELOPE FROM THE TECHNICAL PROPOSAL.

The original, hard copy information **must** be identical. In the event of a conflict between versions of the submitted proposal, the Original hard copy shall govern.

Any proposal that does not adhere to the requirements of this Section and **Section III.C.1 Response Format and Organization**, may be deemed non-responsive and rejected on that basis.

C. PROPOSAL FORMAT

All proposals must be submitted as follows: Hard copies must be typewritten on standard 8 ½ x 11 inch paper (larger paper is permissible for charts, spreadsheets, etc.) and placed within binders with tabs delineating each section.

Within each section of the proposal, Offerors should address the items in the order indicated above. All forms provided in this RFP must be thoroughly completed and included in the appropriate section of the proposal.

The (optional) proposal summary may be included by potential Offerors to provide the Evaluation Committee with an overview of the proposal; however, this material will not be used in the evaluation process unless specifically referenced from other portions of the Offeror's proposal.

Organization of folders/envelopes for hard copy proposals:

1. TECHNICAL PROPOSAL – Binder 1 - Proposal Content and Organization

Direct reference to pre-prepared or promotional material may be used if referenced and clearly marked. Promotional material should be minimal. The proposal must be organized and indexed in the following format and must contain, at a minimum, all listed items in the sequence indicated.

- A. Signed Letter of Transmittal (Appendix C)
- B. Table of Contents
- C. Proposal Summary (Optional)
- D. Response to Contract Terms and Conditions
- E. Offeror's Additional Terms and Conditions
 - 1. Response to Specifications
 - 2. Organizational Experience
 - 3. Organizational References
 - 4. Mandatory Specification
 - 5. Signed Campaign Contribution Form (Appendix B)
 - 6. New Mexico Preferences (if applicable)
 - 7. Conflict of Interest Affidavit (Appendix E)
- F. Other Supporting Material (if applicable)

2. COST PROPOSAL – A Separate Sealed Envelope

Please provide a list of all your fees that you plan on forwarding to the County as part of this Proposal. Offeror(s) must include salaries, benefits, and itemized operational costs. **Please submit into a separate sealed envelope.**

IV. SCOPE OF WORK SPECIFICATIONS

There are 15 General Specifications and 4 Technical Specifications. Offerors shall respond in the form of a thorough narrative to each specification preceded by the affirmation “(Name of Offeror) acknowledges understanding of this Specification” unless otherwise instructed. If an Offeror is only responding to one General Service Category and a Specification does not apply, they shall instead state “Not Applicable” next to that particular Specification. All narratives, including required supporting materials, will be evaluated and awarded points accordingly.

A. General Specifications:

1. Lea County, New Mexico is seeking proposals for Jail Health Services to provide high quality, professional, and comprehensive healthcare services to those detained at the LCDC. These services must include but are not limited to the General Service Categories of Primary Care/Medical Services, Psychiatry Services, Pharmacy Services, Behavioral Health Services, and Dental Services. Within these categories includes but is not limited to the recruitment and management of appropriately licensed providers, staff training, policies, procedures, and treatment protocols,

laboratory, diagnostic/x-ray, EMS/ambulance, utilization management (UM), and on-site routine medical services.

2. Off-site services may be a component of this RFP by which the successful provider may be responsible for off-site costs. Need for such health care shall be based on standard detainee medical and behavioral health screenings and assessments, pre-existing illness or injury, illness or injury suffered or contracted while in detention, and injuries suffered during the course of arrest by any law enforcement agency for any detainee booked at the LCDC with an associated medical clearance from the local hospital.
3. The successful Offeror(s) will provide for twenty-four (24) hour a day seven (7) days a week, three hundred sixty five (365) days per year comprehensive detainee emergency or immediate health care services to include emergency and acute hospital services.
4. The successful Offeror shall develop policies and procedures necessary to specify the role of professional medical services in a county detention center and serve as a liaison between the contracted Jail Health Services staff and the Detention Director or designee. These policies, procedures and protocols must be based on National Commission on Correctional Health Care (NCCHC), New Mexico Association of Counties Adult Detention's Professional Standards (NMAC-ADPS) (Appendix F) and the Federal Performance based Detention Standards (FPBDS) (Appendix G) for Health Services in Detention facilities as well as industry best practices.
5. The successful Offeror(s) will be expected to provide comprehensive services that are legally defensible and which meet the NCCHC, NMAC-ADPS and FPBDS for Health Services in Detention facilities, industry best practices, as well as Federal, State and local laws, statutes and ordinances governing the delivery of quality and professional detainee health care services.
6. If this competitive bid process reveals a collaborative model to be most advantageous to The County, it is expected that the selected Vendors will work together to coordinate care in an efficient and effective manner.
7. The Primary Care/Medical Provider shall serve as the Medical Director and Health Services Administrator as follows:
 - a) Physician/Mid-Level provider to function as the site's Medical Director, review the level of care and services provided and be responsible for all medical decisions. The Medical Director must reside in the local area, be available (on-call) 24 hours per day, 7 days per week.
 - b) One full-time Registered Nurse (RN) to serve as the Health Service Administrator. The RN/HSA will be on-site a minimum of

40 hours per week, provide on-call time, and will have the ultimate responsibility for managing the day-to-day operations for the on-site health services program and for providing direct patient care, including health assessments and sick call services. The RN/HSA will work closely with the site Medical Director to ensure that services provided are consistent with policies, procedures and protocols. Other RN/HSA responsibilities will include, but not be limited to attending administrative meetings with the Director, other pertinent county personnel, and ensure close coordination with local providers for the coordination of professional health services. This individual will also oversee scheduling of staff and services, procurement of pharmaceuticals and supplies, and related duties.

8. Records Management:

- a) May be either electronic or paper, and if the former must be a certified Electronic Medical Record (EMR) system that is ICD-10 compliant and must interface with the current jail management system (Spillman, Motorola Solutions)
- b) If The County purchases an EMR throughout the term of the Contract, existing Vendor(s) will be required to transition to The County's EMR according to a by-agreement implementation plan.
- c) Individual health care records will be initiated and maintained for every detainee and not be combined with the custody record.
- d) Adherence to applicable informed consent regulations and standards of the local jurisdiction must be maintained.
- e) Medical summaries or certifications must be produced to accompany detainees for inter-agency transfers.
- f) Medical data necessary for the classification, security and control of detainees will be provided to the Director or designee.
- g) Information concerning any court or legal documents affecting detainees and Vendor must be provided, in writing, to the Director or designee prior to the close of serviceshift.
- h) If a medical record is lost or misplaced and cannot be located within eight (8) hours of the discovered loss, the HSA and Director or designee shall be verbally notified and a duplicate record shall be immediately generated. Any clearance information that cannot be determined shall be repeated. Upon location of the missing record and after a duplicate file has been created, the two files shall

be joined into one.

i) Lea County shall be the owner of all LCDC health records.

9. Please provide your proposed staffing pattern, inclusive of role, level of licensure, and on-site/on-call scheduling. Final staffing for the delivery of comprehensive detainee health care services will be carefully reviewed and mutually agreed upon during contract negotiations and inclusive of the following:

- a) Written job descriptions defining the duties and responsibilities for all assignments;
- b) Staffing schedules encompassing all health care staff and an effective plan to ensure coverage of call-outs;
- c) Vacancies in whole or in part of any shift will result in a credit to the LCDC based on salary plus benefits of the position assigned to that post and for the hours the post is vacant. Additionally, any unfilled shift staffing position not provided shall be a cost credit to LCDC until filled.
- d) Within seven (7) days after award, the successful Offeror shall provide the name, date of birth, local address, previous employment, social security number and copy of driver's license for all LCDC assigned staff for fingerprints and background checks. This will also include a personal integrity questionnaire to be filled out by LCDC assigned staff. Applicable licenses and/or certificates for all professional staff must be on file with the LCDC prior to employment. In addition, malpractice insurance must be on file for all Physicians and Nurse Practitioners, and other professional or paraprofessional employees, if applicable.
- e) All Health Services Vendors are required to participate in LCDC-sponsored Safety, Security, and Orientation training prior to providing patient care for the Contract.
- f) All Contractors are required to participate in LCDC-sponsored Prison Rape Elimination Act (PREA) training prior to providing patient care under the Contract, and to fully abide by PREA policies which mandate reporting and treatment for abuse or neglect of all inmates in the secure institutions.
- g) The Director or designee may prohibit entry to the facility, or remove them from, a contract employee who does not perform his/her duties in a professional manner. Shift Commander (Captain or higher authority) reserves the right to search any person, property or article entering or leaving its facilities.

10. Please provide your Professional Development and/or Continuing Education and Training program.
11. Please provide your Quality Assurance and Compliance Plan, which should include but is not limited to regularly scheduled audits of detainee health care services with documentation of deficiencies and corrective action planning, in addition to an annual quality assurance audit by an outside, independent, qualified entity.
12. Please describe your process for handling health services grievances. At minimum the Offeror's Grievance Coordinator must meet with detainees requesting to file a grievance report within five (5) days of initial request. The Health Services Grievance Coordinator will attempt to resolve the issue(s) presented and will document what steps to resolution were completed. If the issue(s) cannot be resolved in this manner and the detainee files a health services grievance, the LCDC Administration shall have ten (10) calendar days to respond. Copies of all grievance requests, reports and resolutions shall be provided to the facility-designated officer.
13. Please describe your plan to utilize Telemedicine/Telehealth.
14. Please describe how you will operationalize effective discharge planning to ensure continuity of care. Please include your knowledge of the current system of care in Lea County and/or how you will develop or enhance relationships with community based Providers to strengthen the safety net for high needs residents of Lea County exiting from the LCDC.
15. Data Reporting: The successful Offeror(s) will be required to submit data reports as determined by The Director on a regular basis.

B. TECHNICAL SPECIFICATIONS

1. Organizational Experience

Offerors must provide a description of all relevant experience as required in the scope of work and according to the New Mexico Association of Counties Adult Detentions Professional Standards. The narrative **MUST** thoroughly describe how the Offeror has supplied expertise for similar contracts and must include the extent of their experience, expertise and knowledge as a provider of health services to high risk populations.

2. Organizational References

Offerors must provide a list of at least three (3) references where Offeror is providing health care services and length of time that each contract has been in effect. Include the name of the firm, address, telephone number and name of representative. The business reference may be contacted for validation of prior experience.

Offerors shall submit the following Business Reference information as part of Offer:

- Client name;
- Project description;
- Project dates (starting and ending);
- Staff assigned to referenced engagement;
- Client project manager name, telephone number, fax number and e-mail address.

3. Mandatory Specifications

- a) Please provide a detailed description specifying how your proposed services will meet the Medical/Medical Health Standards contained within the New Mexico Association of Counties Adult Detentions Professional Standards (MM-01 through MM-47 and contained here in Appendix F) as **these serve as the minimum mandatory requirements** that shall be used as guidelines and will be made a part of the contract between Lea County and the successful Offeror(s). Successful Offerors shall produce all required Policies, Procedures, and Treatment Protocols prior to Contract Commencement.
- b) If and where applicable, please describe how you will *exceed* the minimum standards and please ensure to clearly distinguish areas of where you exceed vs meet the minimum mandatory requirement standards.

4. Business Specifications

- a) Financial Stability: Offerors must submit copies of the most recent years independently audited financial statements and the most current 10k, as well as financial statements for the proceeding three years, if they exist. The submission must include the audit opinion, the balance sheet, statements of income, retained earnings, cash flows and the notes to the financial statements. If independently audited financial statements do not exist, Offeror must state the reason, and instead, submit sufficient information (e.g. D & B report)

to enable the Evaluation Committee to assess the financial stability of the Offeror.

- b) Insurance: ALL RESPONDENTS MUST submit, with their proposal, proof of insurance for Professional Liability in an amount not less than \$1,000,000. Proof shall be by submission of copies of current policies or current Certificates of Insurance, including the effective dates of coverage. Lea County requires the following provisions of the awarded vendor:

- Lea County to be named as additional insured or an insured on all required policies.
- Lea County shall be provided with an unconditional thirty (30) days advance written notice of cancellation or material change (i.e. no limit on the notice of cancellation) on all policies.
- Prior to the execution of the resulting contract, the Lea County Purchasing Office shall be supplied with an original certificate of insurance evidencing the stated requirements. This insurance shall be effective for the contract duration and renewal certificates shall also be supplied upon expiration.

V. COST PROPOSAL

Please provide a list of all your fees that you plan on forwarding to the County as part of this Proposal. Offeror must include clearly outlined costs for salaries, benefits, and itemized operational costs. **Please submit into a separate sealed envelope.**

VI. ADDITIONAL SUBMISSION REQUIREMENTS

The below required additional submissions are found in the Appendix Section.

1. Appendix A: Acknowledge of Receipt Form

Potential offerors **should** hand deliver or return by facsimile, registered or certified mail or email the "Acknowledgement of Receipt Form" (see APPENDIX A) that accompanies this document to have their organization placed on the procurement distribution list. The form **should** be signed by an authorized representative of the organization and delivered to the Procurement Manager no later than the date specified in the Sequence of Events. The procurement distribution list will be used for the distribution of important information regarding this procurement.

2. Appendix B: Campaign Contribution Disclosure Form

The Offeror must complete an unaltered Campaign Contribution Disclosure Form and submit a signed copy with the Offeror's proposal. This must be

accomplished whether or not an applicable contribution has been made. (See APPENDIX B)

3. Appendix C: Letter of Transmittal Form

The Offeror's proposal **must** be accompanied by the Letter of Transmittal Form located in APPENDIX C. The form must be completed and must be signed by the person authorized to obligate the company.

4. Appendix D: Residential Business or Resident Veterans Preference

To ensure adequate consideration and application of NMSA 1978, § 13-1-21 (as amended), Offerors must include a copy of their preference certificate in this section. In addition, for resident Veterans Preference, the attached certification Form (APPENDIX D) must accompany any Offer and any business wishing to receive the preference must complete and sign the form.

5. Appendix E: Conflict of Interest Affidavit

Offerors must include signed and completed Conflict of Interest Form (APPENDIX E) with RFP documents. The Offeror warrants that it presently has not interest and shall not acquire any interest, direct, or indirect, which would conflict in any manner or degree with the performance or services required under the Agreement. The Offeror certifies that the requirements of the Governmental Conduct Code Act, Sections 10-16-1 through 10-16-18, NMSA 1978, regarding contracting with a public officer or state employee or former state employee have been followed.

VII. EVALUATION CRITERIA

A. EVALUATION POINT SUMMARY

Points will be awarded based on the thoroughness and clarity of the response of the engagements cited and the perceived validity of the response. The following is a summary of evaluation factors with point values assigned to each. These weighted factors will be used in the evaluation of individual potential Offeror proposals by sub-category.

Factors	Points Available
General Specifications	25 points
Technical Specifications:	
• Organizational Experience	20 points
• Organizational References	10 points
• Mandatory Specifications	30 points
Cost	15 points
Resident Business or Resident veteran's Preference	5 or up to 10 additional points
TOTAL POINTS	*100 POINTS
*Up to 110 points possible including Resident or Veteran's Preference	
Insurance Liability	Pass/Fail
Financial Stability	Pass/Fail
Letter of Transmittal	Pass/Fail
Signed Campaign Contribution Disclosure Form	Pass/Fail
Conflict of Interest Affidavit	Pass/Fail

B. EVALUATION PROCESS

1. All Offeror proposals will be reviewed for compliance with the requirements and specifications stated within the RFP. Proposals deemed non-responsive will be eliminated from further consideration.
2. The Procurement Manager may contact the Offeror for clarification of the response.
3. Responsive proposals will be evaluated on the factors set forth in the RFP, which have been assigned a point value. The responsible Offerors with the highest scores will be selected as finalist Offerors, based upon the proposals submitted. The responsible Offerors whose proposals are most advantageous to the County taking into consideration the evaluation factors will be recommended for award. Please note, however, that a serious deficiency in the response to any one factor may be grounds for rejection regardless of overall score.
4. If an interview is held, the Purchasing Office will distribute questions and instructions to the finalists prior to the scheduled interview. A maximum of 100 points are possible in scoring each interview for this RFP. The Evaluation Committee may, at their discretion, request additional clarification as to the contents of the RFP submittal from any of the Offeror's.
5. Percentages for New Mexico Preferences will be determined based upon the point based system outlined in NMSA 1978, § 13-1-21 (as amended).

APPENDIX A

ACKNOWLEDGEMENT OF RECEIPT FORM

APPENDIX A
REQUEST FOR PROPOSAL

JAIL HEALTH SERVICES
RFP# 05 – (21-22)
ACKNOWLEDGEMENT OF RECEIPT FORM

In acknowledgement of receipt of this Request for Proposal the undersigned agrees that she/he has received a complete copy, beginning with the title page and ending with APPENDIX H.

The acknowledgement of receipt should be signed and returned to the Procurement Manager no later March 14, 2022 by 5:00 pm (local time).

Only potential Offerors who elect to return this form completed with the indicated intention of submitting a proposal will receive copies of all Offeror written questions and the written responses to those questions as well as RFP amendments, if any are issued.

FIRM:

REPRESENTED BY:

TITLE: _____ PHONE NO.: _____

E-MAIL: _____ FAX NO.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

This name and address will be used for all correspondence related to the Request for Proposal.

Firm does/does not (circle one) intend to respond to this Request for Proposal.

Kelli Ferguson, Buyer
Lea County
100 N. Main, Ste. 11
Lovington, NM 88260
Fax: 575-396-1127
E-mail: kferguson@leacounty.net

APPENDIX B

CAMPAIGN CONTRIBUTION DISCLOSURE FORM

Campaign Contribution Disclosure Form

Pursuant to the Procurement Code, NMSA 1978, § 13-1-191.1 (2006), any person seeking to enter into a contract with any state agency or local public body for professional services, a design and build project delivery system, or the design and installation of measures the primary purpose of which is to conserve natural resources must file this form with that state agency or local public body. This form must be filed even if the contract qualifies as a small purchase or a sole source contract. The prospective contractor must disclose whether they, a family member or a representative of the prospective contractor has made a campaign contribution to an applicable public official of the state or a local public body during the two years prior to the date on which the contractor submits a proposal or, in the case of a sole source or small purchase contract, the two years prior to the date the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor, a family member or a representative of the prospective contractor to the public official exceeds two hundred and fifty dollars (\$250) over the two year period.

