

APPENDIX Q: STANDARDS

Jails must comply with a wide range of requirements that have been established at the local, state and federal level. Local requirements include health and building codes. In Michigan, state requirements are in the form of minimum jail standards. At the federal level, new national minimum jail standards were published in 2009. These standards are based on thousands of federal court decisions that interpret the constitutional duties jail operators owe to inmates, staff and the public.

Part 1. Court Decisions Provide a Foundation

Court decisions define important parameters for jail operations by establishing minimum levels of service, performance objectives, prohibited practices, and specific required practices. Federal court involvement with jails goes back more than 40 years. State and federal prisons were the focus of many landmark cases in this era, and local jails soon became targets as well. Early federal decisions tackled fundamental constitutional issues in jails. Many of these pioneering decisions are still cited in current litigation.

The United States Constitution imposes an extraordinary duty to protect on jails that has no counterpart in the public safety.¹ While this duty is less visible to the public, and likely less appreciated, it rises above the constitutional responsibilities of other elements of the criminal justice system. Do citizens have a *constitutional* right to be protected from crime or to have a fire extinguished? No, these are services that government *chooses* to provide, or provides under state laws. Whether or not to provide these services, and the level of service that are delivered, are discretionary decisions from a constitutional perspective. To be sure, it is politically expedient to provide fire and police protection.

A jail's duty to protect is constant, beginning when an inmate is admitted and continuing until release. Case law clearly establishes the responsibility of jail officials to protect inmates from a "risk of serious harm" at all times, and from all types of harm-- from others, from themselves, from the jail setting, from disease, and more.

Because the duty to protect is constant and mandated, counties do not have the option to lower the level of care or create substandard conditions of confinement just because they do not have enough money. Caselaw makes it clear that lack of funds is not an excuse for failing to meet constitutional standards:

Humane considerations and constitutional requirements are not, in this day, to be measured or limited by dollar considerations... *Jackson v. Bishop*, 404 F.2d 571 580 (8th Cir.1968).

¹ When fire, police and other public safety personnel *deliver* services, the Constitution certainly comes into play, establishing many requirements for the manner in which services are delivered. But in these cases, the duty to protect commences when officials decide to act.

Part 2. Evaluating Michigan Jail Standards

Unfortunately, compliance with current Michigan jail standards does *not* provide sufficient protection from liability for county officials because the scope and breadth of the standards fall far short of minimum requirements set by the courts.

Michigan jail standards were revised in 1998, reducing their scope and content. According to a 2003 performance audit of the Michigan Department of Corrections:

“The administrative rules for jails and lockups were revised. DOC simplified the rules to include only life-safety issues and patterned them after the mandatory standards of the American Correctional Association for adult local detention facilities. This action has enabled DOC to be more effective and efficient and to fulfill its responsibility to promote proper, efficient, and humane administration of county jails and lockups.”

This appendix presents an analysis of the current Michigan standards compared to the new national Core Jail Standards that provide a benchmark against which to measure minimum requirements. *Michigan standards address less than 25% of the topics and issues presented in the Core Jail Standards.* A detailed comparison of these two sets of standards is provided at the end of this appendix.

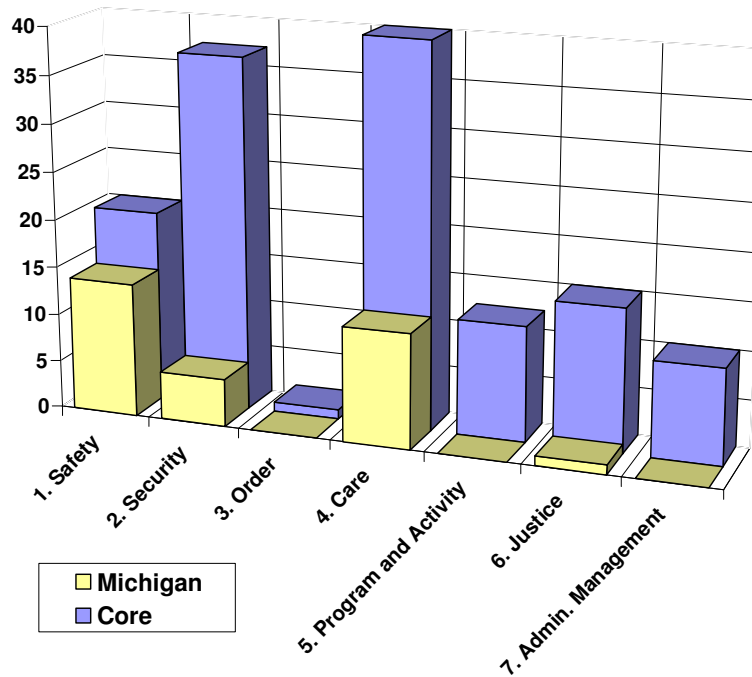
Figure Q-1 summarizes the extent to which current Michigan Mandatory Jail Standards correlate to First Edition Core Jail Standards.