Furthermore, the state agency or local public body shall void an executed contract or cancel a solicitation or proposed award for a proposed contract if: 1) a prospective contractor, a family member of the prospective contractor, or a representative of the prospective contractor gives a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process or 2) a prospective contractor fails to submit a fully completed disclosure statement pursuant to the law.

THIS FORM MUST BE FILED BY ANY PROSPECTIVE CONTRACTOR WHETHER OR NOT THEY, THEIR FAMILY MEMBER, OR THEIR REPRESENTATIVE HAS MADE ANY CONTRIBUTIONS SUBJECT TO DISCLOSURE.

The following definitions apply:

"Applicable public official" means a person elected to an office or a person appointed to complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal.

"Campaign Contribution" means a gift, subscription, loan, advance or deposit of money or other thing of value, including the estimated value of an in-kind contribution, that is made to or received by an applicable public official or any person authorized to raise, collect or expend contributions on that official's behalf for the purpose of electing the official to either statewide or local office. "Campaign Contribution" includes the payment of a debt incurred in an election campaign, but does not include the value of services provided without compensation or unreimbursed travel or other personal expenses of individuals who volunteer a portion or all of their time on behalf of a candidate or political committee, nor does it include the administrative or solicitation expenses of a political committee that are paid by an organization that sponsors the committee.

"Family member" means spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law.

"Pendency of the procurement process" means the time period commencing with the public notice of the request for proposals and ending with the award of the contract or the cancellation of the request for proposals.

"Person" means any corporation, partnership, individual, joint venture, association or any other private legal entity.

"Prospective contractor" means a person who is subject to the competitive sealed proposal process set forth in the Procurement Code or is not required to submit a competitive sealed proposal because that person qualifies for a sole source or a small purchase contract.

"Representative of a prospective contractor" means an officer or director of a corporation, a member or manager of a limited liability corporation, a partner of a partnership or a trustee of a trust of the prospective contractor.

Name(s) of Applicable Public Official(s):

Board of County Commissioners: Rebecca Long, Dean Jackson, Jonathan Sena, Pat Sims, Gary Eidson; Assessor Sharla Kennedy; Clerk Keith Manes; Probate Judge Sandra Goad; Treasurer Susan Marinovich; Sheriff Corey Helton

DISCLOSURE OF CONTRIBUTIONS:

Contribution Made By:

Relation to Prospective Contractor:

Date Contribution(s) Made:

Amount(s) of Contribution(s)

Nature of Contribution(s)

Purpose of Contribution(s)

(Attach extra pages if necessary)

Signature

Date

Title (position)

—OR—

NO CONTRIBUTIONS IN THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY DOLLARS (\$250) WERE MADE to an applicable public official by me, a family member or representative.

Signature

Date

Title (Position)

APPENDIX C

LETTER OF TRANSMITTAL FORM

APPENDIX C
Letter of Transmittal Form

RFP#: _____

Offeror Name: _____ FED ID# _____

Items #1 to #7 EACH MUST BE COMPLETED IN FULL

1. **Identity (Name) and Mailing Address** of the submitting organization:

2. For the person authorized by the organization to contractually obligate on behalf of this Offer:

Name

Title

E-Mail Address

Telephone Number _____

3. For the person authorized by the organization to negotiate on behalf of this Offer:

Name

Title

E-Mail Address

Telephone Number _____

4. For the person authorized by the organization to clarify/respond to queries regarding this Offer:

Name

Title

E-Mail Address

Telephone Number _____

5. Use of Sub-Contractors (Select one)

_____ No sub-contractors will be used in the performance of any resultant contract OR

_____ The following sub-contractors will be used in the performance of any resultant contract:

(Attach extra sheets, as needed)

6. Please describe any relationship with any entity (other than Subcontractors listed in (5) above) which will be used in the performance of any resultant contract.

(Attach extra sheets, as needed)

7. ☐ On behalf of the submitting organization named in item #1, above, I accept the Conditions Governing the Procurement
- ☐ I concur that submission of our proposal constitutes acceptance of the Evaluation Factors contained in Section V of this RFP.
- ☐ I acknowledge receipt of any and all amendments to this RFP.

_____, 2022
Authorized Signature and Date (Must be signed by the person identified in item #2, above.)

APPENDIX D

RESIDENT VETERANS CERTIFICATION

New Mexico Preference Resident Veterans Certification

Reminder, a copy of Resident Veterans Preference Certificate MUST be submitted with the proposal in order to ensure adequate consideration and application of NMSA 1978, § 13-1-21 (as amended).

_____(NAME OF CONTRACTOR) hereby certifies the following in regard to application of the resident veterans' preference to this procurement:

Please check one box only

- ☐ I declare under penalty of perjury that my business prior year revenue starting January 1 ending December 31 is less than \$1M allowing me the 10% preference on this solicitation. I understand that knowingly giving false or misleading information about this fact constitutes a crime.
- ☐ I declare under penalty of perjury that my business prior year revenue starting January 1 ending December 31 is more than \$1M but less than \$5M allowing me the 8% preference on this solicitation. I understand that knowingly giving false or misleading information about this fact constitutes a crime.
- ☐ I declare under penalty of perjury that my business prior year revenue starting January 1 ending December 31 is more than \$5M allowing me the 7% preference on this solicitation. I understand that knowingly giving false or misleading information about this fact constitutes a crime.

"I agree to submit a report, or reports, to the State Purchasing Division of the General Services Department declaring under penalty of perjury that during the last calendar year starting January 1 and ending on December 31, the following to be true and accurate:

"In conjunction with this procurement and the requirements of this business' application for a Resident Veteran Business Preference/Resident Veteran Contractor Preference under NMSA 1978, § 13-1-21 or 13-1-22, when awarded a contract which was on the basis of having such veterans preference, I agree to report to the State Purchasing Division of the General Services Department the awarded amount involved. I will indicate in the report the award amount as a purchase from a public body or as a public works contract from a public body as the case may be.

"I understand that knowingly giving false or misleading information on this report constitutes a crime."

I declare under penalty of perjury that this statement is true to the best of my knowledge. I understand that giving false or misleading statements about material fact regarding this matter constitutes a crime.

(Signature of Business Representative)* (Date)

*Must be an authorized signatory for the Business. The representations made in checking the boxes constitutes a material representation by the business that is subject to protest and may result in denial of an award or termination of award of the procurement involved if the statements are proven to be incorrect.

APPENDIX E
CONFLICT OF INTEREST AFFIDAVIT

APPENDIX E

CONFLICT OF INTEREST AFFIDAVIT

STATE OF NEW MEXICO)

)ss.

COUNTY OF LEA)

I, _____ (name), being first duly sworn upon my oath, depose and state the following:

☐ I am a former employee of _____ (name of Department/Agency), having separated/retired from state employment as of _____ (date).

☐ I am a current employee of _____ (name of Department/Agency), or a legislator with the state, or the family member (spouse, parent, child, sibling by consanguinity or affinity) of a current employee or legislator with the state. Being a current employee or legislator or family member of a current employee or legislator of the state, I hereby certify that I obtained this Agreement pursuant to Sections 10-16-7 or 10-16-9 NMSA 1978, that is, in accordance with the Procurement Code except that this Agreement has NOT been awarded via the sole source or small purchase procurement methods.

The Department/Agency and I have entered into an agreement in the amount of \$ _____.

Section 10-16—8.A (1) NMSA 1978 of the Governmental Conduct Act does not apply to this Agreement because I neither sought a contract with the Department/Agency, nor engaged in any official act which directly resulted in the formation of the Professional Services Agreement while an employee of the Department/Agency.

To the best of my knowledge, this Agreement was awarded in compliance with all relevant provisions of the New Mexico Procurement Code (13-1-28, et. seq., NMSA 1978).

FURTHER, AFFIANT SAYETH NOT.

NAME

Subscribed and sworn to before me by _____ (name of former employee) this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

☐ Terms of the Conflict of Interest Affidavit are inapplicable.

APPENDIX F

New Mexico Association of Counties Adult Detention Professional Standards *(attached as separate PDF)*

APPENDIX G

Federal Performance Based Detention Standards

(attached as separate PDF)

APPENDIX H

LEA COUNTY CONTRACT FOR GOODS AND SERVICES

CONTRACT # _____
Effective Date: _____

LEA COUNTY CONTRACT FOR GOODS AND SERVICES

This Contract is entered into between Lea County, hereinafter referred to as the "County," and "Contractor" described below, collectively the "Parties", to provide services on behalf of Lea County.

Contractor Legal Name: _____

Services Summary Description: _____

Initial Period of Performance shall be through: _____

Pre-GRT, Total Annual Charges to this contract may not exceed: _____

This Contract complies with New Mexico and County procurement requirements as follows:

- ☐ RFP # _____, ☐ BOCC approval date _____
☐ Bid # _____, ☐ BOCC approval date _____
☐ "Qualified" Professional Service, \$60,000 or less annually. Qualifications attached.
☐ Three Written Quotes \$60,000 or less annually ☐ \$20,000 or less annually.
☐ Sole – Source ☐ Emergency Procurement
☐ Other: Revenue; non-financial MOA, or _____

No services shall be rendered nor shall any goods be provided until this contract has been executed by all parties, regardless of the indicated effective date.

NOTICES: All correspondence regarding this contract shall be sent to:

Lea County Government	Contractor:
Department:	ATTN:
ATTN:	Title:
Street: 100 N. Main, Ste 11	Street:
City, State, Zip: Lovington, NM 88260	City, State, Zip:
Phone:	Phone:
Fax:	Fax:
Cell:	Cell:
Email:	Email:

ARTICLE 1 - SERVICES AND/OR GOODS TO BE PROVIDED: For RFP or Professional Services contracts, the Contractor shall provide services to the County on matters relating to the contractor's specialized areas of expertise as defined in this Contract and its referenced or incorporated Attachments. Negotiated fees are fixed for the first year. Price adjustments thereafter are subject to review and written determination on an individual contract basis.

For Sealed Bid / Indefinite Quantity contracts, the Contractor shall have the item(s) or service(s) available, as defined in this contract, on an "as ordered" basis. No funds are obligated under

Sealed Bid / Indefinite Quantity contracts. Funds for Sealed Bid / Indefinite Quantity contracts are obligated by purchase orders on an "as needed" basis. Prices are fixed for the first year of a Sealed Bid / Indefinite Quantity contract. Thereafter, in the event of a product cost increase an escalation request will be reviewed by the County on an individual basis. Escalation requests are only to compensate for an actual cost increase and will not be considered for an increase in profit margin.

All Contractors shall secure and remain current on all insurances, licenses, permits, certificates, fees, etc., required for the performance of this contract.

ARTICLE 2 - CONTRACT DOCUMENTS: The Contract shall be comprised of this contract document, its Attachments and all documents referenced herein. As applicable, the Contract shall also include all Proposal or Bid documents, including the Contractor's responses, Reference Specifications, Special Conditions, Technical Specifications, Standard Details, any addenda thereto, and all negotiation records, all of which are incorporated herein and made a part of the Contract.

In instances where there exists a conflict between any of the Contract documents described above, this Contract plus attachments hereto, negotiation records, the County's solicitation documents, and the Contractor's response to the solicitation, in that order, shall control the interpretation of the parties' respective rights and obligations.

ARTICLE 3 - PERIOD OF PERFORMANCE: The period of performance of this Contract shall commence _____ or date of last signature, whichever is later, and continue through the Initial Period of Performance date detailed above. If stipulated in a formal Proposal or Bid solicitation by the County, this Contract may be renewed for up to _____ additional years, not to exceed a total of _____ years.

ARTICLE 4 - PLACE OF PERFORMANCE: The Contractor shall provide the required services or goods for Lea County when and where appropriate or as required by the County.

ARTICLE 5 - COST AND PAYMENT: The Contractor shall be paid for services rendered satisfactorily per the negotiated fee(s) and payment schedules incorporated hereto in applicable attachments, including Attachments A and B. All payments will be in arrears. Payment shall be made per request upon receipt of a detailed invoice that shall include description of work completed or goods delivered pursuant to the deliverable(s) agreements and measures of attainment of this contract for the period covered by the invoice. The invoice submitted shall note the purchase order number and this Contract number and may be delivered to the Department contact specified in "Notices" above. The County shall pay to the Contractor the New Mexico Gross Receipts Tax on labor and services only as levied on the amounts invoiced and payable under this contract. The Contractor will pay the New Mexico Gross Receipts Tax levied on the amounts payable under this contract and remitted to them by Lea County to the appropriate state agency.

ARTICLE 6 - AMENDMENTS: This Contract shall not be altered, changed, or amended except by written instrument signed by both parties.

ARTICLE 7 - ASSIGNMENT: The Contractor shall not assign nor delegate specific duties as part of this Contract nor transfer any interest nor assign any claims for money due or to become due under this Contract without the written consent of the County.

ARTICLE 8 - BINDING EFFECT OF CONTRACT: Both Parties agree that the terms of this Contract and any extension or renewal thereof shall extend to and be binding upon the

administrators, assigns, successors, and transferees of the contracting parties.

ARTICLE 9 - COMPLIANCE WITH GOVERNING LAW: This Contract shall be construed in agreement with New Mexico law. The Contractor shall keep fully informed of and shall also comply with all applicable federal, state, and local laws, ordinances, and regulations and all orders and decrees of bodies or tribunals having any jurisdiction or authority, which in any manner affect those engaged or employed, or the work, or which in any way affect the conduct of the work. By way of illustration, but not of limitation, the Contractor shall comply with laws relating to employment eligibility including: the Immigration Reform and Control Act of 1986 (Public Law 99-603) and the Immigration Act of 1990 (Public Law 101-649) regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, that will perform any labor or services under this Contract. The Contractor shall comply with all federal statutes relating to non-discrimination including, but not limited to: Title VII of the Civil Rights Act of 1964 (Public Law 88-352), which prohibits discrimination on the basis of race, color, or national origin; Title IX of the Education Amendments of 1972, as amended [20 U.S.C.A. Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112)], which prohibits discrimination on the basis of handicap; the Age Discrimination in Employment Act of 1967 (Public Law 90-202), as amended; the Americans with Disabilities Act of 1990 (Public Law 101-336); and all amendments to each, and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color, and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age).

ARTICLE 10 - CONFIDENTIAL INFORMATION: Any confidential information, not subject to disclosure under the Inspection of Public Records Act, given to or developed by the Contractor, its officers, directors, employees, agents, or sub-consultants in the performance of this Contract will be kept confidential and will not be made available to any individual, organization, or other entity by the Contractor without prior written approval of the County.

ARTICLE 11 - CONFLICT OF INTEREST: The Contractor warrants that it presently has no interest and shall not acquire any interest during the term of this Contract which would have the potential to conflict with the performance of the services required under this Contract. In the event such a conflict arises, it shall immediately be brought to the attention of the County and appropriate action acceptable to the County shall be taken. The Contractor's failure to inform the County of the existence of a potential conflict of interest constitutes default and shall be grounds for immediate termination of Contract by the County.

ARTICLE 12 - CONFLICTS OF LAW: If any provision of this contract conflicts with governing federal or state law or County ordinances, then that law or ordinance shall supersede the conflicting provision of this contract.

ARTICLE 13 - HIPAA COMPLIANCE: As applicable, the parties agree to comply with the provision of the Health Insurance Portability and Accountability Act of 1996, and related regulations, as amended ("HIPAA") in the event the Contractor receives patient records or information (Protected Health Information as defined by HIPAA).

ARTICLE 14 - INDEMNIFICATION AND HOLD HARMLESS AGREEMENT:

Non-Governmental Entity The Contractor shall hold harmless, indemnify and defend the County and its "public employees" as defined in the New Mexico Tort Claims Act, Sections 41-4-1 to 41-4-29, NMSA 1978, as amended, against and from any and all claims, losses, demands, judgments, damages, liabilities, lawsuits, expenses, attorney's fees, costs or actions of any kind resulting from or related to the Contractor's intentional acts, errors or omissions in the

Contractor's performance under this contract. The Contractor's agreement to hold harmless,

indemnify and defend shall not be affected or terminated by the cancellation, expiration of the term or any renewal or any other modification of the Contract for any reason and shall survive the cancellation, expiration of the term or any renewal or any other modification of this contract, acts, errors or omissions to act occurring during the term of this contract.

Governmental Entity: Neither party shall be responsible for liability incurred as a result of the other party's acts or omissions in connection with this Contract. Any liability incurred in connection with this Contract is subject to the immunities and limitations of the New Mexico Tort Claims Act, NMSA, 1978 § 41-4-1 et. seq. and its amendments, where applicable.

ARTICLE 15 - INDEPENDENT CONTRACTOR: Nothing in this Contract is intended or should be construed in any way to create or establish a partnership relationship between the Parties or to establish the Contractor as an agent, representative, or employee of the County for any purpose or any manner whatsoever. Contractor and its employees shall not accrue leave, retirement, insurance, or any other benefits afforded to employees of the County. Contractor is an independent contractor of the County. The Contractor, its officers, directors, employees, servants, agents, or representatives are not and shall not be deemed employees of the County and shall not bind the County in any respect.

ARTICLE 16 - INSURANCE: For the duration of the contract and until all work specified in the contract is completed, the Contractor shall maintain in effect current Certificates of all insurance as required below and comply with all limits, terms and conditions stipulated therein. The County shall be named as an additional insured as stipulated. Contractors who are required to provide Certificate(s) of Insurance, must provide a new current Certificate(s) no less than annually. As applicable, work under this contract shall not commence until evidence of all required insurance is provided to the respective County Department for inclusion with this Contract. All insurance shall be written to conform to the requirements stipulated. Evidence of such insurance shall consist of a completed certificate of insurance, signed by the insurance agent for the Contractor and returned to the County attesting that all required insurance is in effect. If for any reason any material change occurs in the coverage during the course of the contract such change will not become effective until 30 days after the County has received written notice of such change.

Required Insurance: As specified in the RFP, BID documents or Attachment A.

ARTICLE 17 - JURISDICTION AND VENUE: If any dispute arising under this contract cannot be resolved by negotiation or mediation, the proper jurisdiction and venue for any litigation, if permitted, is the Fifth Judicial District, Lea County Division, Lovington, New Mexico.

ARTICLE 18 - KEY PERSONNEL: The Contractor shall identify all key personnel assigned to the performance of this Contract in Section II, Attachment H of this Contract. Key personnel may not be changed without prior written approval of the County Manager and inclusion of that written approval in the official Contract File in the County Purchasing Department.