Figure Q-1: Summary of Comparison of Michigan Standards to National Core Jail Standards

| Functional Area | Number of Core Standards | Number of Core with <u>No</u> Michigan Counterpart | Percent Core with <u>No</u> Michigan Counterpart. |
|----------------------------------|--------------------------|----------------------------------------------------|---------------------------------------------------|
| 1. Safety | 20 | 6 | 30.0% |
| 2. Security | 37 | 32 | 86.5% |
| 3. Order | 1 | 1 | 100.0% |
| 4. Care | 40 | 28 | 70.0% |
| 5. Program and Activity | 12 | 12 | 100.0% |
| 6. Justice | 15 | 14 | 93.3% |
| 7. Administration and Management | 10 | 10 | 100.0% |
| Total | 136 | 103 | 75.7% |

Figure Q-2 illustrates the extent to which Michigan jail standards address the issues in the core standards.

Figure Q-2: Comparison of Michigan Standards to National Core Jail Standards



County officials are *not* adequately protected by the current Michigan jail standards. Full compliance with Michigan standards does *not* mean that a county is operating a constitutional jail that is protected from lawsuits.

Part 3: A Case Study

Compliance with the national core jail standards was assessed for Schoolcraft County by a consultant from the U.S. Department of Justice in October 2009. This assessment identified many serious deficiencies that had not been cited in previous state jail inspections. The following list presents *some* of the core jail standards with which Schoolcraft County was found to be in noncompliance.

Core Jail Standards Violated

Single cells provide at least 35 square feet of unencumbered space. At least 70 square feet of total floor space is provided when the occupant is confined for more than 10 hours per day.

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

A ventilation system supplies at least 15 cubic feet per minute of circulated air per occupant, with a minimum of five cubic feet per minute of outside air. Toilet rooms and cells with toilets have no less than four air changes per hour unless state or local codes require a different number of air changes. Temperatures are mechanically raised or lowered to acceptable comfort levels.

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

Correctional officer posts are located adjacent to inmate living areas to permit officers to see or hear and respond promptly to emergency situations. There are written orders for every correctional officer post.

When a female inmate is housed in a facility, at least one female staff member is on duty at all times.

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

Inmate management and housing assignment considers age, gender, legal status, custody needs special problems and needs, and behavior. Male and female inmates are housed in separate rooms/cells. Inmates are separated according to existing laws and regulations and/or consistent with the facility's classification plan.

Inmates not suitable for housing in multiple occupancy cells are housed in single occupancy cells. No less than ten percent of the rated capacity of the facility is available for single occupancy.

Confinement of juveniles under the age of 18 is prohibited unless a court finds that it is in the best interest of justice and public safety that a juvenile awaiting trial or other legal process be treated as an adult for the purposes of prosecution, or unless convicted as an adult and required by statute to be confined in an adult facility. If juveniles are committed to the facility, a plan is in place to provide for supervision and programming needs of the juveniles to ensure their safety and security and education, classification and housing plans, and appropriately trained staff.

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

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

Four/five point restraints are used only in extreme instances and only when other types of restraints have proven ineffective. Advance approval is secured from the facility administrator/designee before an inmate is placed in a four/five point restraint. Subsequently, the health authority or designee is notified to assess the inmate's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be in a medical/mental health unit for emergency involuntary treatment with sedation and/or other medical management, as appropriate. If the inmate is not transferred to a medical/mental health unit and is restrained in a four/five point position, the following minimum procedures are followed: continuous direct visual observation by staff prior to an assessment

by the health authority or designee; subsequent visual observation is made at least every 15 minutes; restraint procedures are in accordance with guidelines approved by the designated health authority; documentation of all decisions and actions

Communicable diseases, such as tuberculosis, human immunodeficiency virus (HIV) infection, viral hepatitis, Methicillin Resistant Staphylococcal Aureus (MRSA) infection and influenza are managed in accordance with a written plan approved by the health authority in consultation with local public health officials. The plan includes provisions for the screening, surveillance, treatment, containment and reporting of infectious diseases. Infection control measures include the availability of personal protective equipment for staff and hand hygiene promotion throughout the facility. Procedures for handling biohazardous waste and decontaminating medical and dental equipment must comply with applicable local, state, and federal regulations.

Routine and emergency dental care is provided to inmates under the direction and supervision of a licensed dentist....

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

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

Inmates have access to exercise and recreation opportunities. When available, at least one hour daily is outside the cell or outdoors.

Both outdoor and covered/enclosed exercise areas for general population inmates are provided in sufficient number to ensure that each inmate is offered at least one hour of access daily. Use of outdoor areas is preferred, but covered/enclosed are available for use in inclement weather. Covered/enclosed areas may be designed for multiple uses as long as the design and furnishings do not interfere with scheduled exercise activities. The minimum space requirements for exercise areas are as follows: ... in facilities where less than 100 inmates have unlimited access to an individual recreation area – 15 square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 750 square feet of unencumbered space...

Inmates have access to legal materials.

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

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

All professional, support, clerical, and health care employees, including contractors, receive continuing annual training, which may include; security procedures and regulations, supervision of inmates, signs of suicide risk, suicide precautions, use-of-force regulations and tactics, report writing, inmate rules and regulations, key control, rights and responsibilities of inmates, safety procedures, all emergency plans and procedures...

Reasonable accommodation is made to ensure that all parts of the facility that are accessible to the public are accessible and usable by staff and visitors with disabilities.

Part 4: Cross-Reference, Michigan Jail Standards to National Core Jail Standards.