ARTICLE 19 - MEDIATION: In the event that a dispute arises with respect to any of the provisions contained in this Contract or any other matter affecting this contractual relationship between the County and the Contractor, the Parties agree that prior to filing any court action to enforce the Contract or rights under the Contract, they will use the services of a mediator. The mediator shall either be certified as a mediator or shall have experience as a mediator. The parties shall mutually agree upon the choice of mediator. In the event the Parties have not agreed to a mediator within three days of written notice to the other regarding the dispute, then a list of seven potential mediators will be obtained from the Court or other professional association, and the Parties shall use a striking process until a mediator is agreed upon.

Each party shall be responsible for their respective mediation costs.

ARTICLE 20 - MERGER OF PRIOR CONTRACTS: This Contract incorporates all the conditions, contracts, agreements, and understandings of the Parties concerning the subject matter of this Contract. All such conditions, understandings, and agreements have been merged otherwise, shall be valid or enforceable unless embodied in this Contract, either explicitly or by reference.

ARTICLE 21 - NON-APPROPRIATION: The County's obligation to make payment under the terms of this Contract is contingent upon its appropriation of sufficient funds to make those payments and the NM Department of Finance's (DFA) final approval of the County's budget. If the County does not appropriate sufficient funds or DFA does not approve the County's final budget, this Contract will terminate upon written notice of that effect to the Contractor. The County Board's determination that sufficient funds have not been appropriated, through Board of County Commissioners or DFA action, is firm, binding, and not subject to review.

ARTICLE 22 - NOTICE TO PROCEED OR COMMENCEMENT OF WORK: It is expressly understood that this Contract is not binding upon the County until approved and signed by the County and, further, that the Contractor shall not proceed with its obligations until the Contract has been signed by all Parties.

ARTICLE 23 - PARAGRAPH HEADINGS: Paragraph headings are for convenience and reference and are not intended to limit the scope of any provision of this Contract.

ARTICLE 24 - PERSONAL LIABILITY: No elected or appointed official, employee, servant, agent, or law enforcement officer of the County shall be held personally liable under this Contract or any extension or renewal thereof because of its enforcement or attempted enforcement, provided they are acting within the course and scope of their employment or governmental duty and responsibility.

ARTICLE 25 - PROCUREMENT CODE: The Procurement Code, § 13-1-25 through § 13-1-199, NMSA 1978 as amended, imposes civil and criminal penalties for its violation. In addition, New Mexico Criminal Statutes impose felony penalties for illegal bribes, gratuities and kickbacks. Pursuant to the above, it is unlawful for any Contractor to engage in bribery, offering gratuities with the intent to solicit business, or offering or accepting kickbacks of any kind. All other similar act(s) of bribes, gratuities, and/or kickbacks are likewise prohibited.

ARTICLE 26 - PROPRIETARY INFORMATION: All documents, writings, electronic formats, drawings, designs, specifications, notes, project manuals, or related documents and other work developed in the performance of this Contract by the Contractor shall become the sole property of the County whether the activity for which they are developed is implemented or not. The Contractor shall provide the County with a complete set of all such proprietary information as requested by the County, but no later than the effective termination date of the contract. Contractor is strictly prohibited from reproducing, duplicating or printing any such proprietary information in any format for personal or monetary recognition, use or gain without the advance written permission of the County.

ARTICLE 27 - RECORD KEEPING AND AUDITS: The Contractor shall compile, maintain, and make available for inspection all records relating to the services to be provided under this Contract. These records shall be subject to inspection by the County or designated auditor. The County shall have the right to audit billings both before and after payment; payment under this Contract shall not foreclose the right of the County to be reimbursed any excessive or illegal payment amounts made to the Contractor during the term of this Contract. Pursuant to State of New Mexico General Records Retention requirements, Contractor will retain all original, source and supporting documents and records related to this contract for a minimum of six (6) years after the ending date of this contract.

ARTICLE 28 - RELEASE: The Contractor, upon final payment of amounts due under this Contract for work completed and accepted by the County, releases the County, its officers and employees from all liabilities, claims, and obligations whatsoever arising from or under this Contract. The Contractor agrees not to bind the County to any obligation not assumed in this Contract by the County, unless the Contractor has express written authority from the County Manager to do so, and then only within the limits of the expressed written authority.

ARTICLE 29 - SEVERABILITY: If any clause or provision of the Contract is held to be illegal, invalid, or unenforceable by a court of competent jurisdiction, then it is the intention of the parties hereto that the remainder of the Contract shall remain in full force and effect. However, in the event that either Party can no longer reasonably perform pursuant to the remaining Contract terms, or if the purpose of the Contract can no longer be carried out by either Party, the Contract may be voided and no damages shall accrue to either party.

ARTICLE 30 - SOVEREIGN IMMUNITY:

Non-Governmental Entity: By entering into this Contract, the County and its "public employees" as defined in the New Mexico Tort Claims Act, NMSA 1978, Sections 41-4-1 through 41-4-29, as amended, do not waive sovereign immunity, do not waive any defense, and do not waive any limitations of liability pursuant to law. No provision in this Contract modifies or waives any provision of the New Mexico Tort Claims Act, *supra*.

Governmental Entity: By entering into this Contract, the County and the Governmental Entity Contractor do not waive sovereign immunity, do not waive any defense and do not waive any limitations of liability pursuant to law. No provision in this Contract modifies or waives any provision of the New Mexico Tort Claims Act, *supra*.

ARTICLE 31 - SUBCONTRACTING: This Contract is based on the personal skills and reliability of the Contractor as known by the County at the time of execution of this Contract. The Contractor shall not subcontract out any portion of the services to be performed under this Contract without the prior written approval of the County Manager and inclusion of that written approval in the official Contract File in the County Purchasing Department. The written approval shall minimally include disclosure of the name of the individual(s) to be contracted, a statement of the individual(s) qualifications and a justification of the request to subcontract.

ARTICLE 32 - TERMINATION: The County may terminate this contract for convenience, in whole or in part, by providing written notice to the Contractor thirty (30) days prior to termination. In the event of contract termination, the Contractor shall be paid for work completed to the date of termination. In no event shall the dollar amount to be paid upon termination exceed a total of the maximum contracted amount and any additional amount provided for by amendment(s).

- a. Where a Party to this Contract has committed a major breach that is capable of remedy, the Party who is not in breach may serve a written notice, with a fixed period in which to remedy the breach. The period given shall be determined at the sole discretion of the Party serving the notice but subject to a minimum period of two weeks.
- b. The County and Contractor shall have the right, such right being exercised at their absolute discretion, to terminate this Contract, in writing, if a major breach has been committed that cannot be remedied. Further, the Parties may terminate this contract, in writing, if a breach has not been remedied to the reasonable satisfaction of the Party serving the notice of breach within the period specified in any such notice.

ARTICLE 33 - THIRD PARTY BENEFICIARY: It is agreed between the Parties executing this Contract that it is not intended by any of the provisions of this Contract to create on behalf of the public or any member thereof the status of third party beneficiary nor to authorize anyone not a party to the agreement to maintain a suit based upon this Contract.

ARTICLE 34 - WAIVER: Any waiver by the County of any breach of any covenant, term, condition, or agreement in this Contract to be kept and performed by Contractor shall not be deemed or considered as a continuing waiver and shall not operate to bar or prevent County from declaring a default for any succeeding breach either of the same covenant, term, condition, or agreement or another. All remedies afforded in this Contract shall be taken and construed as cumulative, that is, in addition to every other remedy provided herein or by law.

ARTICLE 35 - DUPLICATE ORIGINALS: This document shall be executed in no less than two (2) counterparts, each of which shall be deemed an original.

SIGNATURES:

IN WITNESS WHEREOF, the parties have caused this instrument to be executed by their duly authorized representatives.

LEA COUNTY: _____

County Manager

Print Name and Title

Date: _____

Date: _____

Contractor's NM Taxation and Revenue Department ID Number: _____

The following Attachments and Addenda have been reviewed and approved by the County Contract Officer or approved designee:

Document Name	Approved	Comments	Notes
Attachment A - Scope of Work			Required all Contracts
Attachment B - Cost per Unit Service			Required all Contracts
Attachment C - Contribution Disclosure			Required all Contracts
Attachment D - Related Party Disclosure			Required all Contracts
Attachment E - Debarment Certification			Required all Contracts
Attachment F - Non Collusion Affidavit			Required all Contracts
Attachment G - Insurance Certificates			By Attachment A Specifications
Attachment H - 1. Business License(s) 2. Professional Licenses 3. Staff Resumes			1. Required All Contracts 2. Required Licensed Professionals 3. Required all contracts
Attachment I - Procurement Method			Purchasing Dept. Determines
Attachment J - Other			Purchasing Dept. Determines

ATTACHMENT A

LEA COUNTY CONTRACT FOR GOODS AND SERVICES

CONTRACTOR: _____

SCOPE OF WORK:

ATTACHMENT B

LEA COUNTY CONTRACT FOR GOODS AND SERVICES

CONTRACTOR: _____

COMPENSATION:



New Mexico Government Accreditation Program

**Adult Detention
Professional Standards
3rd Edition
Revised October 2018**

Adult Detention Professional Standards Council

February 1, 2018

Clay Corn, Chaves County Detention Administrator – Chair
Grace Philips, NMAC General Counsel
Mark Gallegos, Curry County Detention Administrator – Vice Chair
Art Murphy, NMAC – LP Specialist
Joe Chavez, Valencia County Detention Administrator
Amber Hamilton, Roosevelt County Manager
Mike Carillo, Grant County Detention Administrator

Ex-Officio Members

Steve Kopelman, NMAC Executive Director
Bill Fulginiti, NMML Executive Director

Professional Standards Updated March 2017

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Frank Maestas, Audit Team Leader, Capt. Bernalillo County MDC
Justin Porter, Audit Team Member, Assessor, Dona Ana County (Current Warden-Roosevelt County)
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County Detention Centers
Jason Duran, Audit Team Member, HSA, Dona Ana County Detention Center
Nicole Deaderide, Assistant Compliance Manager, Santa Fe County Detention Center

NMAC Staff

Sal Baragiola, NMAC Loss Prevention Specialist
Caryl Rodriguez, NMAC Loss Prevention Coordinator
Roberta Lujan, NMAC

Introduction

When the New Mexico Adult Detention Professional Standards Council finalized then approved these standards on April 7, 2010 it marked a significant accomplishment on the path to professionalizing adult detention operations in New Mexico.

The New Mexico Association of Counties Detention Affiliate has long recognized the importance of professional standards. While New Mexico juvenile detention facilities are required to operate pursuant to mandatory standards, attempts to legislate mandatory adult detention standards had repeatedly failed in the New Mexico state legislature. In 2009 the affiliate decided to develop New Mexico standards for use in a voluntary accreditation program supported by the New Mexico Association of Counties and New Mexico Municipal League.

These New Mexico Adult Detention Professional Standards are the product of many hours of work by the following county detention professionals:

Carolyn Barela, Otero County
Virginia Blansett, Otero County
David Casanova, Roosevelt County
Curtis Cherry, Sierra County
Jann Gartman, Lea County
Frank Maestas, Bernalillo County
Jim Moffett, Grant County
Mary Najar, Los Alamos County
Mike Sisneros, Bernalillo County
David Stark, San Juan County
Sandra Stewart, Chaves County
Jonathan Thomas, Bernalillo County
Ron Torres, Bernalillo County

This standards drafting committee represented small medium and large New Mexico detention facilities. The committee reviewed ACA standards, NCCHC standards, and draft PREA standards as well as state standards from around the country. The purpose of this review was to incorporate the best language and principles that had already been developed. The committee also drafted special standards required by state law and amended language from other standards to make it state specific. The resulting standards are ambitious, attainable, and necessary.

All county detention facilities are encouraged to comply with these standards and seek accreditation. The New Mexico Association of Counties staff is available to assist counties in this endeavor.

This Second Edition of the New Mexico Association of Counties' Adult Detention Professional Standards is dedicated in memory of our friend and colleague Manuel "Manny" D. Romero, who passed away November 3, 2017. For ten years, Manny served the Association of Counties as an auditor and consultant for detention services throughout New Mexico. His expertise and professional advice was sought by county commissioners, managers, and administrators. He was recognized as a national authority on corrections and detention operations. Manny was the lead facilitator in the development of both the initial and this 2nd Edition of the Adult Detention Professional Standards. He also served as Chair for the Accreditation Council from its inception in 2010 until his passing. Manny was respected and liked by all who worked with him. He will be greatly missed.

Contents

ADMINISTRATION	1
ADM-01 Mission	1
ADM-02 Legal Issues	1
ADM-03 Code of Ethics	1
ADM-04 Policies and Procedures	1
ADM-05 Administrators Inspection and Review	2
ADM-06 Personnel Policies	2
ADM-07 Compensation	2
ADM-08 Control	3
ADM-09 Staffing/Security	3
ADM-10 Open – (moved to MM-05, Health Services Staffing)	3
ADM-11 Background Checks	3
ADM-12 Pre-employment Physical Examinations (added from MM-23)	3
ADM-13 Training and Staff Development	4
ADM-14 Training Coordinator	4
ADM-15 Clerical Staff Training	5
ADM-16 Professional/Support Employee Training	5
ADM-17 Detention Officer Training (Rev. 10.11.18)	6
ADM-18 Supervisor Training	7
ADM-19 Specialized Emergency Unit Training	7
ADM-20 Firearms Training	7
ADM-21 Chemical Agents Training	7
ADM-22 Detainee Funds	7
ADM-23 Health-related Emergency Response	7
ADM-24 Detainee Death	8
ADM-25 Detainee Population Records	8
ADM-26 Open (Moved to SC-86 Special Management Detainees)	8
ADM-27 Food Service Management	8
ADM-28 Meal Schedules	9
ADM-29 Food Service Facilities	9
ADM-30 Health Protection	9

ADM-31 Inspection of Food Service Areas	9
ADM-32 Food Storage	10
ADM-33 Dietary Allowances	10
ADM-34 Therapeutic Diets	10
ADM-35 Religious Diets	10
ADM-36 Food Service Training	10
ADM-37 Community Relations	11
PHYSICAL PLANT	11
PP-01 Facility New Construction (combined with PP-01, 02 and 05)	11
PP-02 Existing Facility	11
PP-03 Facility Design	11
PP-04 Cell/Room Furnishings	12
PP-05 Open (combined with PP-01, 02 and 05)	12
PP-06 Environmental Conditions	12
PP-07 Classification and Separation	12
PP-08 Food Service Area	12
PP-09 Detainee Showers	13
SAFETY/SANITATION	13
SS-01 Emergency Plan	13
SS-02 Detainee Transport	13
SS-03 Fire Safety	14
SS-04 Safety and Sanitation Inspections	14
SS-05 Hazardous Materials	15
SS-06 Vermin and Pest Control	15
SS-07 Housekeeping	15
SS-08 Injury Prevention	15
SS-09 Evacuation Plan	15
SS-10 Detainee Evacuation	16
SS-11 Fire Safety	16
SS-12 Emergency Power and Communication	16
SS-13 Personal Hygiene	17
SS-14 Employee Health	17
SS-15 First Aid	17

SECURITY AND CONTROL	17
SC-01 Control Center	17
SC-02 Officer Posts	18
SC-03 Post Orders.....	18
SC-04 Facility Perimeter.....	18
SC-05 Same Gender Supervision.....	18
SC-06 Detainee Authority.....	18
SC-07 Facility Logs, Reports and Briefings	19
SC-08 Supervisory Checks	19
SC-09 Detainee Movement.....	19
SC-10 Detainee Counts.....	19
SC-11 Use of Physical Force	19
SC-12 Use of Restraints.....	20
SC-13 Restraint of Pregnant Detainees.....	20
SC-14 Use of Four/Five Point Restraints.....	20
SC-15 Weapons	20
SC-16 Storage of Lethal Devices.....	21
SC-17 Distribution of Security Equipment.....	21
SC-18 Use of Firearms.....	21
SC-19 Use of Force Reports	21
SC-20 Key Control	22
SC-21 Control of Tools, Culinary, and Medical Equipment	22
SC-22 Searches.....	22
SC-23 Arrestee Strip Search	22
SC-23.1 Pat down Searches	23
SC-24 Detainee Strip Search	23
SC-25 Body Cavity Search	23
SC-26 Disposition of Evidence.....	23
SC-27 Reception.....	24
SC-28 Admission Process.....	24
SC-29 Access to Telephones at Intake.....	24
SC-30 Inventory of Detainees Property	24
SC-31 Foreign Nationals.....	25

SC-32 Detainee Records	25
SC-33 Detainee Custody Records.....	25
SC-34 Release of Detainee Information	26
SC-35 Detainee Release Procedures	26
SC-36 Housing of New Intakes	26
SC-37 Intake Classification	27
SC-38 Orientation	27
SC-39 Access to Care	27
SC-40 Classification and Separation.....	28
SC-41 Restricted Housing-Detainee Classification Status	28
SC-42 Restricted Housing-Administrative Separation	29
SC-43 Assessment of Restrictively Housed Detainees	29
SC-44 Transfers to Restricted Housing	29
SC-45 Open.....	29
SC-46 Administrative Review	29
SC-47 Maximum Sanctions	29
SC-48 Restrictive Housing Units.....	30
SC-49 Personal Observation of Restrictively Housed Detainees.....	30
SC-50 Selection of Restrictive Housing Staff.....	30
SC-51 Restrictive Housing Logs.....	30
SC-52 Restrictive Housing Provisions.....	31
SC-53 Restrictive Housing Hygiene	31
SC-54 Deprived Items.....	31
SC-55 Alternative Meals.....	31
SC-56 Restrictive Housing-Detainee Rights and Privileges (Rev. 10.11.18).....	31
SC-57 Disciplinary Telephone Usage.....	32
SC-58 Sexual Abuse Prevention.....	32
SC-59 Sexual Abuse Screening	32
SC-60 Investigation of Sexual Abuse Allegations.....	33
SC-61 Identification of Sexual Predators.....	33
SC-62 Identification of At Risk Detainees	33
SC-63 Sexual Contact Prohibited	33
SC-64 Victims of Sexual Assault.....	34

SC-65 Reporting Sexual Abuse	34
SC-66 Sexual Abuse Records	34
SC-67 Protection from Abuse	34
SC-68 Disabled Detainees	34
SC-69 Open.....	35
SC-70 Detainee Education	35
SC-71 Open.....	35
SC-72 Detainee Criminal Conduct	35
SC-73 Disciplinary Reports	35
SC-74 Open.....	36
SC-75 Open.....	36
SC-76 Open.....	36
SC-77 Open.....	37
SC-78 Open.....	37
SC-79 Open.....	37
SC-80 Open.....	37
SC-81 Open.....	37
SC-82 Open.....	37
SC-83 Open.....	37
SC-84 Preservation of Evidence	37
SC-85 Officer Level Security Welfare Checks.....	37
SC-86 Restricted Housing Detainees (Moved from ADM 26 Special Management Detainees).....	37
MEDICAL/MENTAL HEALTH	38
MM-01 Health Authority.....	38
MM-02 Personnel Qualifications.....	38
MM-03 Health Trained Custody Personnel	39
MM-04 Quality Improvement (New Standard)	39
MM-05 Confidentiality	39
MM-06 Privacy.....	40
MM-07 Health Records	40
MM-08 Transfers	40
MM-09 Inactive Records	41
MM-10 Quarterly Meetings and Statistical Reports	41

MM-11 Open	41
MM-12 Open	41
MM-13 Open	41
MM-14 Access to Care	41
MM-15 Clinical Services.....	42
MM-16 Continuity of Care	42
MM-17 Referrals	42
MM-18 Treatment Plan.....	42
MM-19 Emergency Medical Services	43
MM-20 Infirmity Care	43
MM-21 Pregnancy Management	43
MM-22 Disease and Infection Exposure Control Program.....	44
MM-23 Universal Precautions	44
MM-24 Hepatitis A, B & C	45
MM-25 MRSA.....	45
MM-26 HIV	45
MM-27 Biohazardous Waste	45
MM-28 Chronic Care.....	46
MM-29 Dental Care	46
MM-30 Medical Intake Screen	46
MM-31 Fourteen (14) Day Health Appraisal	47
MM-32 Health Appraisal Data Collection.....	48
MM-33 Mental Health Intake Screen	48
MM-34 Fourteen (14) Day Mental Health Appraisal	49
MM-35 Mental Health Referrals.....	49
MM-36 Suicide Prevention and Intervention.....	49
MM-37 Security Garments	50
MM-38 Prostheses and Orthodontic Devices	50
MM-39 Detoxification	50
MM-40 Pharmaceuticals	51
MM-41 Timely Provision of Medications	51
MM-42 Nonprescription Medication	51
MM-43 Medical Autonomy	52

MM-44 Open	52
MM-45 Informed Consent	52
MM-46 Involuntary Administration	53
MM-47 Use of Restraints.....	53
DETAINEE PROGRAM	53
IP-01 Programs and Services	53
IP-02 Postage for Indigent Detainees.....	54
IP-03 Non-Confidential Personal Mail	54
IP-04 Confidential or Privileged Mail	54
IP-05 Telephone Access	55
IP-06 Exercise and Recreation.....	55
IP-07 Religious Programs	55
IP-08 Commissary	55
IP-09 Library Services	55
IP-10 Detainee Access to Courts	55
IP-11 Detainee Access to Counsel.....	56
IP-12 Detainee Access to Legal Materials.....	56
IP-13 Open.....	56
IP-14 Grievance Procedure (Reinstated 10.11.18).....	56
IP-15 Discrimination Prohibited.....	57
IP-16 Disabled Detainees.....	57
IP-17 Opioid Overdose Prevention.....	57
GLOSSARY	58

ADMINISTRATION

ADM-01 Mission

A written statement describes the mission, philosophy, and goals of the facility.

Process Indicators: Written statement.

ADM-02 Legal Issues

Legal assistance is available to the administrator and other staff as needed in the performance of their duties.

Process Indicators: Staff interviews; Verification of service.

ADM-03 Code of Ethics

The facility has a written code of ethics that it provides to all employees. At a minimum, the code:

- prohibits staff, contractors, and volunteers from using their official positions to secure privileges for themselves or others
- prohibits staff, contractors, and volunteers from engaging in activities that constitute a conflict of interest
- prohibits staff, contractors, and volunteers from accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family
- defines acceptable behavior in the areas of campaigning, lobbying or political activities.
- prohibits staff sexual misconduct

COMMENTARY: All staff, contractors, and volunteers are held accountable for compliance with the Code of Ethics.

Process Indicators: Code of Ethics. Staff records. Staff interviews.

ADM-04 Policies and Procedures

Written policies and procedures describe all facets of facility operation, disciplinary rules, maintenance and administration and are reviewed annually. These are available to all employees unless security concerns justify limited access. Employees participate in the formulation of policies, procedures and programs.

New or revised policies and procedures are disseminated to staff prior to implementation and, where appropriate, to contractors, volunteers, and detainees, after implementation.

Process Indicators: Written policy & procedure manual. Documentation of annual review. Interviews. Documentation of timely distribution. Training records.

ADM-05 Administrators Inspection and Review

The facility administrator inspects and reviews annual facility operations to evaluate compliance with policies and procedures. A report describing findings and corrective plans is developed. The report must include at a minimum:

- physical structure (construction, condition and maintenance)
- security operations (practice match policy, staffing analysis)
- training (new employee and annual requirements)
- emergency equipment and operations (lethal, less lethal inspections and inventories, safety equipment, fire inspections)
- medical process reviews (med pass, sick call, intake)
- food service (meal preparation and service, commissary, indigent, sanitation)

Process Indicators: Evaluation and inspection report(s). Documentation of annual review, corrective plans, and subsequent actions.

ADM-06 Personnel Policies

There is a personnel policy manual that is available to each employee and is explained at employee orientation. This manual includes, at a minimum:

- an equal employment opportunity program
- a policy for selection, retention, and promotion of all personnel on the basis of merit and specified qualifications
- rules for probationary employment
- a compensation and benefit plan
- provisions for compliance with the Americans With Disabilities Act (ADA)
- prohibition on unlawful workplace harassment and sexual misconduct
- infection control plan
- employee disciplinary procedures
- grievance and appeal procedures.

Process Indicators: County personnel ordinance or policies.

ADM-07 Compensation

Compensation and benefit levels for all facility personnel are comparable to those for similar occupational groups in the state or region.

COMMENTARY: The purpose of this standard is to achieve equal compensation and benefits for detention officers and other law enforcement personnel. Compliance may be obtained by performing a wage survey for the region and providing documentation of discussions with the County Commission regarding compensation

Process Indicators: Payroll records. Wage survey. Collective Bargaining Agreements (where applicable).

ADM-08 Control

The facility administrator, assistant facility administrator or designated department heads visit the facility's living and activity areas at least weekly to observe living and working conditions.

Process Indicators: Facility logs. Detainee interviews.

ADM-09 Staffing/Security

A comprehensive staffing analysis is conducted annually. The staffing analysis is used to determine staffing needs and plans. Relief factors are calculated for each classification of staff that is assigned to relieved posts or positions. Essential posts and positions, as determined in the staffing plan, are consistently filled with qualified personnel.

COMMENTARY: When developing a shift relief factor, the following factors must be considered and factored into the formula: number of worked days per year; number of regular days off per employee per year; number of vacation days off; number of county holidays; number of sick days off; maternity leave; unexcused absences; military leave days off; funeral leave; and training days off per employee.

Process Indicators: Documentation of annual review of staffing analysis and plan. Records of actual staff deployment. Facility logs.

ADM-10 Open – (moved to MM-05, Health Services Staffing)

ADM-11 Background Checks

Written policies and procedures describing a criminal record check (NCIC) is conducted on all new employees, contractors, and volunteers prior to their assuming duties in order to identify who is eligible for employment. (PREA Standard 115.17)

- the facility shall conduct criminal background records checks annually of current employees, contractors, and volunteers who may have contact with detainees
- the facility shall also impose upon employees a continuing affirmative duty to disclose any violations of the counties' code of conduct and/or personnel policies

COMMENTARY: "Contractor" for purposes of this section means an individual who will provide sustained services in the facility such as food service, medical/mental health care, and maintenance.

Process Indicators: Criminal record check policies. Interviews with persons responsible for conducting background checks. NCIC background check log.

ADM-12 Pre-employment Physical Examinations (added from MM-23)

A pre-employment physical examination is conducted for all employees to determine whether they are able to perform the essential functions of the job with or without reasonable accommodation. Such medical information is collected and maintained in separate medical files and treated as a

confidential medical record. Provisions exist for reexamination when indicated.

- test for tuberculosis are conducted prior to receiving access to facility
- hepatitis B vaccines are offered during the pre-employment exam
- tuberculosis testing is conducted annually for all staff and contractors with direct detainee contact

Process Indicators: Personnel policies. Interviews. Inspections of separate medical files.

ADM-13 Training and Staff Development

Each new employee is provided with an orientation prior to assuming duties. At a minimum, the orientation includes:

- working conditions
- employee code of ethics
- county personnel policy manual
- facility policy and procedures
- employee rights and responsibilities
- overview of the criminal justice system
- tour of the facility
- facility goals and objectives
- facility organization
- staff rules and regulations
- program overview
- sexual misconduct prevention

Part time staff and contract personnel receive formal orientation appropriate to their assignments and additional training as needed.

COMMENTARY: Orientation is distinct from training because it acquaints personnel with the setting in which they will be working but does not necessarily address the knowledge, skills, and abilities needed to implement assigned duties.

Process Indicators: Personnel records. Orientation materials. Staff interviews.

ADM-14 Training Coordinator

A qualified individual coordinates the staff development and training program. The training program is reviewed annually.

COMMENTARY: The staff development and training coordinator has specialized training for that position. Full-time training personnel should complete at least a 40-hour training-for-trainers course.

Process Indicators: Staff interviews. Personnel records. Training records.

ADM-15 Clerical Staff Training

New clerical employees who have minimal detainee contact receive at least 16 hours of training during their first year of employment. All persons in this category are given an additional 16 hours of training each subsequent year of employment that includes training on the facility sexual misconduct policy.

Process Indicators: Personnel records and/or training records.

ADM-16 Professional/Support Employee Training

All new professional and support employees, including contractors, who have regular or daily detainee contact receive 40 hours of training prior to being independently assigned to a particular job. An additional 24 hours of training is provided each subsequent year of employment. At a minimum, the initial training covers the following areas:

- security procedures and regulations
- supervision of detainees
- signs of suicide risk
- suicide precautions
- report writing
- detainee rules and regulations
- key control
- rights and responsibilities of detainees
- safety procedures
- all emergency plan and procedures
- communication skills
- CPR/First aid
- sexual harassment/sexual misconduct awareness, including policy regarding prevention, detection, and response to sexual misconduct.

In addition, full-time health care staff will receive the following training:

- the purpose, goals, policies and procedures for the facility; security and contraband policies
- appropriate conduct with detainees
- responsibilities and rights of employees
- universal precautions
- occupational exposure
- personal ADM equipment
- bio-hazardous waste disposal
- an overview of the detention field

COMMENTARY: Professional and support employees/contractors that fall under the training requirements in this section are those who provide maintenance, food service, laundry, commissary, law library and medical services.

Process Indicators: Documentation of staff training. Training curriculum records. Personnel

records.

ADM-17 Detention Officer Training (Rev. 10.11.18)

All new detention 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, the initial training covers the following areas:

- security procedures and regulations
- supervision of detainees
- signs of suicide risk
- suicide precautions
- how to identify detainees with possible mental health conditions
- use-of-force regulations and tactics
- report writing
- detainee rules and regulations
- key control
- rights and responsibilities of detainees
- safety procedures
- all emergency plans and procedures
- interpersonal relations
- social/cultural lifestyles of the detainee population
- cultural diversity for detainees and staff
- communication skills
- cardiopulmonary resuscitation (CPR)/first aid
- universal precautions and biohazard waste disposal
- counseling techniques
- sexual abuse/assault awareness
- sexual harassment and misconduct

Detention officers receive at least 40 hours of training each subsequent year of employment. Detention officers must be trained in the following subjects at least every two years:

- security procedures and regulations
- supervision of detainees
- signs of suicide risk
- suicide precautions
- how to identify detainees with possible mental health conditions
- use-of-force regulations and tactics
- key control
- safety procedures
- all emergency plans and procedures
- sexual abuse/assault awareness

Process Indicators: Training curriculum. Personnel records. Training records.

ADM-18 Supervisor Training

Facility management and supervisory staff receive at least 40 hours of management and supervision training during their first year and at least 16 hours of management training each year thereafter that includes review of the facility's sexual misconduct policy.

COMMENTARY: OJT can count as part of the initial 40 hour training.

Process Indicators: Personnel records. Training records.

ADM-19 Specialized Emergency Unit Training

Detention officers assigned to a specialized emergency team have at least one year of experience as a detention officer and 40 hours of specialized training before undertaking their assignments. Officers on emergency teams receive 40 hours of training annually, at least 16 of which are specifically related to emergency unit assignment.

Process Indicators: Personnel records. Training records

ADM-20 Firearms Training

All personnel authorized to use firearms receive appropriate training before being assigned to a post involving the possible use of such weapons. Firearms training cover the use, safety, and care of firearms and constraints on their use in accordance with section 10.29.9.14 of the New Mexico Administrative Code. All personnel authorized to use firearms must demonstrate competency in their use at least twice annually.

Process Indicators: Personnel records. Training records.

ADM-21 Chemical Agents Training

All personnel authorized to use chemical agents receive annual training in their use and in the treatment of individuals exposed to a chemical agent.

Process Indicators: Personnel records. Training records.

ADM-22 Detainee Funds

Procedures govern the operation of any fund established for detainees.

Process Indicators: Detainee records. Financial records. Budgets.

ADM-23 Health-related Emergency Response

Detention and health care personnel are trained to respond to health-related emergencies within four-minutes. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the detention administrator and includes

instruction on the following:

- recognition of signs and symptoms of an emergency
- knowledge of action that is required in potential emergency situations
- administration and certification in basic first aid and cardiopulmonary resuscitation (CPR)
- methods of obtaining assistance
- signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
- procedures for patient transfers to appropriate facilities or health care providers
- suicide intervention

Process Indicators: Verification of training, records and certificates. Interviews.

ADM-24 Detainee Death

The facility has a written policy and procedure that describes actions to be taken in the event of a detainee death. Under the procedure, law enforcement authorities having jurisdiction are immediately notified of a detainee's death and a mortality review is conducted. The Administrator or designee shall notify family of death or major illness.

COMMENTARY: The purposes of a mortality review are 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. The mortality team should include at a minimum medical, mental health and security staff. The medical examiner should be notified of the detainee's death immediately, (generally accomplished by law enforcement), so that a postmortem examination can be performed, according to the laws of the jurisdiction, if the cause of death is unknown, the death occurred under suspicious circumstances, or the detainee was not under current medical care.

Process Indicators: Written policy and procedures. Minutes and report of final mortality review. Documentation of any action taken.

ADM-25 Detainee Population Records

There is a detainee population management system that includes records on the admission, processing, and release of detainees.

Process Indicators: Completed forms. Reports. Staff interviews.

ADM-26 Open (Moved to SC-86 Special Management Detainees)

ADM-27 Food Service Management

The facility has a written policy & procedure requiring meals to be prepared, delivered and served under staff supervision and in accordance with New Mexico Environmental Improvement Board regulations [7.6.2.9 NMAC].

Process Indicators: Observation. Detainee interviews.

ADM-28 Meal Schedules

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.

Process Indicators: Records of meals served and times served. Facility records and logs. Detainee interviews.

ADM-29 Food Service Facilities

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

Process Indicators: Documentation of compliance with codes. Inspection reports, completed forms, including documentation that identified deficiencies were corrected.

ADM-30 Health Protection

Written policy & procedure provides that:

- all persons involved in the preparation of the food receive a pre-assignment medical examination and periodic reexamination to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils
- when an outside agency or individual provides the facility's food services, the facility has written verification that the outside provider complies with the state and local regulations regarding food service
- all food handlers are instructed to wash their hands on reporting to duty and after using toilet facilities
- detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee.

Process Indicators: Inspection reports, completed forms, including documentation that identified deficiencies were corrected. Documentation of medical examinations and reexaminations. Detainee and staff interviews. Observation. Documentation of daily monitoring for health and cleanliness

ADM-31 Inspection of Food Service Areas

There are monthly inspections of all food service areas, including dining and food preparation areas and equipment, by designated personnel and daily inspections by the person supervising food service operations or his/her designee. Water temperature is checked and recorded daily by designated personnel.

Process Indicators: Observation. Measurement. Inspection reports, completed forms, including documentation that identified deficiencies were corrected

ADM-32 Food Storage

Written policy & procedure requires stored shelf goods, refrigerated foods, and frozen foods be maintained in accordance with New Mexico Environmental Improvement Board regulations [7.6.2.9 NMAC]. Temperatures are checked and recorded daily.

Process Indicators: Observation. Measurement. Documentation of daily temperature checks.

ADM-33 Dietary Allowances

The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure that they meet the nationally recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings.

- accurate records are maintained of all meals served
- menu substitutions are recorded.

Process Indicators: Annual reviews. Nutritionist or dietician qualifications. Documentation of at least annual review and quarterly menu evaluations. Interviews with staff.

ADM-34 Therapeutic Diets

Therapeutic diets are provided as prescribed in writing by appropriate clinicians. A therapeutic diet manual is available in the health services and food services areas for reference and information.

Process Indicators: Health records. Diet records or forms. Observation. Interviews.

ADM-35 Religious Diets

Special diets are provided for detainees whose religious beliefs require the adherence to religious dietary laws.

Process Indicators: Documentation of religious diet approval by chaplain or Administrator. Diet manual.

ADM-36 Food Service Training

All staff, contractors, and detainee workers are trained in the use of equipment safety procedures to be followed in the food service department. Documentation of training is maintained.

Process Indicators: Training records. Detainee records. Observation. Staff and detainee interviews.

ADM-37 Community Relations

The public and the media are informed of events within the facility's areas of responsibility. Procedures address emergency and non-emergency responses to the media and, at a minimum, include the following:

- the identification of areas in the facility that are accessible to media representatives
- the contact person for routine requests for information
- identification of data and information protected by federal or state privacy laws, or federal and state freedom of information laws
- special events coverage
- news release policy
- the designation of individuals or positions within the facility authorized to speak with the media on behalf of the facility.

Process Indicators: Review policies.