The following pages present all of the Core Jail Standards in the left column, with the corresponding Michigan Mandatory Jail Standard(s) in the right column. Note that at times the Michigan and Core standards are not identical. In these instances we have counted the Michigan standard as being a counterpart to the Core Jail Standard even if the content of the two standards do not agree.

| First Edition Core Jail Standards 2010 | Michigan Mandatory Standards |
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| <p>1. SAFETY GOAL: Provide a safe environment for the community, staff, and inmates. PERFORMANCE STANDARD 1A. The community, staff, contractors, volunteers, and inmates are protected from injury and illness caused by the physical environment.</p> | |
| <p>1-CORE-1A-01. The facility complies with all applicable laws and regulations of the governing jurisdiction. The following inspections are implemented:</p> <ul style="list-style-type: none"> • weekly sanitation inspections of all facility areas by a qualified departmental staff member • comprehensive and thorough monthly inspections by a safety/sanitation specialist • at least annual inspections by qualified persons <p>4-ALDF-1A-01 (MANDATORY)</p> | <p>R 791.724 Sanitation inspections. Rule 24. A facility shall establish and maintain written policy, procedure, and practice that require both of the following inspections:</p> <p>(a) Weekly sanitation inspections of all facility areas by a trained person designated by the facility administrator.</p> <p>(b) At least annual inspections by federal, state, or local sanitation and health officials if federal, state, or local standards are applicable. History: 1998-2000 AACS.</p> |
| <p>1-CORE-1A-02. Disposal of liquid, solid, and hazardous material complies with applicable government regulations. 4-ALDF-1A-02 (MANDATORY)</p> | <p>R 791.726 Waste disposal plan. Rule 26. A facility shall establish and maintain a written plan that provides for the appropriate disposal of liquid, solid, and toxic wastes. History: 1998-2000 AACS.</p> |
| <p>1-CORE-1A-03. Vermin and pests are controlled. 4-ALDF-1A-03 (MANDATORY)</p> | <p>R 791.727 Vermin and pest control plan. Rule 27. A facility shall establish and maintain a written plan for the control of vermin and pests that includes, at a minimum, monthly inspections by a trained person designated by the facility administrator. History: 1998-2000 AACS.</p> |
| <p>1-CORE-1A-04. The facility is clean, in good repair. 4-ALDF-1A-04</p> | |
| <p>1-CORE-1A-05. The facility's potable water source and supply, whether owned and operated by a public water department or the facility, is certified at least annually by an independent, outside source to be in compliance with jurisdictional laws and regulations. 4-ALDF-1A-07 (MANDATORY)</p> | <p>R 791.725 Water supply. Rule 25. A facility's potable water source and supply shall be in compliance with the standards of Act No. 399 of the Public Acts of 1976, as amended, being §325.1001 et seq. of the Michigan Compiled Laws. History: 1998-2000 AACS.</p> |
| <p>1-CORE-1A-06. Single cells provide at least 35 square feet of unencumbered space. At least 70 square feet of total floor space is provided when the occupant is confined for more than 10 hours per day. Existing, Renovation, Addition, New Construction 4-ALDF-1A-09</p> | |

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| <p>1-CORE-1A-07. Multiple-occupancy rooms/cells house between two and 64 occupants and provide 25 square feet of unencumbered space per occupant. When confinement exceeds 10 hours per day, at least 35 square feet of unencumbered space is provided for each occupant. Existing, Renovation, Addition, New Construction 4-ALDF-1A-10</p> | <p>R 791.735 Holding Cells. Rule 35. (1) A jail or lockup shall have 1 group holding cell that has not less than 150 square feet of floor area. The capacities of a group holding cell is determined at 15 square feet of floor space per inmate, excluding benches. (2) A holding cell shall provide for unobstructed supervision and observation of the entire holding cell area, which shall be accomplished by complying with either of the following provisions: (a) Locating the holding cell near an officer duty station that is staffed 24 hours a day. (b) Installing an electronic camera or cameras that are continuously monitored in the officer's duty station. History: 1998-2000 AACS.</p> |
| <p>1-CORE-1A-08. Dayrooms with space for varied inmate activities are situated immediately adjacent to inmate sleeping areas. Dayrooms provide a minimum of 35 square feet of space per inmate (exclusive of lavatories, showers, and toilets) for the maximum number of inmates who use the dayroom at one time. No dayroom encompasses less than 100 square feet of space, exclusive of lavatories, showers, and toilets. Existing, Renovation, Addition, New Construction 4-ALDF-1A-12</p> | |
| <p>1-CORE-1A-09. All inmate rooms/cells provide the occupants with access to natural light. Lighting throughout the facility is sufficient for the tasks performed. 4-ALDF-1A-15, 4-ALDF-1A-14</p> | |
| <p>1-CORE-1A-10. A ventilation system supplies at least 15 cubic feet per minute of circulated air per occupant, with a minimum of five cubic feet per minute of outside air. Toilet rooms and cells with toilets have no less than four air changes per hour unless state or local codes require a different number of air changes. Air quantities are documented by a qualified independent source and are checked not less than once per accreditation cycle. Temperatures are mechanically raised or lowered to acceptable comfort levels. 4-ALDF-1A-19, 4-ALDF-1A-20</p> | |
| <p>1-CORE-1A-11. Non-smoking inmates are not exposed to second-hand smoke. 4-ALDF-1A-21</p> | |
| <p>PERFORMANCE STANDARD 1B. Vehicles are maintained and operated in a manner that prevents harm to the community, staff, contractors, volunteers, and inmates.</p> | |
| <p>1-CORE-1B-01. Transportation of inmates outside the facility, and security of facility vehicles are governed by policy and procedure. Staff involved with transportation of inmates are informed of all policy and procedures. Annual safety inspections are conducted on all vehicles used by the facility.</p> | |