PHYSICAL PLANT

PP-01 Facility New Construction (combined with PP-01, 02 and 05)

For new construction or substantial remodel, adequate space is provided for administrative, security, professional, and clerical staff. This space includes:

- conference rooms,
- storage room for records,
- public lobby,
- toilet facilities.
- an area, room, and/or employee lounge that offers privacy from detainees and provides space for meals
- space for training
- space for shift change briefings
- toilets and washbasins that are not used by detainees.

Process Indicators: Observation.

PP-02 Existing Facility

- all surveillance cameras will be operable
- all security doors shall function properly

Process Indicators: Observation. Maintenance logs. Proof of work order/repair.

PP-03 Facility Design

For new construction, addition or substantial remodel, physical plant designs facilitate continuous direct supervision of detainees 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.

Process Indicators: Observation. Staff and detainee interviews.

PP-04 Cell/Room Furnishings

Each detainee is provided with the following:

- a sleeping surface and mattress that allows the detainee to be off the floor
- a place to store clothes and personal belongings

Process Indicators: Observation. Interviews (staff, detainees).

PP-05 Open (combined with PP-01, 02 and 05)

PP-06 Environmental Conditions

Written policy & procedure addresses environmental conditions (lighting, noise levels, air volume and temperature, and ambient water temperature) required in the facility, specifically relating to:

- health
- safety
- security

COMMENTARY: Air and water temperatures are regularly checked and recorded.

Process Indicators: Written policy & procedure. Documentation from a qualified source. Temperature measurement. Observation. Maintenance and repair records. Detainee and staff interviews.

PP-07 Classification and Separation

Detainees not suitable for housing in multiple occupancy cells are housed in appropriate housing. No less than ten percent of the rated capacity of the facility is available for single occupancy. (New construction only)

Process Indicators: Observation. Interviews (staff, detainees). Housing and classification records/logs.

PP-08 Food Service Area

The food preparation area has adequate space and equipment for food preparation. There are sanitary, temperature-controlled areas for food storage. Toilet and washbasin facilities are available to food service personnel and detainees in the vicinity of the food preparation area.

Process Indicators: Observation. Measurement.

PP-09 Detainee Showers

Detainees have access to operable showers with temperature-controlled hot and cold running water. Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit to ensure the safety of detainees and to promote hygienic practices.

Process Indicators: Observation. Measurement. Inspection reports. Maintenance records. Documentation of periodic measurement of water temperature. Detainee grievances. Detainee interviews.

SAFETY/SANITATION

SS-01 Emergency Plan

Written emergency plan addresses the facility's response to emergencies. All facility personnel are trained at least annually in the implementation of the emergency plan. The plan addresses:

- communications
- unified command
- memorandums of understanding with other agencies
- media relations
- fire emergencies
- medical emergencies
- loss of utility(ies) emergencies
- natural disasters
- hostage situations
- escapes
- bomb threats
- disturbances
- facility lockdowns
- work stoppage
- mass arrests
- evacuations
- chemical leaks
- demonstrations
- hunger strikes

Process Indicators: Emergency Plan. Training records. Facility logs. Staff interviews.

SS-02 Detainee Transport

Written policy & procedure governs the use and security of vehicles, and addresses transport of detainees outside the facility. The policy addresses:

- driver qualifications
- procedures for one and two officer transports
- search of detainees before and after transport

- search of transport vehicle before and after transports
- safety and security
- handcuffing/restraints
- seating arrangements
- sick, injured, handicapped, and mentally ill detainees
- restrictive housing detainees
- detainees with communicable diseases
- pregnant detainees
- juveniles
- cross-gender transport
- reporting escapes and other incidents on transport
- documentation requirements

Process Indicators: Policy & Procedure. Documentation of staff training and qualifications. Transport logs. Staff and detainee interviews.

SS-03 Fire Safety

The facility conforms to applicable federal, state, and/or local fire safety codes. The facility obtains and retains documents from the outside agency having jurisdiction that document compliance.

Process Indicators: Inspection reports from external agencies. Internal inspection and reports. Documentation of fire alarm and detection system maintenance and testing. Documentation of compliance with external internal report recommendations. Observation.

SS-04 Safety and Sanitation Inspections

Written policy & procedure describes how the facility complies with all applicable fire, safety and sanitation laws and regulations of the governing jurisdiction. The following inspections are implemented:

- weekly fire, safety and sanitation inspections of all facility areas by a qualified staff member
- testing of safety equipment at least quarterly
- comprehensive and thorough monthly inspections by a qualified staff member
- at least annual inspections by federal, state, and/or local officials or other qualified person(s)

There is documentation by an independent, outside source that any past deficiencies noted in annual inspections have been corrected.

COMMENTARY: In order to be considered qualified: the staff member should be trained by the fire department, fire marshal, OSHA, environmental health, safety professional, etc.

Process Indicators: Completed inspection checklists and reports. Documentation of corrective action.

SS-05 Hazardous Materials

Written policy & procedure addresses control, use, and disposal of liquid, solid, hazardous, flammable, toxic and caustic material in accordance with applicable government regulations and manufacturer guidelines.

COMMENTARY: 29 CFR Part 1910.1200 requires a written Hazard Communication program.

Process Indicators: Written policy & procedure and Hazard Communication program. Staff training records. Detainee training records. Completed inspection reports/forms, including documentation that identified deficiencies were corrected. Documentation of incidents that involved hazardous materials.

SS-06 Vermin and Pest Control

A written control plan addresses vermin and pest control. The control plan includes at a minimum:

- monthly inspection by a licensed exterminator
- an extermination schedule
- documentation of inspection reports and treatment

Process Indicators: Written control plan. Pest control contracts. Maintenance agreements. Inspection reports, including documentation that identified deficiencies were corrected.

SS-07 Housekeeping

Written policy & procedure addresses housekeeping and maintenance for all facility areas and provides for daily housekeeping and regular maintenance by assigning duties and responsibilities to staff and detainees.

Process Indicators: Written policy & procedure. Housekeeping & maintenance logs. Inspection reports including documentation that identified deficiencies were corrected.

SS-08 Injury Prevention

Written policy & procedure requires the facility to analyze injury experience for detainee, staff and visitor injuries at least annually. Problems are identified and corrective actions are developed and implemented.

Process Indicators: Written policy & procedure. Documentation of annual injury analysis. Completed injury or incident reports and investigations. Interviews.

SS-09 Evacuation Plan

Written policy and procedure establishes an evacuation plan for use 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 fire jurisdiction. The plan includes the following:

- location of building/room floor plan
- use of exit signs and directional arrows for traffic flow
- exits are clear from obstruction
- exits are distinctly and permanently marked
- location of publicly posted plan
- at least quarterly drills in all facility locations, including administrative areas and on every shift
- drills that involve only staff in instances when evacuation of extremely dangerous detainees is not advisable

Process Indicators: Written evacuation plan. Documentation of approval of plan. Documentation of annual review. Observation. Documentation of drills. Staff and detainee interviews.

SS-10 Detainee Evacuation

Written policy & procedure describes the means for the immediate release of detainees from locked areas in case of emergency and provides for a backup system for detention.

COMMENTARY: Backup system includes secondary keys or other release system in the event of power failure.

Process Indicators: Written policy & procedure. Observation. Staff interviews. Facility records/logs.

SS-11 Fire Safety

Written policy & procedure describes the facility's fire prevention plan. The plan includes:

- adequate fire protection service
- availability of extinguishers or other fire suppression equipment at appropriate locations throughout the facility
- detainee furnishings that meet fire safety performance requirements.
- kitchen equipment that meets fire safety performance requirements.

Process Indicators: Written policy & procedure. Fire extinguisher maintenance and testing records. Observation. Facility logs. Staff training records. Reports describing fire events that occurred. Furniture and equipment specifications. Staff interviews.

SS-12 Emergency Power and Communication

Written policy & procedure describes a preventive maintenance plan that provides for emergency repairs or replacement of emergency equipment and power generators in life-threatening situations.

- safety and security equipment is inspected at least monthly and repaired or replaced as soon as practical
- emergency equipment and systems are tested at least quarterly

- power generators are inspected weekly and load tested at least quarterly or in accordance with manufacturer's recommendations and instruction manual

The results of the inspection are reported in writing.

Process Indicators: Written policy & procedure and preventative maintenance plan. Facility inspection records/logs. Contract with company(s) to provide emergency equipment repairs.

SS-13 Personal Hygiene

Policy and procedure provides that articles necessary for maintaining proper personal hygiene are available to all detainees.

Process Indicators: Policy and procedure. Documentation that items are provided. Observation. Detainee interviews.

SS-14 Employee Health

Written policy & procedure requires all facility staff:

- receive a tuberculosis test prior to job assignment
- receive annual tuberculosis testing
- are offered the hepatitis B vaccine series within 10 days of assignment.

COMMENTARY: X-ray may be offered as an alternative to testing where appropriate.

Process Indicators: Written policy & procedure. Personnel records. Interviews.

SS-15 First Aid

First aid kits are available in designated areas of the facility. Written policy & procedure describes the contents, number, location, and procedures for monthly inspection of the kit(s) and provides written protocols for use by non-medical staff.

Process Indicators: Written policy & procedure. Documentation of kit inspections. Observation

SECURITY AND CONTROL

SC-01 Control Center

Written policy and procedure provides for a 24-hour secure control center for monitoring and coordinating the facility's security, life safety, and communications systems. The secure control center is staffed continuously. There are multiple communication systems between the control center and detainee occupied areas. The adequacy of facility surveillance equipment is assessed annually.

Process Indicators: Facility records and logs. Observation. Maintenance records.

SC-02 Officer Posts

Officer posts are located in or adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations.

Process Indicators: Observation. Staff and detainee interviews.

SC-03 Post Orders

There are current written orders for every officer post. Officers assigned to those posts acknowledge in writing that they have read and understand the orders and record the date. The facility administrator or designee reviews post orders annually and updates as needed.

COMMENTARY: Post orders define the duties, responsibilities and expectations of the post.

Process Indicators: Observation. Staff interviews. Documentation of staff receipt & review of post orders. Documentation of annual review and updating.

SC-04 Facility Perimeter

The facility perimeter ensures detainees remain within the perimeter and that access by the general public is denied without proper authorization. Pedestrians and vehicles enter and leave at designated points in the perimeter. Safety vestibules and sally ports constitute the only breaches in the perimeter.

Process Indicators: Observation. Facility records and logs.

SC-05 Same Gender Supervision

When both males and females are housed in a facility, written policy & procedure requires at least one male staff member and one female staff member to be on duty at all times.

Process Indicators: Written policy & procedure. Records of staff deployment. Facility logs. Interviews

SC-06 Detainee Authority

Written policy & procedure prohibits a detainee or group of detainees from being given control, or allowed to exert authority, over other detainees.

Process Indicators: Written policy & procedure. Observation. Staff and detainee interviews.

SC-07 Facility Logs, Reports and Briefings

Written policy & procedure requires that security staff maintain a permanent log and prepare shift reports that record routine information, emergency situations, and unusual incidents and the information is shared with staff during the shift or at shift change.

COMMENTARY: Written policy & procedure. Reports and logs may be post specific.

Process Indicators: Completed logs and other records. Documentation of emergency situations unusual incidents, pass downs and shift briefings.

SC-08 Supervisory Checks

Written policy & procedure requires that supervisory staff conduct a daily patrol, including holidays and weekends, of all areas occupied by detainees. Unoccupied areas are to be inspected at least weekly. Patrols and inspections are documented.

Process Indicators: Written policy & procedure. Inspection reports, completed forms, including documentation that identified deficiencies were corrected.

SC-09 Detainee Movement

Written policy & procedure requires that all detainee movement from one area to another is controlled by staff.

Process Indicators: Written policy & procedure. Observation.

SC-10 Detainee Counts

Written policy & procedure requires the facility to have a system for physically counting detainees. The system includes strict accountability for detainees assigned to work and educational release, furloughs, and other approved temporary absences. At least one formal count is conducted for each shift, with no less than three formal counts daily.

Process Indicators: Written policy & procedure. Completed forms. Facility records and logs. Documentation of detainee accounting activities. Staff interviews.

SC-11 Use of Physical Force

Written policy & procedure provides that 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.

Process Indicators: Written policy & procedure. Facility records and logs. Incident reports. Training records.

SC-12 Use of Restraints

Written policy & procedure provides that restraint devices are never applied as punishment. There are defined circumstances in which supervisor approval is needed prior to application.

Process Indicators: Written policy & procedure. Documentation of supervisory approval. Staff interviews.

SC-13 Restraint of Pregnant Detainees

Written policy & procedure provides that the least restrictive restraints necessary shall be used on a detainee when the facility has actual or constructive knowledge that they are in their second or third trimester of pregnancy and no restraints of any kind shall be used on a detainee who is in labor, delivering their baby or recuperating from delivery unless there are compelling grounds to believe that the detainee presents: (1) an immediate and serious threat of harm to themselves, staff or others; or (2) a substantial flight risk and cannot be reasonably contained by other means. If a detainee who is in labor or who is delivering their baby is restrained, only the least restrictive restraints necessary to ensure safety and security shall be used. NMSA 1978 §33-1-4.2

Process Indicators: Written policy and procedures. Medical clearance form. Interviews.

SC-14 Use of Four/Five Point Restraints

Written policy & procedure provides that four/five point restraints are used only in extreme instances and only when other types of restraints have proven ineffective. Advance approval is secured from the facility administrator/designee before a detainee is placed in a four/five point restraint. Subsequently, a medical professional must assess the detainee's medical and mental health condition. If the detainee is restrained in a four/five point position, the following minimum procedures are followed:

- direct visual observation by staff is continuous prior to obtaining approval from health authority or designee
- subsequent visual observation is made at least every 15 minutes
- restraint procedures are in accordance with guidelines approved by a medical professional.
- all decisions and actions are documented
- hogtying is strictly prohibited

Process Indicators: Written policy & procedure. Observation. Facility records and logs. Detainee and staff interviews. Documentation of approval(s) and observation.

SC-15 Weapons

Written policy & procedure describes procedures governing the availability, control, and use of firearms, less lethal devices, and related security devices, and specify the level of authority required for their access and use. (Chemical agents and electrical disablers)

Process Indicators: Written policy & procedure. Facility logs. Completed authorization forms. Staff Interviews.

SC-16 Storage of Lethal Devices

Written policy & procedure provides that space is provided for the secure storage of less lethal devices and related security equipment. Access is restricted to authorized persons only, and the storage space is located in an area separate and apart from detainee housing or activity areas.

Process Indicators: Written policy & procedure. Observation. Staff interviews. Facility logs and records.

SC-17 Distribution of Security Equipment

The facility maintains a written record of routine and emergency distribution of security equipment. Firearms, chemical agents, and related security equipment are inventoried at least monthly to determine their condition and expiration dates.

If the facility utilizes body cameras:

- written policy and directives to include daily logs
- storage
- inventory
- training

Process Indicators: Completed forms. Facility records/logs. Written policy and procedure. Observation.

SC-18 Use of Firearms

Written policy & procedure provides that the use of firearms complies with the following requirements:

- weapons meet safety regulations and inspections.
- a secure weapons locker is located outside the secure perimeter of the facility
- except in emergency situations, firearms and weapons such as nightsticks are permitted only in designated areas to which detainees have no access
- employees supervising detainees outside the facility perimeter follow procedures for the security of weapons
- employees are instructed in the use of deadly force
- employees use only firearms or other security equipment that they have qualified with and has been approved by the facility administrator
- appropriate equipment is provided to facilitate safe unloading and loading of firearms

Process Indicators: Written policy regarding use of firearms. Training records. Observation. Staff and Detainee Interviews.

SC-19 Use of Force Reports

The facility has a written policy that states:

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 detainees
- use of force to control detainees
- detainee(s) remaining in restraints at the end of the shift
- detainee assaults on staff

Process Indicators: Completed reports. Facility records and logs.

SC-20 Key Control

Written policy & procedure describes the manner in which the use of keys are controlled.

Process Indicators: Written policy & procedure. Facility logs. Documentation of key control.

SC-21 Control of Tools, Culinary, and Medical Equipment

Written policy & procedure describes inventory control and use of tools, culinary, medical/dental equipment, and supplies.

Process Indicators: Written policy & procedure. Facility logs. Documentation of control activities (records, logs, completed form) inventory of medical/dental (scissors/syringes needles and sharps).

SC-22 Searches

Written policy & procedures guide searches of facilities and detainees to control contraband and provide for its disposition. When a canine unit is operated by the facility there is a written policy & procedure which addresses the following:

- the circumstances in which canine units may be used are clearly defined
- how the canine unit is integrated into the overall emergency procedures of the facility
- maintenance of current records on handler and dog training, care of dogs and incidents involving use of the dog.

Process Indicators: Written policy & procedure. Observation. Facility records and logs. Detainee and staff interviews.

SC-23 Arrestee Strip Search

Written policy & procedure provides that a strip search of an arrestee at intake is only conducted when there is reasonable belief or suspicion that he/she may be in possession of an item of contraband. Reasonable suspicion may be based on:

- current charges or previous convictions for escape, possession of drugs or weapons, or crime of violence or
- current or historical institutional behaviors of contraband possession or refusals to be searched
- finding contraband during a pat or clothing search

Strip searches must be conducted with dignity and respect, in private and completed by an officer of the same gender absent exigent circumstances. All strip searches must be documented on a form that includes justification for the search.

Process Indicators: Written policy & procedure. Observation. Facility records and logs. Detainee and staff interviews.

SC-23.1 Pat down Searches

Written policy and procedure provides that cross-gender pat-down searches of detainees is prohibited absent exigent circumstances.

Process Indicators: Written Policy & Procedures. Observation. Facility records and logs. Detainee and staff interview.

SC-24 Detainee Strip Search

Written policy & procedure provides that a strip search of general population detainees is only conducted when there is reasonable suspicion that the detainee may be in possession of an item of contraband and/or following contact with the public or exposure to public areas. Strip searches must be conducted with dignity and respect, in private and by an officer of the same gender absent exigent circumstances.

Process Indicators: Written policy & procedure. Observation. Facility records and logs. Detainee and staff interviews.

SC-25 Body Cavity Search

Written policy & procedure provides that manual or instrument inspection of body cavities is conducted only when authorized by court order. Health care personnel will conduct the inspection in private.

Process Indicators: Observation. Facility records and logs. Detainee and staff interviews. Credentials of personnel who conduct searches

SC-26 Disposition of Evidence

Written policy & procedure govern the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or institutional regulation. At a minimum, the procedures address the following:

- chain of custody
- evidence handling
- location and storage requirements
- manner of disposition

Process Indicators: Written policy & procedure. Documentation of chain of custody. Facility records and logs.

SC-27 Reception

Written policy & procedure requires that prior to accepting custody of a detainee, staff determines that the detainee is legally committed to the facility, and that the detainee is not in need of immediate medical attention.

Process Indicators: Written policy & procedure. Completed admissions forms. Facility logs. Observation. Interviews.

SC-28 Admission Process

Written policy & procedure describes the admission processes for a newly-admitted detainee and includes:

- search of detainee and property immediately upon arrival
- inventory of personal property
- recording basic personal data and information to be used for mail and visiting list
- phone calls
- criminal history check
- photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics
- assignment of registered number to the detainee
- medical, dental, and mental health screening
- screening to detect signs of drug/alcohol abuse
- suicide screening
- a detainee orientation

Process Indicators: Written policy & procedure. Observations. Staff and detainee interview. Intake records.

SC-29 Access to Telephones at Intake

Written policy & procedure requires that new detainees are given a reasonable opportunity to make three telephone calls during the Admission process beginning not later than twenty minutes after they arrive at the facility NMSA 1978 §31-1-5. Detainees are assisted, as needed, to notify persons of their admission to custody including individuals to make arrangement to care for dependents or minor children who may be placed at risk due to the detainee's incarceration.

Process Indicators: Written policy & procedure. Observation. Intake records. Detainee interviews.

SC-30 Inventory of Detainees Property

There is an itemized inventory of all personal property of newly-admitted detainees and secure storage of detainee property, including money and other valuables. The detainee is given a receipt for all property held until release. Space is provided for storing the personal property of detainees safely and securely.

Process Indicators: Completed inventory forms. Intake records. Completed receipts.

SC-31 Foreign Nationals

Written policy & procedure provides that foreign nationals have access to the diplomatic representative of their country of citizenship.

Process Indicators: Written policy & procedure. Detainee interviews. Staff interviews.

SC-32 Detainee Records

Written policy & procedure requires that intake booking information is recorded for every person admitted to the facility and includes at least the following data, unless prohibited by law:

- photograph
- booking number
- name and aliases of individual
- current address (or last known address)
- date of arrest and admission, duration of confinement, and a copy of the court order or other legal basis for commitment
- name, title, agency, and signature of delivering officer
- specific charges
- sex
- age
- date of birth
- place of birth
- race
- present or last place of employment
- health status, including any current medical or mental health needs and suicidal ideations
- emergency contact (name, relation, address, and phone number)
- driver's license and social security numbers (where applicable)
- notation of cash and all property
- additional information concerning special custody requirements, service needs, or other identifying information such as birthmarks or tattoos.

Process Indicators: Written policy & procedure. Intake records. Detainee records. Completed forms.

SC-33 Detainee Custody Records

The facility maintains custody records on all detainees committed or assigned to the facility, which includes but is not limited to the following:

- intake/booking information
- court-generated background information
- cash and property receipts
- reports of disciplinary actions, grievances, incidents, or crime(s) committed while in custody

- disposition
- records of program participation
- work assignments
- classification records

The contents of detainee records are identified and separated according to a format approved by the facility administrator.

Process Indicators: Detainee records and files.

SC-34 Release of Detainee Information

Unless release of information is required by statute, detainees sign a release of information consent form that complies with applicable federal and state regulations prior to the release of non-public information. A copy of the form is maintained in the detainee's case record.

Process Indicators: Detainee files and records.

SC-35 Detainee Release Procedures

Written procedures for releasing detainees from the facility at the end of their term includes the following:

- identification of outstanding warrants, wants, or detainers
- verification of identity
- verification of release papers
- completion of release arrangements, including notification of the parole authorities in the jurisdiction of release, if required
- return of personal property
- verification that no facility property leaves the facility
- arrangements for completion of any pending action, such as grievances or claims for damages or lost possessions
- procedures for making reasonable attempt to notify the arresting law enforcement agency or officer when the detainee being released is accused of domestic violence as provided by NMSA 1978 § 40-13-7.

Process Indicators: Written policy & procedure. Completed release forms and documents. Facility records and logs. Detainee records. Observation.

SC-36 Housing of New Intakes

Written policy & procedure requires newly-admitted detainees be separated from the general population during the admissions process. Detainees are assigned to initial holding settings according to their immediate security needs, physical and mental condition, and other considerations.

Process Indicators: Written policy & procedure. Observation. Admission and housing

records/logs. Detainee and staff interviews.

SC-37 Intake Classification

Written policy & procedure provides that there is an initial objective classification of the detainee that considers safety and security issues prior to reassignment from intake and short-term holding.

Process Indicators: Intake records. Housing records.

SC-38 Orientation

Prior to being placed in the general population, each detainee is provided with an orientation to the facility, which includes at a minimum:

- written materials describing facility rules and sanctions
- explanation of mail and visiting procedures
- explanation of grievance procedures
- explanation of all fees, charges, or copayments that may apply
- description of services, programs, and eligibility requirements
- information on how to access medical/mental health care
- identification of available pretrial release options
- information about sexual abuse/assault including:
 - the agency's zero tolerance policy
 - prevention/intervention
 - self-protection
 - reporting sexual abuse/assault
 - protection from retaliation
 - treatment and counseling

This information is contained in a written handbook that is given to each detainee or viewed electronically. The handbook is translated into those languages spoken by significant number of detainees. Where a literacy or language barrier prevents a detainee from understanding the orientation material, assistance shall be provided. Detainees verify, by signature, the receipt of their initial orientation. Signed acknowledgement of receipt of the orientation is maintained in the detainee's file.

Process Indicators: Detainee handbook(s). Detainee files. Observation. Staff and detainee interviews.

SC-39 Access to Care

Written policy & procedure informs all detainees about how to access medical/mental health services and the grievance system upon arrival at the facility. The information is translated into those languages spoken by significant numbers of detainees. When a literacy or language problem prevents a detainee from understanding written information, a staff member or translator assists the detainee.

Process Indicators: Written policy & procedure. Documentation that detainees are informed about health care and grievance system. Detainee grievances. Interviews.

SC-40 Classification and Separation

Written policy & procedure describes the formal classification process that starts at admission, for managing and separating detainees based upon the facility's mission, classification goals, and detainee custody and program needs. The process uses verifiable and documented data about detainees and does not discriminate based on race, color, creed, national origin, sex, sexual orientation, or economic status. The classification system is used to separate detainees into groups that reduce the probability of assault and disruptive behavior. At a minimum, the classification system evaluates the following:

- current charges
- criminal history
- mental and emotional stability
- escape history
- history of assaultive behavior
- potential for sexual victimization or abuse
- medical status
- age
- enemies of record
- gender
- legal status
- custody needs
- special problems and behavior

The detainee classification process ensures periodic review of detainee status, and revision of detainee status as needed in response to changes in detainee behavior, charges or circumstances. There is a process for appeal of classification decisions.

Process Indicators: Classification policy & procedure. Classification records. Documentation verifying the process. Staff and detainee interviews

SC-41 Restricted Housing-Detainee Classification Status

Written policy & procedure for housing addresses the following:

- high risk detainees
- detainees with severe medical disabilities
- detainees suffering from serious mental illness
- sexual predators
- detainees likely to be exploited or victimized by others
- detainees who have other special needs for single-occupancy housing.

Detainees who cannot be accommodated will be transferred to another facility whenever possible.

Process Indicators: Written policy & procedure. Observation. Interviews (staff, detainees.)

Housing and classification records/logs.

SC-42 Restricted Housing-Administrative Separation

Written policy & procedure authorizes the facility administrator or designee to order immediate restrictive housing when it is necessary to protect the detainee or others. The action is reviewed within 72 hours by the appropriate authority.

Process Indicators: Written policy & procedure. Documentation of review. Facility records. Detainee records.

SC-43 Assessment of Restrictively Housed Detainees

Written policy & procedure requires that when a detainee is transferred to restrictive housing, health care personnel are informed immediately and provide assessment and review as indicated by the protocols established by the health authority.

COMMENTARY: Detainees with a known or suspected mental illness should be given a mental health assessment and their condition periodically reviewed to determine whether restrictive housing is affecting their mental health status and continues to be appropriate.

Process Indicators: Written policy & procedure. Health records. Restricted Housing logs. Duty assignment roster for health care providers. Observation. Interviews.

SC-44 Transfers to Restricted Housing

Written policy & procedure requires that when a detainee is admitted to restrictive housing status there is documentation that restricted housing is warranted and no reasonable alternatives are available.

Process Indicators: Written policy & procedure. Documentation of reasons for admitting detainees to restricted housing status or denying status. Detainee records.

SC-45 Open

SC-46 Administrative Review

Written policy & procedure requires that the status of detainees in restricted housing are reviewed every seven days for the first two months and at least every 30 days thereafter. There is a review process used to release a detainee from restricted housing.

Process Indicators: Written policy & procedure. Documentation of reviews and outcomes.

SC-47 Maximum Sanctions

Written policy & procedure provides the sanctioning schedule for rule violations. The maximum sanction for rule violations is no more than 30 days for all violations arising out of one incident.

Continuous confinement for more than 30 days requires the review and approval of the facility administrator.

Process Indicators: Written policy & procedure and sanctioning schedule. Documentation that sanctioning schedule has been communicated to detainees. Detainee interviews. Documentation of facility administrator review and approval.

SC-48 Restrictive Housing Units

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

COMMENTARY: Exceptions can be made to accommodate physical plant issues for existing structures.

Process Indicators: Observation. Detainee interviews.

SC-49 Personal Observation of Restrictively Housed Detainees

Written policy & procedure requires that all restricted housing detainees are physically observed by an officer at least every 30 minutes on an irregular schedule. Detainees who are violent or demonstrate unusual or bizarre behavior or psychiatric disorders must be assessed by appropriate medical/mental health personnel who will determine the supervision that is needed.

Process Indicators: Written policy and procedure. Facility records and logs. Documentation of cell checks.

SC-50 Selection of Restrictive Housing Staff

Written policy & procedure requires that staff assigned to work directly with detainees in restrictive housing units are selected based on criteria that includes:

- experience
- suitability for this population
- behavioral health and/or other applicable training as determined by facility administrator

Process Indicators: Written policy & procedure. Staff interviews. Training records.

SC-51 Restrictive Housing Logs

Staff operating restrictive housing units maintain a permanent log that contains at a minimum the following information for each detainee admitted to the restrictive housing unit: name, number, housing location, date admitted, type of infraction or reason for admission, tentative release date, and special medical or psychiatric problems or needs. Officials who inspect the units or counsel the detainee on behavior will use the log to record all visits.

Process Indicators: Completed log. Detainee records.

SC-52 Restrictive Housing Provisions

Written policy & procedure requires that all detainees in restrictive housing units are provided prescribed and non-prescribed medication, clothing that is not degrading and access to basic personal items for use in their cells unless there is imminent danger that a detainee or any other detainee(s) will destroy an item or induce self-injury.

Process Indicators: Written policy & procedure. Detainee records. Restrictive Housing log. Detainee interviews.

SC-53 Restrictive Housing Hygiene

Written policy & procedure requires that detainees in restrictive housing units have the opportunity to shave at least two times per week and shower at least three times per week. Detainees in restrictive housing units receive laundry, haircuts or trims and are issued and exchange clothing, bedding, and linen on the same basis as detainees in the general population. Exceptions are permitted only when determined to be necessary. Any exception is recorded in the unit log and justified in writing.

Process Indicators: Written policy & procedure. Restrictive housing log. Documentation of exceptions.

SC-54 Deprived Items

Written policy & procedure requires that when a detainee is in restrictive housing is deprived of authorized items or activity, a report of the action is made and forwarded to the facility administrator.

Process Indicators: Written policy & procedure. Documentation of report of actions to administrator. Detainee interviews.

SC-55 Alternative Meals

Written policy & procedure provides for alternative meals that can be eaten without utensils when utensils would present a health, safety or security risk.

Process Indicators: Written policy & procedure. Documentation of approval of alternative meals. restrictive housing log. Detainee Interviews.

SC-56 Restrictive Housing-Detainee Rights and Privileges (Rev. 10.11.18)

Written policy & procedure provides that detainees in restrictive housing units:

- can write and receive letters on the same basis as detainees in the general population
- have opportunities for visitation unless there are substantial reasons for withholding such privileges. All denials for visitation are documented
- have access to reading and legal materials
- are offered a minimum of two hours of out of cell time per day, seven days a week, unless

security or safety considerations dictate otherwise. Exceptions must be justified and documented, including refusals

- have access to programs offered within the facility.

Process Indicators: Written policy & procedure. Restrictive housing log. Observation. Detainee interviews.

SC-57 Disciplinary Telephone Usage

Written policy & procedure provides that detainees in disciplinary detention are allowed limited telephone privileges consisting of telephone calls related specifically to access to the judicial process and family emergencies as determined by the facility administrator or designee.

COMMENTARY: Disability Rights New Mexico (DRNM) is the system established under 42 U.S.C. §10803 to protect and advocate the rights of people with mental illness in New Mexico. Under the Protection and Advocacy for Mentally Ill Individuals Act (PAMII) 42 U.S.C. §10801 et seq., DRNM has access to facilities and records to investigate incidents of abuse or neglect when it is reported or when there is probable cause to believe the incidents occurred. 42 U.S.C. §10805(a).

Process Indicators: Written policy & procedure. Staff and detainee interviews. Restrictive housing log.

SC-58 Sexual Abuse Prevention

Written policy & procedure requires that the facility provide information to detainees about sexual abuse/assault including:

- the facility's zero tolerance policy regarding sexual abuse
- the detainee's right to be free from sexual abuse during confinement
- prevention/intervention
- self-protection
- reporting sexual abuse/assault
- protection from retaliation for reporting sexual abuse
- treatment and counseling

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

Process Indicators: Written policy & procedure. Detainee handbook or other written material translated into relevant language. Intake logs and detainee sign-in sheets for orientation

SC-59 Sexual Abuse Screening

Written policy & procedure requires that detainees are screened during the intake process to assess their risk of being sexually abused by other detainees or sexually abusive to other detainees. Housing assignments are made accordingly.

COMMENTARY: Final PREA standards contain suggested criteria for screening detainees for risk of sexual abuse/victimization. www.ojp.usdoj.gov/programs/pdfs/prea_final_rule.pdf.

Process Indicators: Written policy & procedure. Screening records. Admission logs. Classification records.

SC-60 Investigation of Sexual Abuse Allegations

Written policy & procedure requires a criminal and/or administrative investigation to be conducted and documented whenever a sexual assault or threat is reported. The facility has a designated senior level employee who is responsible for developing, implementing, and overseeing compliance with the facility's sexual misconduct policy and coordinating the facility's response to sexual misconduct.

Process Indicators: Written policy & procedure required. Referral records. Investigative reports.

SC-61 Identification of Sexual Predators

Written policy & procedure provides that detainees with a history of sexually assaultive behavior are identified and monitored.

Process Indicators: Completed intake classification forms, history, and mental health assessments. Case records.

SC-62 Identification of At Risk Detainees

Written policy & procedure provides that detainees who have been or allege to have been sexually abused while in custody are identified, assessed by a mental health or other qualified professional, monitored, and counseled.

COMMENTARY: According to PREA, at risk detainees or potentially vulnerable detainees may include lesbian, gay, bisexual, transgender, intersex and gender nonconforming detainees on a case by case basis.

Process Indicators: Completed mental health assessments. Case records.

SC-63 Sexual Contact Prohibited

Written policy & procedure provides that sexual conduct between staff and detainees, volunteers or contract personnel and detainees, regardless of consensual status, is prohibited and subject to administrative and disciplinary sanctions as well as criminal prosecution.

Process Indicators: Written policy & procedure prohibiting sexual conduct with detainees. Detainee handbook. Documentation of staff awareness, e.g. annual in-service training curriculum.

SC-64 Victims of Sexual Assault

Written policy & procedure provides that victims of sexual assault are taken to the ER or other community facility for treatment and gathering of evidence. If these procedures are performed in-house, the following guidelines are used:

- a history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victims consent, the examination includes collection of evidence from the victim.
- 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 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.

Process Indicators: Completed referral forms. Medical records. Classification records.

SC-65 Reporting Sexual Abuse

Written policy & procedure provides that detainees who are victims of sexual abuse have the option to report the incident to a staff member or a third party.

Process Indicators: Detainee handbook. Record of reports.

SC-66 Sexual Abuse Records

All care records associated with claims of sexual abuse, including incident reports, investigative reports, offender's information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained.

Process Indicators: Copies of case records detailing allegation of abuse. Medical and counseling reports.

SC-67 Protection from Abuse

Written policy & procedure provides that detainees are not subjected to personal abuse, corporal punishment, personal injury, disease, property damage or harassment and that detainee property is protected.

Process Indicators: Written policy & procedure. Facility logs. Incident reports. Detainee interviews. Staff training records.

SC-68 Disabled Detainees

Written policy & procedure provides that detainees with disabilities, including mental health disabilities and temporary disabilities, are housed in a manner that provides for their safety and security. Housing used by detainees with disabilities, including temporary disabilities, is designed for their use. Program and service areas are accessible to detainees with disabilities who reside in the facility.

Process Indicators: Written policy & procedure. Detainee records. Observation. Interviews. Detainee health records.

SC-69 Open

SC-70 Detainee Education

Written disciplinary procedures governing detainee rule violations are provided to all detainees and address the following:

- rules
- minor and major violations and sanctions for each
- criminal offenses
- pre-hearing actions/investigation
- pre-hearing detention
- disciplinary detention for rule violation only after a hearing

Process Indicators: Detainee handbook. Detainee rules. Detainee and staff interviews.

SC-71 Open

SC-72 Detainee Criminal Conduct

Alleged criminal conduct by detainees is reported to the appropriate law enforcement agency.

Process Indicators: Incident reports. Documentation of referral.

SC-73 Disciplinary Reports

When rule violations require formal resolutions, written policy & procedure provides that staff members prepare a disciplinary report and forward it to the designated staff member.