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| Repairs are completed immediately. Vehicles are not used until repairs are complete. 4-ALDF-1B-03 | |
| <p>PERFORMANCE STANDARD</p> <p>1C. The number and severity of emergencies are minimized. When emergencies occur, the response minimizes the severity.</p> <p><i>Definition:</i> An emergency is any event that results in the suspension or disruption of normal facility operations.</p> <p>Expected Practices</p> | |
| <p>1-CORE-1C-01. There is a plan that guides the facility response to emergencies. All facility personnel are trained annually in the implementation of the emergency plan. The emergency plan should include procedures to be followed in situations that threaten facility security. Such situations may include but are not limited to: riots/disturbances, hunger strikes, escapes, taking of hostages, and staff work stoppage. 4-ALDF-1C-01 (MANDATORY), 4-ALDF-1C-05 (MANDATORY), 4-ALDF-1C-06</p> | <p>R 791.714 Written emergency plans. Rule 14. All staff shall be trained to respond to emergencies in accordance with written emergency plans. History: 1998-2000 AACS.</p> <p>R 791.717 Security threats. Rule 17.(1) A facility shall establish and maintain written plans that specify the procedures to be followed in situations that threaten facility security, including all of the following:</p> <ul style="list-style-type: none"> (a) Riots. (b) Hunger strikes. (c) Disturbances. (d) The taking of hostages. <p>(2) The plans are made available to all applicable personnel, are reviewed at least annually, and are updated as needed. History: 1998-2000 AACS.</p> |
| <p>1-CORE-1C-02. An evacuation plan is used in the event of fire or major emergency. The plan is approved by an independent outside inspector trained in the application of national fire safety codes and is reviewed annually, updated if necessary, and reissued to the local fire jurisdiction. 4-ALDF-1C-02 (MANDATORY)</p> | <p>R 791.715 Evacuation plans. Rule 15. A facility shall establish and maintain a written evacuation plan to be used in the event of fire or major emergency. The plan is approved in writing by an independent, outside inspector trained in the application of national fire safety codes and is reviewed annually, updated if necessary, and reissued. The plan shall provide for all of the following:</p> <ul style="list-style-type: none"> (a) Location of building/room floor plans. (b) Use of exit signs and directional arrows for traffic flow. (c) Location of the publicly posted evacuation plan. (d) At least quarterly drills in all facility locations, which may include staff drills. |
| <p>1-CORE-1C-03. There is a means for the immediate release of inmates from locked areas in case of emergency and there are provisions for a backup system. The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of inmates and staff in the event of fire or other emergency. All housing areas and places of assembly for 50 or more persons have two exits. 4-ALDF-1C-03 (MANDATORY), 4-ALDF-1C-04 (MANDATORY)</p> | <p>R 791.704 Exits. Rule 4. A facility shall have exits that are properly positioned, clear, and distinctly and permanently marked to ensure the timely evacuation of inmates and staff in the event of fire or other emergency. All housing areas and places of assembly shall have 2 exits. History: 1998-2000 AACS.</p> <p>R 791.716 Emergency release of inmates. Rule 16. A facility shall establish and maintain written policy, procedure, and practice that specify the means for the expeditious release of inmates from locked areas in case of emergency and provide for a backup system regarding the placement of inmates. History: 1998-2000 AACS.</p> |

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| 1-CORE-1C-04. The facility conforms to applicable federal, state, and/or local fire safety codes. 4-ALDF-1C-07 (MANDATORY) | R 791.708 Fire safety. Rule 8. A facility shall conform to applicable federal, state, and local fire safety codes. A facility shall obtain evidence of compliance with applicable fire safety codes. A fire alarm and automatic detection system are required, as approved by the authority having jurisdiction. If a facility is not equipped with a fire alarm and automatic detection system, then the facility shall establish a plan, within a reasonable time period, to address the lack of an alarm and detection system and to address any deficiencies. History: 1998-2000 AACS |
| 1-CORE-1C-05. The facility's fire prevention regulations and practices ensure the safety of staff, contractors, inmates, and visitors. There is a comprehensive and thorough monthly inspection of the facility by a qualified fire and safety officer for compliance with safety and fire prevention standards. There is an annual inspection by local or state fire officials or other qualified persons. 4-ALDF-1C-08 (MANDATORY), 4-ALDF-1C-09 (MANDATORY) | R 791.709 Fire prevention. Rule 9. A facility shall establish and maintain written policy and procedure that specify the facility's fire prevention regulations and practices to provide for the safety of staff, inmates, and visitors. Policy and procedure shall include, but not be limited to, all of the following: (a) Provision for accessible, timely, and responsive fire protection service. (b) A system of fire inspection and testing of equipment at least quarterly. (c) An annual inspection by local or state fire officials or other qualified person or persons. (d) The availability of fire hoses or extinguishers at appropriate locations throughout the facility. History: 1998-2000 AACS. R 791.710 Fire inspections. Rule 10. A facility shall establish and maintain written policy, procedure, and practice that provide for a comprehensive monthly inspection of the facility by a trained person designated by the facility administrator. The policy and procedure is reviewed annually and updated as needed. History: 1998-2000 AACS. |
| 1-CORE-1C-06. Facility furnishings meet fire safety performance requirements. 4-ALDF-1C-10 (MANDATORY) | R 791.711 Fire safety; furnishings. Rule 11. Specifications for the selection and purchase of facility furnishings shall indicate the fire safety performance requirements of the materials selected. History: 1998-2000 AACS. |
| 1-CORE-1C-07. Flammable, toxic, and caustic materials are controlled and used safely. 4-ALDF-1C-11 (MANDATORY) | R 791.713 Flammable, toxic, and caustic materials. Rule 13. A facility shall establish and maintain written policy, procedure, and practice that govern the control and use of all flammable, toxic, and caustic materials. Special containers are provided for flammable liquids and for rags used with flammable liquids. History: 1998-2000 AACS. |
| 1-CORE-1C-08. Essential lighting and life-sustaining functions are maintained inside the facility or by the community in an emergency. 4-ALDF-1C-12 | |
| 1-CORE-1C-09. All equipment is in working order. Safety and security equipment is repaired or replaced immediately. Use of padlocks for security locks on cell or inmate housing doors is prohibited. 4-ALDF-1C-14 | R 791.737 Safety and maintenance of equipment and structures. Rule 37. (1) The administrator shall develop and implement safety standards that will protect the health and welfare of inmates and staff. (2) The administrator shall ensure that inmate and staff equipment and structures are maintained. |

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| <p>2. SECURITY GOAL: Protect the community, staff, contractors, volunteers, and inmates from harm.</p> <p>PERFORMANCE STANDARD 2A. The community, staff, contractors, volunteers, and inmates are protected from harm. Events that pose risk of harm are prevented. The number and severity of events are minimized.</p> <p>Expected Practices</p> | |
| <p>1-CORE-2A-01. The facility's security, life safety, and communications systems are monitored continuously from a secure location. 4-ALDF-2A-01</p> | |
| <p>1-CORE-2A-02. Correctional officer posts are located adjacent to inmate living areas to permit officers to see or hear and respond promptly to emergency situations. There are written orders for every correctional officer post. 4-ALDF-2A-03, 4-ALDF-2A-04</p> | |
| <p>1-CORE-2A-03. Personal contact and interaction between staff and inmates is required. The facility administrator or designee visits the facility's living and activity areas at least weekly. 4-ALDF-2A-05, 4-ALDF-2A-06</p> | |
| <p>1-CORE-2A-04. The facility perimeter ensures inmates are secured and that access by the general public is denied without proper authorization. 4-ALDF-2A-07</p> | |
| <p>1-CORE-2A-05. When a female inmate is housed in a facility, at least one female staff member is on duty at all times. 4-ALDF-2A-08</p> | |
| <p>1-CORE-2A-06. No inmate or group of inmates is given control, or allowed to exert authority, over other inmates. 4-ALDF-2A-09</p> | |
| <p>1-CORE-2A-07. All inmate movement from one area to another is controlled by staff. 4-ALDF-2A-10</p> | |
| <p>1-CORE-2A-08. Correctional staff maintain a permanent log and prepare shift reports that record routine information, emergency situations, and unusual incidents. 4-ALDF-2A-11</p> | |
| <p>1-CORE-2A-09. Sufficient staff, including a designated supervisor, are provided at all times to perform functions relating to the security, custody, and supervision of inmates and as needed to operate the facility in conformance with the standards. 4-ALDF-2A-14</p> | <p>R 791.736 Staffing.Rule 36. (1)When housing inmates, a facility shall be staffed to provide proper security and correctional control.</p> <p>(2) The administrator shall supervise, schedule, and control all personnel working in the facility.</p> <p>(3) At least 1 corrections officer shall be provided for each floor or security area that is occupied.</p> |

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| | <p>(4) The duty station for a detoxification or holding cell shall be staffed continually when the detoxification cell or holding cell is occupied.</p> <p>(5) A sufficient number of personnel shall be provided to perform ancillary functions, whether scheduled or unscheduled, such as moving inmates to medical, visitation, recreation, or other inmate programs. History: 1998-2000 AACCS.</p> |
| 1-CORE-2A-10. There is an inmate population management process that includes records on the admission, processing, and release of inmates. 4-ALDF-2A-16 | |
| 1-CORE-2A-11. The facility has a system for physically counting inmates. At least one formal count is conducted for each shift, with no less than three counts daily. 4-ALDF-2A-17 | |
| 1-CORE-2A-12. Physical plant design facilitates continuous personal contact and interaction between staff and inmates in housing units. All living areas are constructed to facilitate continuous staff observation, excluding electronic surveillance, of cell or detention room fronts and areas such as dayrooms and recreation spaces. (Renovation, addition, new construction only). 4-ALDF-2A-18 | |
| 1-CORE-2A-13. Prior to accepting custody of an inmate, staff determine that the inmate is legally committed to the facility, and that the inmate is not in need of immediate medical attention. 4-ALDF-2A-19 | |
| <p>1-CORE-2A-14. Admission processes for a newly-admitted inmate include, but are not limited to:</p> <ul style="list-style-type: none"> • search of the inmate and personal property • inventory and storage of personal property • provision of an itemized receipt of personal property • recording of basic personal data • criminal history check • photographing and fingerprinting as required • medical, dental, and mental health screening • suicide screening • separation from general population <p>4-ALDF-2A-20, 4-ALDF-2A-21, 4-ALDF-2A-23</p> | |
| 1-CORE-2A-15. Prior to being placed in the general population, each inmate is provided with an orientation that includes facility rules and regulations, including access to medical care. Facility rules and regulations are available during their confinement. The written materials are translated into those languages spoken by a significant number of inmates. 4-ALDF-2A-27 | |
| <p>1-CORE-4D-13. Information is provided to inmates about sexual abuse/assault including:</p> <ul style="list-style-type: none"> • prevention/intervention | |