Disciplinary reports include the following information:

- a) specific rule(s) violated
- b) a formal statement of the charge is given to the detainee within 24 hours
- c) any known witnesses provided by the detainee
- d) a short explanation of the event that transpired, the time and location of occurrence
- e) any physical evidence and its disposition
- f) any immediate action taken, including the use of force
- g) reporting staff member's name, date and time of report
- h) detainee's signature/initials accepting disciplinary hearing or refusal
- i) detainee's signature/initials confirming a hearing can be conducted in 24 hours or less

- j) senior hearing officer's written statement for the exclusion of detainee during hearing
- k) detainee is assisted with any barriers (language) he may have
- l) detainee has an opportunity to make a statement and present documentary evidence at the hearing
- m) findings report is done within 72 hours of the hearing (a copy is given to detainee)
- n) appeal request or accepting of findings
- o) detainee's appeal letter must be written within five (5) working days from the senior hearing officer's findings report
- p) Administrator or designee's response to the appeal letter shall be done within 15 days

When an alleged rule violation is reported, an investigation is begun within 24 hours of the time the violation is reported and is completed without delay, unless there are exceptional circumstances for prolonging the investigation. When an investigation or a hearing is postponed, documentation is needed. The disciplinary hearing shall be held within seven (7) days (excluding weekends and holidays). The hearing record and supporting documents are either kept in the detainee's file, in the disciplinary committee's file or the hearing officer's records. The facility administrator or designee reviews all disciplinary hearings and dispositions to assure conformity with policy and regulations.

An impartial person or committee conducts disciplinary hearings and their decisions are based solely on information obtained in the hearing process, including staff reports, the statements of the detainee charged, and the evidence derived from witnesses and documents.

COMMENTARY: Sometimes rule violations are the result of mental illness. Detainees known or suspected of having a mental illness should be screened to determine whether the rule violation is related to their mental illness. If the mental health professional concludes that mental illness was a mitigating factor, the facility should consider this in determining whether restrictive housing is an appropriate consequence.

Process Indicators: Completed disciplinary forms. Detainee records. Detainee interviews. Staff interviews. Documentation of review.

[SC-74 Open](#)

[SC-75 Open](#)

[SC-76 Open](#)

SC-77 Open

SC-78 Open

SC-79 Open

SC-80 Open

SC-81 Open

SC-82 Open

SC-83 Open

SC-84 Preservation of Evidence

Written policy & procedure govern all searches and preservation of evidence when a detainee is suspected of a new crime. Only the facility administrator or designee authorizes such searches unless immediate action is necessary; in such cases the facility administrator or designee is fully informed as soon as possible after the search.

Process Indicators: Written policy & procedure. Facility logs and records. Documentation of prior approval of searches.

SC-85 Officer Level Security Welfare Checks

- maximum/medium custody detainee cells and dayrooms will be monitored at least every 30 minutes on an irregular schedule
- general population detainees will be physically observed by an officer at least every 30 minutes on an irregular schedule.
- restricted Housing dayrooms will be monitored at least every 30 minutes on an irregular schedule.

Process Indicators: Written policy and procedure. Facility logs and records. Detainee interviews. Staff Interviews.

SC-86 Restricted Housing Detainees (Moved from ADM 26 Special Management Detainees)

Detainees in restrictive housing receive:

- daily visits from the shift supervisor
- weekly visits from the chief of security and fire safety-sanitation officer
- weekly visits from the facility administrator or next in command
- visits from licensed health care professionals three times per week, unless medical attention is needed more frequently

Process Indicators: Documentation of administrator/designee visits and health care visits.

Detainee interviews. Completed logs.

MEDICAL/MENTAL HEALTH

MM-01 Health Authority

The facility has a designated health authority with responsibility for health care services. Such responsibilities include:

- establishing a mission statement that defines the scope of health care services
- assuring that the scope of services is defined and properly monitored
- developing facility operational health policies and procedures
- identifying the types of health care providers needed to provide the determined scope of services
- establishing systems for the coordination of care among multidisciplinary health care providers

The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. 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 or other qualified medical/mental health care provider.

COMMENTARY: Qualified medical/mental health care provider includes certain certified nurse practitioners who can practice independently and prescribe medication (NMSA 1978 § 61-3-23.2). Certain psychologist who have completed specific courses and certifications can also prescribe medication under the supervision of a physician (NMSA § 61-9-17).

Although this standard does not prescribe specific staffing requirements some on site medical staff will be required to provide the medical and mental health services described in this section. For small jails (200 detainees or less) at least a part-time RN or a nurse practitioner/physician's assistant (NP/PA) should be on-site at least three days per week. For medium jails (200-500 detainees) at least a part-time nurse practitioner/physician's assistant (NP/PA) should be on-site at least three days a week at a minimum. Medium size jails should also have at least one nurse on the day shift seven days per week and should at least have a part-time mental health counselor and a contract psychiatrist available to see patients on psychotropic medications monthly. Patients can be seen by the psychiatrist via telemedicine when there is sufficient on site staff to prepare and manage the session.

Process Indicators: Documentation of health authority designation. Contract. Billing records. Interviews. Documentation of mission statement, operational policies and procedures, scope of services and required personnel, coordination of care, and a quality management program.

MM-02 Personnel Qualifications

Facility 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. Job descriptions are on file in the facility and are approved by the health authority. All healthcare personnel who provide services to detainees are appropriately credentialed according to licensure, certification, and registration requirements of the jurisdiction. Verification of current credentials is on file in the facility.

If detainees are treated at the facility by health care personnel other than a clinician, the care is provided pursuant to direct orders by personnel authorized by law to give such orders. All prescription medications require a direct order by a licensed provider. Health care personnel may only perform duties consistent with their credentials and training. Nurses utilize protocols appropriate to their skill and training. Nursing protocols are developed and reviewed annually by the responsible physician.

Process Indicators: Copies of credentials of licensure. Documentation of compliance with orders. Health record entries. Job descriptions signed by the health authority and employee. Interviews, observation and training records.

MM-03 Health Trained Custody Personnel

Health-trained personnel may coordinate routine health delivery services under the joint supervision of the responsible health authority and facility administrator, when qualified health care personnel are not on duty.

Process Indicators: Health records. Observation. Interviews. Training records.

MM-04 Quality Improvement (New Standard)

A continuous quality improvement (CQI) program monitors and improves health care delivered in the facility. At a minimum the CQI program includes quarterly meetings of the multi-disciplinary quality improvement committee established by the responsible health care authority and quarterly reports.

Process Indicators: Written policy and procedure, CQI quarterly meeting minutes.

MM-05 Confidentiality

A health record file is maintained for all detainees. All health records will be maintained in accordance with HIPAA regulations.

Information about a detainee's health status is confidential and must be maintained at all times. The active health record is maintained separately from the confinement case record. Access to the health record is in accordance with state and federal law. The administration should be informed of any special precautions necessary to protect detainee or staff health, and special needs for classification to consider when making housing, program, and work assignments.

COMMENTARY: Medical records for detainees with previous arrests should be consolidated into a single file so the facility has access to a detainee's medical history. The intake screening form should be made part of the medical record. Medical records must be maintained in a

confidential file system separate from the detainee confinement files.

Special precautions include masks and gloves, etc. Classification staff should be informed of any special needs they should take into consideration in making housing, program, and work assignments (e.g., bottom bunk, bottom tier, lifting restrictions, temperature, etc.).

Process Indicators: Observation of facility medical & confinement records. Evidence that medical records are in a secure area and protected by double lock. Interviews.

MM-06 Privacy

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

Process Indicators: Observation. Interviews. Written policies and procedures.

MM-07 Health Records

A single consolidated health record file is maintained for all detainees. All health records are maintained in accordance with HIPAA regulations.

COMMENTARY: Medical records for detainees with previous arrests should be consolidated into a single file so the facility has access to a detainee's medical history. The intake screening form should be a part of the medical record. Medical records must be maintained in a confidential file system separate from the detainee confinement files.

Process Indicators: Health records. Completed forms. Interviews.

MM-08 Transfers

Written policy & procedure requires non-emergency detainee transfers to include the following:

- summaries, originals, or copies of the health record accompany the detainee to the receiving facility; health conditions, treatments, and allergies are included in the record
- confidentiality of the health record
- determination of suitability for travel based on medical evaluation, with particular attention given to communicable disease clearance
- written instructions regarding medication or health interventions required en route for transporting officers separate from the health record
- specific precautions to be taken by transportation officers, including standard precautions and the use of masks and/or gloves

A medical summary sheet is required for all transfers to maintain continuity of care. Information included does not require a release of information form.

Process Indicators: Written policy & procedure. Health records. Completed forms. Observation. Interviews.

MM-09 Inactive Records

Inactive health record files are retained for at least ten (10) years from date of last release [1.19.5.110 NMAC].

Process Indicators: Observation of inactive health record files, interview of staff.

MM-09-A Detainee Release of Medical Information

Health record information is transmitted to specific and designated physicians or medical facilities in the community upon written request or authorization by the detainee.

Process Indicators: Completed facility request and detainee authorization forms. Interview of staff.

MM-10 Quarterly Meetings and Statistical Reports

The health authority meets with the facility administrator at least quarterly and submits quarterly reports. The report addresses topics such as the effectiveness of the health care system (including mental health services), a description of any environmental factors that need improvement, changes effected since the last reporting period, and, if needed, recommended corrective action. The health authority immediately reports any condition that poses a danger to staff or detainee health and safety.

Quarterly statistical reports are prepared and include, at a minimum: data on the length of time it takes for detainees to receive care for issues they request to be addressed, the use of health care services by category, referrals to specialists, prescriptions written, laboratory and x-ray tests completed, infirmary admissions, if applicable, on-site or off-site hospital admissions, serious injuries or illnesses, detainees on psychotropic medications, deaths, and off-site medical transports. Reports are submitted to, and reviewed by, the health authority and facility administrator

Process Indicators: Quarterly reports and statistics. Documentation of meetings. Meeting minutes. Interviews.

MM-11 Open

MM-12 Open

MM-13 Open

MM-14 Access to Care

When medical co-payment fees are imposed, the program ensures:

- all detainees are advised in writing, at the time of admission to the facility, of the guidelines of the co-payment program
- co-payment fees are waived when appointments or services, including follow-up

appointments, are initiated by medical staff

COMMENTARY: The use of co-pays cannot be a barrier to medical/mental health services. Detainees are not denied access to health care due to inability to pay co-payment.

Process Indicators: Copayment program description. Interviews. Financial records.

MM-15 Clinical Services

There is a process for all detainees to initiate requests for medical/mental health services on a daily basis. These requests are triaged daily by health personnel or health trained personnel. A priority system is used to schedule clinical services. Clinical services are available to detainees in a clinical setting and are performed by a physician or other qualified health care professional. Health care request forms are readily available to all detainees.

COMMENTARY: The highest level nursing staff available should triage detainees' health care requests. In small jails without health staff, a health trained liaison officer should review the requests and call a health professional with any questions. Detainees requesting medical services should be seen for routine matters within 48 hours of the request and within 72 hours on weekends.

Process Indicators: A health record. Sick call/triage forms or logs. Clinical provider schedules. Observation. Interviews.

MM-16 Continuity of Care

Detainees identified as having long term or potentially serious conditions are referred to community resources as medically indicated upon release.

Process Indicators: Completed referral forms. Health records. Facility logs. Interviews.

MM-17 Referrals

Detainees who need health care beyond the resources available in the facility are transferred under appropriate security provisions to a facility where such care is available.

Process Indicators: Health records. Completed referral consult records. Transportation logs. Interviews.

MM-18 Treatment Plan

There is a treatment plan for detainees who require close medical or mental health supervision, including chronic and convalescent care.

COMMENTARY: This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the detainee, and is approved by the appropriate licensed physician, dentist, mental health personnel or other health care personnel for each detainee.

Process Indicators: Review of treatment plans. Health records. Interviews.

MM-19 Emergency Medical Services

Written policy & procedure provides for 24-hour emergency medical and mental health services. Services include the following:

- on-site emergency first aid and crisis intervention
- emergency evacuation of the detainee from the facility
- emergency on-call physician/certified nurse practitioner and mental health professional services are available 24 hours per day, when the emergency health facility is not located in a nearby community
- security procedures ensure the immediate transfer of detainees, when appropriate

Process Indicators: Written policy & procedure. Designated emergency health facility. Provider lists. Transportation logs. Interviews.

MM-20 Infirmary Care

If infirmary care is provided onsite, it includes the following:

- definition of the scope of infirmary care services available
- a physician/certified nurse practitioner on call or available 24 hours per day
- health care personnel have access to a physician or a registered nurse and are on duty 24 hours per day when patients are present
- all detainees/patients are within sight or sound of health care personnel
- an infirmary care manual that includes nursing care procedures
- compliance with applicable state statutes and local licensing requirements.

COMMENTARY: Not all facilities have infirmary care services. Infirmary care refers to acute medical care that is provided to a detainee that would otherwise be delivered in an inpatient hospital setting.

Process Indicators: Admission and inpatient records. Staffing schedules. Documentation of compliance with licensing requirements and regulations. Observations. Interviews.

MM-21 Pregnancy Management

Pregnant detainees receive prenatal and postpartum care as determined necessary by a clinician.

COMMENTARY: If female detainees are housed, the facility provides access to the following pregnancy management services:

- pregnancy testing
- routine and high-risk prenatal care
- management of chemically addicted pregnant detainees
- counseling and assistance
- appropriate nutrition
- postpartum follow-up

- lactation management

Process Indicators: Health record entries. Laboratory records. Interviews.

MM-22 Disease and Infection Exposure Control Program

The facility has a written plan, approved by the health authority, which addresses the management of infectious and communicable diseases. The plan includes procedures for prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, medical seclusion (when indicated), and reporting requirements to applicable local, state, and federal agencies.

COMMENTARY: A multidisciplinary team that includes clinical, security, and administrative representatives' meets at least quarterly to review and discuss communicable disease and infection control activities. The facility works with the responsible public health authority to establish policies and procedures that include the following: an ongoing education program for staff and detainees; control, treatment, and prevention strategies, which may include screening and testing, special supervision, or special housing arrangements, as appropriate; protection of individual confidentiality; and media relations.

Process Indicators: Written facility plan. Health records. Laboratory, x-ray reports, and logs. Minutes of communicable disease and infection control committee meeting. Interviews.

MM-23 Universal Precautions

The facility has a written plan that addresses the management of bloodborne and airborne pathogens and body fluid(s), including tuberculosis.

The plan shall include the following:

- procedures for initial and ongoing testing of detainees for infection including laboratory and/or diagnostic tests to detect tuberculosis in the 14 day health appraisal,
- treatment, including treatment of latent tuberculosis,
- follow-up, and medical seclusion when indicated
- standard precautions
 - surveillance procedures,
 - data collection,
 - decontamination,
 - use of disposable equipment,
 - access to immunization,
 - plan for addressing active infectious disease
- test for tuberculosis for all new detainee contact staff upon hire and annually thereafter
- infection control training for staff
- infection control information for detainees with job assignments exposing them to biohazard risk.

Process Indicators: Written plan. Health records. Laboratory, x-ray reports, and logs. Chronic care

forms and clinic visit logs. Minutes of communicable disease and infection control committee meetings. Interviews

MM-24 Hepatitis A, B & C

The facility has a written plan that addresses the management of hepatitis A, B, and C. The plan includes:

- procedures for the identification and surveillance,
- Hepatitis B immunization is offered to all staff,
- treatment when medically indicated,
- follow-up and isolation when indicated for Hepatitis A only.

COMMENTARY: NMDOH has responsibility for providing support and supplies in the area of communicable disease and prevention. Facilities can and should collaborate with the NMDOH whenever possible to obtain vaccinations and other support.

Process Indicators: Written Plan. Health records. Laboratory, x-ray reports, and logs. Chronic care forms and clinic visit logs. Minutes of communicable disease and infection control committee meeting. Interviews

MM-25 MRSA

There is a written plan that addresses management of MRSA. The plan includes procedures for the identification, surveillance, treatment, follow-up, and medical seclusion when medically indicated. The plan also provides for staff and detainee education regarding MRSA identification and prevention.

Process Indicators: Written plan. Health records. Laboratory reports and logs. Chronic care forms and clinic visit logs. Minutes of communicable disease and infection control committee meeting. Interviews.

MM-26 HIV

There is a written plan that addresses management of HIV infection. The plan includes procedures for identification, surveillance, and treatment.

Process Indicators: Written plan. Health records. Laboratory, x-ray reports, and logs. Chronic care forms and clinic visit logs. Minutes of communicable disease and infection control committee meeting. Interviews.

MM-27 Biohazardous Waste

Management of biohazardous waste and decontamination of medical and dental equipment complies with applicable local, state and federal regulations.

Process Indicators: Documentation of waste pick up, spore count logs, and/or cleaning logs.

MM-28 Chronic Care

Detainees with chronic conditions such as hypertension, diabetes, and other diseases, receive periodic care and treatment that includes:

- monitoring of medications
- laboratory and diagnostic testing
- use of chronic care clinics
- specialist consultation and review

Process Indicators: Health records. Chronic care logs. Specialist's schedules. Quarterly CQI reports.

MM-29 Dental Care

Emergency dental care is provided to each detainee under the direction and supervision of a licensed dentist. There is a defined scope of available dental services which includes the following:

- a dental screening conducted within 14 days of admission.
- treatment of dental pain and infection.
- consultation and referral to dental specialists, including oral surgery, when necessary.

COMMENTARY: Dental screening may be performed by any health care personnel.

Process Indicators: Dental records. Admission logs. Referral and consultation records. Dental request forms. Dental interviews with staff.

MM-30 Medical Intake Screen

Intake medical/mental health screening for detainees commences within two hours from the detainee's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority.

The screening includes:

Inquiry into:

- current medications
- current and past illnesses and health problems including communicable and chronic diseases
- dental pain, swelling or functional impairment
- use of alcohol and other drugs including potential need for detoxification
- the possibility of pregnancy
- past or current mental illness including hospitalization
- suicidal risk assessment
- cognitive or physical impairments

Observation of the following:

- behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating

- body deformities and other physical abnormalities
- ease of movement
- condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug use

Medical disposition of the detainee:

- refusal of admission until detainee is medically cleared
- cleared for general population
- cleared for general population with prompt referral to appropriate health care service
- referral to appropriate health care service for emergency treatment

Detainees, who are unconscious, semiconscious or otherwise obviously in need of immediate medical attention, are refused and referred to the hospital. When detainees are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance. When screening is conducted by health trained custody staff, a subsequent review of positive findings by the licensed health care staff is required. The responsible physician, in cooperation with the detention administrator, establishes protocols.

COMMENTARY: Arrivals include transfers between facilities.

Process Indicators: Health records. Completed screening forms. Transfer logs. Interviews.