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| <ul style="list-style-type: none"> • self-protection • reporting sexual abuse/assault • treatment and counseling <p>The information is communicated orally and in writing, in a language clearly understood by the inmate, upon arrival at the facility. 4-ALDF-2A-29</p> | |
| <p>1-CORE-4D-14. Sexual conduct between staff and detainees, volunteers or contract personnel and detainees, regardless of consensual status, is prohibited and subject to administrative, disciplinary and criminal sanctions. 4-ALDF-2A-29-1, 4-ALDF-4D-22-5</p> | |
| <p>1-CORE-2A-16. An objective classification system is used to separate inmates into groups to reduce the probability of assault and disruptive behavior. All inmates are classified using an objective classification process that at a minimum: (a) Identifies the appropriate level of custody for each inmate; (b) Identifies appropriate housing assignment; (c) Identifies the inmate's interest and eligibility to participate in available programs. There is a process for review and appeal of classification decisions. 4-ALDF-2A-30, 4-ALDF-2A-31</p> | <p>R 791.738 Inmate classification plan. Rule 38. A facility shall establish and maintain written policy, procedure, and practice that provide for a written inmate classification plan which defines the level of custody required, housing assignment, and participation in correctional programs. The facility shall review the plan at least annually and update the plan if necessary. History: 1998-2000 AACCS.</p> |
| <p>1-CORE-2A-17. Inmate management and housing assignment considers age, gender, legal status, custody needs, special problems and needs, and behavior. Male and female inmates are housed in separate rooms/cells. Inmates are separated according to existing laws and regulations and/or consistent with the facility's classification plan. 4-ALDF-2A-32, 4-ALDF-2A-33</p> | |
| <p>1-CORE-2A-18. Inmates not suitable for housing in multiple occupancy cells are housed in single occupancy cells. No less than ten percent of the rated capacity of the facility is available for single occupancy. 4-ALDF-2A-34</p> | |
| <p>1-CORE-2A-19. Confinement of juveniles under the age of 18 is prohibited unless a court finds that it is in the best interest of justice and public safety that a juvenile awaiting trial or other legal process be treated as an adult for the purposes of prosecution, or unless convicted as an adult and required by statute to be confined in an adult facility. 4-ALDF-2A-37</p> | |
| <p>1-CORE-2A-20. If juveniles are committed to the facility, a plan is in place to provide for the following:</p> <ul style="list-style-type: none"> • supervision and programming needs of the juveniles to ensure their safety and security and education • classification and housing plans • appropriately trained staff <p>4-ALDF-2A-38, 4-ALDF-2A-39, 4-ALDF-2A-40, 4-ALDF-2A-43</p> | |

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| 1-CORE-2A-21. The facility administrator or designee can order immediate segregation when it is necessary to protect an inmate or others. The action is reviewed within 72 hours by the appropriate authority. 4-ALDF-2A-44 | |
| 1-CORE-2A-22. When an inmate is transferred to segregation, health care personnel are informed immediately and provide assessment and review as indicated by the protocols established by the health authority. 4-ALDF-2A-45 (MANDATORY) | |
| 1-CORE-2A-23. Segregation housing units provide living conditions that approximate those of the general inmate population. All exceptions are clearly documented. Segregation cells/rooms permit the inmates assigned to them to converse with and be observed by staff members. 4-ALDF-2A-51 | |
| 1-CORE-2A-24. All special management inmates are personally observed by a correctional officer at least every 30 minutes on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior are assessed by medical personnel, who determine the level of supervision needed. 4-ALDF-2A-52 | |
| PERFORMANCE STANDARD 2B. Physical force is used only in instances of self-protection, protection of the inmate or others, prevention of property damage, or prevention of escape. | |
| 1-CORE-2B-01. The use of physical force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. In no event is physical force used as punishment. 4-ALDF-2B-01 (MANDATORY) | R 791.706 Use of force. Rule 6. A facility shall establish and maintain written policy, procedure, and practice which restrict the use of physical force 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. Physical force shall not be used as punishment. A written report is prepared after force is used and is submitted to administrative staff for review. History: 1998-2000 AACCS. |
| 1-CORE-2B-02. Restraint devices are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application. 4-ALDF-2B-02 | |
| 1-CORE-2B-03. Four/five point restraints are used only in extreme instances and only when other types of restraints have proven ineffective. Advance approval is secured from the facility administrator/designee before an inmate is placed in a four/five point restraint. Subsequently, the health authority or designee is notified to assess the inmate's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be in a medical/mental health unit for emergency involuntary treatment with sedation and/or other medical management, as | |

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| <p>appropriate. If the inmate is not transferred to a medical/mental health unit and is restrained in a four/five point position, the following minimum procedures are followed:</p> <ul style="list-style-type: none"> • continuous direct visual observation by staff prior to an assessment by the health authority or designee • subsequent visual observation is made at least every 15 minutes • restraint procedures are in accordance with guidelines approved by the designated health authority • Documentation of all decisions and actions <p>4-ALDF-2B-03 (MANDATORY)</p> | |
| <p>1-CORE-2B-04. Procedures govern the availability, control, inventory, storage, and use of firearms, less lethal devices, and related security devices, and specify the level of authority required for their access and use. Chemical agents and electrical disablers are used only with the authorization of the facility administrator or designee. Access to storage areas is restricted to authorized persons and the storage space is located in an area separate and apart from inmate housing or activity areas. 4-ALDF-2B-04, 4-ALDF-2B-05</p> | <p>R 791.707 Firearms. Rule 7. A facility shall establish and maintain written policy and procedure which govern the use of firearms, including all of the following requirements:</p> <p>(a) Weapons are subjected to safety regulations and inspections.</p> <p>(b) A secure weapons locker is located outside the security perimeter of the facility.</p> <p>(c) Except in emergency situations, firearms and impact weapons are permitted only in designated areas within the secured confines of the facility.</p> <p>(d) Employees supervising inmates outside the facility perimeter shall follow facility procedures for the security of weapons and the use of force.</p> <p>(e) Employees on duty shall only use firearms or other security equipment that has been approved through facility policies. History: 1998-2000 AACS.</p> |
| <p>1-CORE-2B-05. 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:</p> <ul style="list-style-type: none"> • discharge of a firearm or other weapon • use of less lethal devices to control inmates • use of force to control inmates • inmate(s) remaining in restraints at the end of the shift • routine and emergency distribution of security equipment <p>4-ALDF-2B-07</p> | |
| <p>1-CORE-2B-06. The use of firearms complies with the following requirements:</p> <ul style="list-style-type: none"> • weapons are subjected to stringent safety regulations and inspections. • a secure weapons locker is located outside the secure perimeter of the facility • except in emergency situations, firearms and authorized weapons are permitted only in designated areas to which inmates have no access • employees supervising inmates outside the | <p>R 791.707 Firearms. Rule 7. A facility shall establish and maintain written policy and procedure which govern the use of firearms, including all of the following requirements:</p> <p>(a) Weapons are subjected to safety regulations and inspections.</p> <p>(b) A secure weapons locker is located outside the security perimeter of the facility.</p> <p>(c) Except in emergency situations, firearms and impact weapons are permitted only in designated areas within the secured confines of the facility.</p> <p>(d) Employees supervising inmates outside the facility</p> |

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| <p>facility perimeter follow procedures for the security of weapons</p> <ul style="list-style-type: none"> • employees are instructed to use deadly force only after other actions have been tried and found ineffective, unless the employee believes that a person's life is immediately threatened • employees on duty use only firearms or other security equipment that have been approved by the facility administrator • appropriate equipment is provided to facilitate safe unloading and loading of firearms ALDF-2B-08 (MANDATORY) | <p>perimeter shall follow facility procedures for the security of weapons and the use of force. (e) Employees on duty shall only use firearms or other security equipment that has been approved through facility policies. History: 1998-2000 AACS.</p> |
| <p>PERFORMANCE STANDARD 2C. Contraband is minimized. It is detected when present in the facility.</p> | |
| <p>1-CORE-2C-01. Procedures guide searches of facilities and inmates to control contraband. 4-ALDF-2C-01</p> | |
| <p>1-CORE-2C-02. 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. The least invasive form of search is conducted. 4-ALDF-2C-03</p> | |
| <p>1-CORE-2C-03. A strip search of a general population inmate is only conducted when there is reasonable belief that the inmate may be in possession of an item of contraband or when the inmate leaves the confines of the facility to go on an outside appointment or work detail. The least invasive form of search is conducted. 4-ALDF-2C-04</p> | |
| <p>1-CORE-2C-04. Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the inmate is concealing contraband and when authorized by the facility administrator or designee. Health care personnel conduct the inspection in private. 4-ALDF-2C-05</p> | |
| <p>PERFORMANCE STANDARD 2D. Improper access to and use of keys, tools and utensils are minimized.</p> | |
| <p>1-CORE-2D-01. Keys, tools, culinary equipment, and medical/dental instruments and supplies (syringes, needles and other sharps) are inventoried and use is controlled. 4-ALDF-2D-01 (MANDATORY), 4-ALDF-2D-02 (MANDATORY), 4-ALDF-2D-03 (MANDATORY)</p> | |
| <p>3. ORDER GOAL: Maintain an orderly environment with clear expectations of behavior and systems of accountability. PERFORMANCE STANDARD 3A. Inmates comply with rules and regulations.</p> | |