MM-31 Fourteen (14) Day Health Appraisal

A comprehensive health appraisal for each detainee is completed within 14 days after arrival at the facility unless a health appraisal has been completed within the previous 90 days. Health appraisal includes the following:

- a uniform process as determined by the health authority
- review of the intake screening
- collection of additional data to complete the medical, dental, mental health, and immunization histories
- laboratory and/or diagnostic tests to detect communicable disease, including venereal disease when indicated and tuberculosis
- recording of height, weight, pulse, blood pressure, and temperature
- other tests and examinations as appropriate
- medical examination, including review of mental and dental status
- review of the results of the medical examination, tests, and identification of problems by a physician, certified nurse practitioner, or other qualified health care personnel, as required by the Medical Practice Act [NMSA 1978 §61-6-1 et seq.], to be included within 14 days
- initiation of therapy when appropriate
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

COMMENTARY: Health assessments must be performed by certified nurse practitioner, physician's assistant, or physician, or a trained RN under physician supervision.

Process Indicators: Health records. Completed health appraisal forms. Interviews.

MM-32 Health Appraisal Data Collection

Health appraisal data collection and recording includes the following:

- a uniform process as determined by the health authority
- health history and vital signs collected by health care personnel
- collection of all other health appraisal data performed only by health care personnel
- review of the results of the medical examination, tests and identification of problems is performed by a physician or mid-level practitioner, as allowed by law

Process Indicators: Health records.

MM-33 Mental Health Intake Screen

All detainees receive an initial mental health screening within two hours of arrival at the facility by health trained personnel or qualified mental health personnel. The mental health screening includes:

Inquiry into whether the detainee:

- has a present suicidal ideation
- has a history of violent behavior
- has a history of suicidal behavior
- has a history of sexual abuse-victimization and predatory behavior
- is presently prescribed psychotropic medication
- has a current mental health complaint
- is being treated for mental health problems
- has a history of inpatient and outpatient psychiatric treatment
- is oriented to person, place and time
- has a history of treatment for substance abuse
- has a history of cerebral trauma or seizures

Observation of:

- general appearance and behavior
- evidence of abuse and/or trauma
- current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of detainee:

- cleared for general population
- cleared for general population with appropriate referral to mental health care service
- referral to appropriate mental health care service for emergency treatment

COMMENTARY: In order to get a more complete picture of the detainee's mental health status, staff conducting the mental health intake screen should also ask the arresting/transporting officer about any unusual/pertinent behavior on the part of the detainee prior to arrival at the facility.

Process Indicators: Mental health screening form. Health records. Completed mental health intake screening forms. Transfer logs. Interviews

MM-34 Fourteen (14) Day Mental Health Appraisal

Detainees who are referred as a result of the mental health screening or by staff referral will receive a mental health appraisal by a qualified mental health professional within 14 days of admission to the facility. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health examinations include:

- assessment of current mental status and condition
- assessment of current suicidal potential and person-specific circumstances that increase suicide potential
- assessment of violence potential and person-specific circumstances that increase violence potential
- review of available historical records of inpatient and outpatient psychiatric treatment
- review of history of treatment with psychotropic medication
- review of history of psychotherapy, psycho-educational groups, and classes or support groups
- review of history of drug and alcohol treatment
- review of educational history
- review of history of sexual abuse-victimization and predatory behavior
- assessment of drug and alcohol abuse and/or addiction
- use of additional assessment tools, as indicated
- referral to treatment, as indicated
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Process Indicators: Mental health appraisal policy. Health records. Completed health appraisal forms. Transfer logs. Interviews

MM-35 Mental Health Referrals

Detainees who require additional mental health services beyond those available on site are referred to an appropriate facility.

COMMENTARY: Crisis intervention services should be available or on-call 24 hours seven days a week.

Process Indicators: Health records. Completed mental health appraisal forms. Transfer logs. Interviews

MM-36 Suicide Prevention and Intervention

The facility has a suicide prevention program that includes specific procedures for:

- screening and identification of suicide-prone detainees
- supervising, housing and monitoring
- referral and treatment
- critical incident debriefing by administration, security, and health services

All staff with responsibility for detainee supervision are trained during the initial orientation and on an annual basis in the implementation of the suicide prevention program. Training includes but is not limited to:

- identifying the warning signs and symptoms of impending suicidal behavior
- understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors
- responding to suicidal and depressed detainees
- communication between detention and health care personnel
- using referral procedures
- housing observation and suicide watch level procedures and documentation
- follow-up monitoring of detainees who make a suicide attempt

COMMENTARY: Cut down tools (aka seat belt cutters) should be readily available throughout the facility.

Process Indicators: Written suicide prevention program. Health records. Documentation of staff training. Documentation of suicide watches and critical incident debriefings. Observations. Interviews.

MM-37 Security Garments

When standard issued clothing presents a security or medical risk, the detainee is supplied with a security garment that promotes detainee safety and prevents humiliation and degradation.

Process Indicators: Documentation of security garment use. Interviews.

MM-38 Prostheses and Orthodontic Devices

When the health of the detainee would otherwise be adversely affected, security staff and qualified medical personnel determine whether the detainee may be permitted to retain their medical or dental adaptive device.

Process Indicators: Health records. Interviews. Written policy and procedure. Clearance form.

MM-39 Detoxification

Detoxification is done only under medical supervision in accordance with local, state, and federal laws. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. Detainees experiencing severe, life-threatening intoxication, overdose or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available.

Process Indicators: Facility detoxification policy. Health records. Nursing protocols approved by

the responsible physician. Transfer records. Interviews. Emergency logs.

MM-40 Pharmaceuticals

Management of pharmaceuticals includes:

- a formulary
- a formalized method for obtaining non-formulary medications
- prescription practices, including, requirements that medications are prescribed only when clinically indicated, and a prescribing provider reevaluates a prescription prior to its renewal
- medication procurement, receipt, distribution, storage, dispensing, administration, and disposal
- secure storage and perpetual inventory of all controlled substances
- administration and management in accordance with state and federal law and supervision by properly licensed personnel
- administration of medication by persons properly trained and under the supervision of the health authority and facility or program administrator or designee
- accountability for administering or distributing medications in a timely manner and according to physician orders
- the formulary should include all prescription and nonprescription medications stocked in a facility or routinely procured from outside sources.

COMMENTARY: Quarterly, a contract pharmacist visits the facility to ensure medications are properly stored, handled, and disposed of. In facilities where health trained personnel distributes prescription medications, the contract pharmacist provides training in passing and documenting medications.

Process Indicators: Written prescription medication policy. Pharmaceutical Board certification. Health records. Completed medication administration, inventory, and storage forms. Documentation of compliance with federal and state law. Training records.

MM-41 Timely Provision of Medications

Written facility policy and procedure provides for timely identification and continuation or adjustment of detainees' current prescription medication for serious health conditions.

COMMENTARY: Only qualified clinicians may modify prescribed medication.

MM-42 Nonprescription Medication

When detainees have nonprescription medications available outside of health services, the items and access are approved jointly by the facility administrator and the health authority.

Process Indicators: Commissary or canteen items. Documentation of health authority and administrator approval. Interviews.

MM-43 Medical Autonomy

Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians.

COMMENTARY: The provision of health care is a joint effort of administrators and health care providers and can be achieved only through mutual trust and cooperation. The health authority arranges for the availability of health care services; the responsible clinician determines what services are needed; the official responsible for the facility provides the administrative support for making the services accessible to detainees. However, the prohibition on overruling clinical judgement does not apply when the non-clinician is acting to obtain a higher level of care.

Process Indicators: Health record entries. Detainee grievances. Interviews.

MM-44 Open

MM-45 Informed Consent

The facility has a written plan for informed consent of detainees in a language understood by the detainee. New Mexico informed consent standards are observed and documented for detainee care. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any detainee may refuse, in writing, medical, dental, and mental health care. If the detainee declines to sign the refusal form, it must be signed by at least two witnesses. The form must then be reviewed by qualified health care personnel and retained in the detainee's medical file. If there is a concern about decision-making capacity, an evaluation is done, especially if the refusal is for critical or acute care.

COMMENTARY: Any detainee who has not been adjudicated to be incapable of informed consent may refuse non-emergency medical and mental health care. Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to a detainee. NMSA 1978 § 43-1-15.

Process Indicators: Written plan. Health records. Completed consent forms. Completed refusal forms. Interviews.

MM-46 Involuntary Administration

Forced psychotropic medication is only employed when a licensed physician believes that the administration of psychotropic medication is necessary to protect the detainee from serious harm that would occur while a court is petitioned for appointment of a treatment guardian. Involuntary administration of psychotropic medication(s) to detainees complies with NMSA 1978 § 43-1-15. When administered, the following conditions must be met:

- administration is authorized by a physician
- less restrictive intervention options have been exercised without success as determined by the responsible physician or psychiatrist
- the physician or psychiatrist specifies why, when, where, and how the medication is to be administered
- the detainee is monitored for adverse reactions and side effects
- treatment plans are prepared for less restrictive treatment alternatives as soon as possible
- the treating physician prepares and places in the detainee's medical file a report explaining the nature of the emergency and the reason that no treatment less drastic than administration of psychotropic medication without proper consent would have protected the detainee from serious harm.

Process Indicators: Forced psychotropic medication policy. Health records. Interviews. Petitions for treatment guardianship.

MM-47 Use of Restraints

Written policy & procedure identifies which health care personnel or mental health personnel may authorize the use of restraints on detainees for medical or psychiatric purposes. Orders authorizing medical restraints must specify:

- types of restraints to be applied
- the name of the qualified health care personnel or mental health personnel who authorized the restraints
- description of efforts to use less restrictive alternatives
- basis for clinician's conclusion that less intrusive measures would not be successful
- monitoring procedures
- when, where, how, and for how long restraints may be applied
- an after-incident review
- measures taken to remove the restraints as soon as possible

COMMENTARY: Hogtying is prohibited.

Process Indicators: Written policy & procedure. Health records. Restraint logs. Completed monitoring forms. List of providers authorized to order restraints. Interviews.

DETAINEE PROGRAM

IP-01 Programs and Services

Detainee programs, services and counseling are available, consistent with community standards

and resources.

Process Indicators: Activity schedules. Facility logs. Detainee interviews. Observation.

IP-02 Postage for Indigent Detainees

Written policy & procedure provides that indigent detainees receive:

- articles that are necessary for maintaining proper personal hygiene (available to all detainees)
- a specified postage allowance to maintain community ties, and necessary postage for legal correspondence.
- defines indigence and provides the detainees' access to health care programs, services and activities are not precluded by inability to pay

Process Indicators: Written policy & procedure. Documentation of postage provided to indigent detainees

IP-03 Non-Confidential Personal Mail

Written policy & procedure provides that detainee mail, both incoming and outgoing, may be opened to intercept cash, checks, money orders, and contraband. Non privileged mail is read, censored, or rejected when there is a valid safety or security reason. Detainees are notified in writing when incoming or outgoing letters are withheld in part or in full.

Process Indicators: Written policy & procedure. Mail logs and records. Documentation of justification for censoring or rejecting mail. Documentation that detainees are notified when mail is withheld. Detainee interviews. Observation.

IP-04 Confidential or Privileged Mail

Detainees are permitted to send sealed letters to: courts, counsel, officials of the confining authority, state and local chief executive officers, administrators of grievance systems, Protection and Advocacy, and members of the paroling authority. Staff, in the presence of the detainee, may inspect outgoing privileged mail for contraband before it is sealed. Mail to detainees from the above list of persons and organizations may be opened only to inspect for contraband and only in the presence of the detainee, unless, waived in writing, or in circumstances which may indicate contamination.

COMMENTARY: Suspicious mail may include packages and letters unusual in appearance or which appear different from mail normally received or sent by the individual; packages and letters of a size or shape not customarily received or sent by the individual; packages and letters with a city and/or state postmark that is different from the return address; or packages and letters leaking, stained or emitting a strange or unusual odor, or which have a powdery residue.

Process Indicators: Written policy & procedure governing the handling of detainee mail. Observation. Staff and detainee interviews. Mail records and logs.

IP-05 Telephone Access

Detainees are provided with access to reasonably priced telephone service. Detainees with hearing and/or speech disabilities and detainees who wish to communicate with individuals who have such disabilities are afforded access to a Telecommunications Device for the Deaf (TDD), or comparable equipment.

Process Indicators: Observation. Detainee interviews. Telephone service contract.

IP-06 Exercise and Recreation

Written policy & procedure requires that general population detainees have access to exercise opportunities and/or leisure time activities, including at least one-hour daily of physical exercise outside the cell. Restrictive housing detainees are offered exercise opportunities and/or leisure time activities outside the cell at least two hours per day, seven days a week.

Process Indicators: Written policy & procedure. Facility records and logs. Detainee interviews. Observation.

IP-07 Religious Programs

Detainees of all faiths have reasonable and equitable opportunities to participate in the practices of their faith subject to availability in the community and those limitations necessary to maintain facility security. Providers of religious services have access to the facility and are not denied solely on the basis of faith group membership.

Process Indicators: Documentation of detainee religious activities. Documentation of reasons for limitations. Chaplain interviews. Detainee interviews.

IP-08 Commissary

A detainee commissary or canteen is available from which detainees can purchase approved items that are not furnished by the facility. The commissary/canteen's operations are strictly controlled using standard accounting procedures.

Process Indicators: Commissary records & product list. Budgets.

IP-09 Library Services

Written policy & procedure describes library services that are available to all detainees.

Process Indicators: Written policy & procedure. Observation. Detainee interviews.

IP-10 Detainee Access to Courts

Written policy & procedure assures detainees have access to courts.

Process Indicators: Written policy & procedure. Facility logs. Detainee interviews. Attorney interviews.

IP-11 Detainee Access to Counsel

Written policy & procedure assures detainee access to counsel. Detainees are assisted in making confidential contact with attorneys and their authorized representatives. Such contact includes, telephone communications, uncensored correspondence, and visits.

Process Indicators: Written policy & procedure. Detainee interviews. Facility log. Attorney interviews. Observation.

IP-12 Detainee Access to Legal Materials

Written policy & procedure assures detainees have access to criminal, civil and administrative legal materials.

COMMENTARY: Access to legal materials includes reasonable opportunities to prepare and copy legal documents, copies of unique forms, copying services, and provision of sufficient legal research materials. Detainees should also have access to notary public services.

Process Indicators: Written policy & procedure. Inspection of legal materials. Observation. Facility logs. Detainee interviews.

IP-13 Open

IP-14 Grievance Procedure (Reinstated 10.11.18)

A written grievance procedure is made available to inmates and includes at least one level of appeal.

A grievance procedure is an administrative means for the expression and resolution of inmates' problems. The facility's grievance mechanism should include provisions for the following:

1. Written responses to all grievances, including the reasons for the decision;
2. Response within a prescribed reasonable time limit, with special provisions for responding to emergencies;
3. Advisory review of grievances;
4. Participation by staff and inmates in the design and operation of the grievance procedure;
5. Access by all inmates, with guarantees against reprisal;
6. Applicability over a broad range of issues;
7. Resolving questions of jurisdiction

Process Indicators: Written grievance procedure. Grievance records and logs. Detainee Interviews.

IP-15 Discrimination Prohibited

Written policy & procedure provides that there is no discrimination regarding administrative decisions or program access based on a detainee's race, religion, national origin, gender, gender identity, sexual orientation, veteran status, age, or disability.

Process Indicators: Written policy & procedure. Detainee interviews. Facility program records. Grievances.

IP-16 Disabled Detainees

Detainees with disabilities are provided with the accommodations necessary to perform self-care and personal hygiene in a reasonably private environment.

Process Indicators: Observation. Detainee interviews.

IP-17 Opioid Overdose Prevention

Written policy and procedure provides that detainees receive with opioid overdose education that explains the causes of an opioid overdose, instructs when and how to administer life-saving rescue techniques and opioid antagonists, and explains how to contact appropriate emergency medical services. NMSA 1978 §33-2-51

Process Indicators: Written policy. Training logs. Training documentation.

GLOSSARY

Clinicians	Persons qualified to assess, evaluate, and treat patients according to the dictates of their professional practice act. These may include physicians, physician assistants, nurse practitioners, dentists, psychiatrists, and social workers.
Direct Supervision	A method of detainee management that ensures continuing direct contact between detainees and staff by posting an officer(s) inside each housing unit. Officers in general housing units are not separated from detainees by a physical barrier. Officers provide frequent, nonscheduled observation of and personal interaction with detainees.
Health Authority	The health administrator, or agency, responsible for the provision of health care services at a detention facility; the responsible physician may be the health authority.
Health Care Personnel	Individuals whose primary duty is to provide health services to detainees in keeping with their respective levels of health care training or experience.
Health Trained Personnel	Detention officers or other detention personnel who are trained and appropriately supervised to carry out specific duties with regard to the administration of health care.
Infirmatory care	acute medical care that is provided to a detainee that would otherwise be delivered in an inpatient hospital setting.
Mental Health Personnel	Individuals whose primary duty is to provide mental health services to detainees in keeping with their respective levels of education, experience, training and credentials.
Mental Health Professional	Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.
Perpetual Inventory	An ongoing inventory.
Qualified Staff Member	An individual who has received specialized training in the specific discipline that the standard references.
Restrictive Housing	The confinement of a detainee to an individual cell that is

separated from the general population. There are five forms of restrictive housing: administrative restrictive housing, disciplinary detention, protective custody, medical, and detainees with a risk of sexual victimization or predatory behavior.

Restrictive Housing Detainees

Individuals who present a serious threat to the safety and security of the facility, staff, general detainee population, or themselves. Special handling and/or housing may be required.

Special Needs

A mental and/or physical condition that requires different accommodations or arrangements than a general population offender or juvenile normally would receive. Offenders or juveniles with special needs may include the emotionally disturbed, developmentally disabled, mentally ill, physically handicapped, chronically ill, pregnant, the disabled or infirm, and the drug or alcohol addicted. Being a juvenile offender in an adult detention facility may also constitute a special need.

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	2
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.....	5
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.....	16
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.....	28
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.....	37
E.1	Prisoner Activity (Data, Records and Logs).....	37
E.2	Prisoner Transfer and Releases.....	38
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.....	45
F.3	Clothing and Bedding.....	47
F.4	Prisoner Hygiene.....	47
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	53
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.3.6 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 infirmity 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 infirmity 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.5.17 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, 4-204.119, 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 than 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 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.