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| <p>1-CORE-3A-01. Disciplinary procedures governing inmate rule violations address the following:</p> <ul style="list-style-type: none"> • rules of inmate conduct which specify prohibited acts and appropriate sanctions for each prohibited act • minor and major violations • criminal offenses • disciplinary reports • pre-hearing actions/investigation • pre-hearing detention • placement of an inmate in disciplinary detention for a rule violation only after a hearing. • maximum sanction for a rule violation is no more than 60 days <p>4-ALDF-3A-01, 4-ALDF-2A-50, 4-ALDF-3A-02</p> | |
| <p>4. CARE GOAL: Provide for the basic needs and personal care of inmates. PERFORMANCE STANDARD 4A. Food service provides a nutritionally balanced diet. Food service operations are hygienic and sanitary.</p> | |
| <p>1-CORE-4A-01. 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. 4-ALDF-4A-07 (MANDATORY)</p> | <p>R 791.719 Dietary allowances. Rule 19. A facility shall maintain documentation that the facility's dietary allowances are reviewed at least annually by a dietician. Menu evaluations are conducted at least quarterly by facility food service supervisory staff to verify adherence to the established basic daily servings. History: 1998-2000 AACS.</p> |
| <p>1-CORE-4A-02. Therapeutic and/or special diets are provided as prescribed by appropriate clinicians or when religious beliefs require adherence to religious dietary laws. 4-ALDF-4A-09, 4-ALDF-4A-10</p> | <p>R 791.720 Special diets. Rule 20. A facility shall establish and maintain written policy, procedure, and practice that provide for special diets as prescribed by appropriate medical or dental personnel. History: 1998-2000 AACS.</p> |
| <p>1-CORE-4A-03. There is documentation by an independent, outside source that food service facilities and equipment meet established government health and safety codes. Corrective action is taken on any deficiencies. 4-ALDF-4A-11 (MANDATORY)</p> | <p>R 791.721 Food service health safety. Rule 21. If required to be inspected by state law, a facility shall be inspected by the local public health authority. If a facility is not required by state law to be inspected, then a trained health inspector must certify compliance with applicable federal law. History: 1998-2000 AACS.</p> |
| <p>1-CORE-4A-04. There is adequate health protection for all inmates and staff in the facility and for inmates and other persons working in food service. All persons involved in the preparation of the food receive a pre-assignment medical examination to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils. 4-ALDF-4A-13 (MANDATORY)</p> | <p>R 791.722 Food service health policy. Rule 22. A facility shall establish and maintain written policy, procedure, and practice that provide for adequate health protection for all inmates and staff in the facility and for inmates and other persons who work in food service where required by laws and regulations applicable to food service employees in the community where the facility is located. History: 1998-2000 AACS.</p> |

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| 1-CORE-4A-05. If food services are provided by the facility, there are weekly inspections of all food services areas, including dining and food preparation areas and equipment. Water temperature is checked and recorded daily. 4-ALDF-4A-15 (MANDATORY) | R 791.723 Food service inspections. Rule 23. A facility shall establish and maintain written policy, procedure, and practice that require weekly inspections by administrative, medical, or dietary personnel of all food service areas, including dining and food preparation areas and equipment. Inspection personnel may include the person who supervises food service operations or his or her designee. Refrigerator and dishwashing water temperatures are checked daily by administrative, medical, or dietary personnel. History: 1998-2000 AACCS. |
| 1-CORE-4A-06. Three meals, including at least two hot meals, are prepared, delivered, and served under staff supervision 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-17, 4-ALDF-4A-18 | |
| PERFORMANCE STANDARD 4B. Inmates maintain acceptable personal hygiene practices. | |
| 1-CORE-4B-01. Inmates are issued suitable, clean bedding and linens. There is provision for linen exchange, including towels, at least weekly. 4-ALDF-4B-02 | |
| 1-CORE-4B-02. Inmates are issued clothing that is properly fitted and suitable for the climate. There are provisions for inmates to exchange clothing at least twice weekly. 4-ALDF-4B-03 | |
| 1-CORE-4B-03. Articles and services necessary for maintaining proper personal hygiene are available to all inmates including items specifically needed for females. 4-ALDF-4B-06 | |
| 1-CORE-4B-04. Inmates, including those in medical housing units or infirmaries, have access to showers, toilets, and washbasins with temperature controlled hot and cold running water 24 hours per day. Inmates are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas. Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit. 4-ALDF-4B-08, 4-ALDF-4B-09, 4-ALDF-4C-10 | |
| PERFORMANCE STANDARD 4C. Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner. | |
| 1-CORE-4C-01. At the time of admission/intake all inmates are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting | |

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| <p>grievances. Medical care is not denied based on an inmate's ability to pay. There is a process for all inmates to initiate requests for health services on a daily basis. These requests are triaged by qualified health professionals or processed by health trained persons to ensure that needs are addressed in a timely manner in accordance with the severity of the illness. When the necessary medical, dental, or mental health care is not available at the facility, inmates are referred to and given timely access to the needed clinical services in another appropriate setting. 4-ALDF-4C-01 (MANDATORY), 4-ALDF-4C-02, 4-ALDF-4C-03</p> | |
| <p>1-CORE-4C-02. When health care is transferred to providers in the community appropriate information is shared with the new providers in accordance with consent requirements. Prior to release, inmates with serious health conditions are referred to available community services. 4-ALDF-4C-04, 4-ALDF-4C-05</p> | |
| <p>1-CORE-4C-03. Inmates have access to 24-hour emergency medical, dental, and mental health services, including on-site first aid, basic life support, and transfer to community-based services. 4-ALDF-4C-08 (MANDATORY)</p> | |
| <p>1-CORE-4C-04. If infirmary care is provided onsite, it complies with applicable state regulations and local licensing requirements. Provisions include 24-hour emergency on-call consultation with a physician, dentist, or mental health professional. 4-ALDF-4C-09</p> | |
| <p>1-CORE-4C-05. Pregnant inmates have access to obstetrical services by a qualified provider, including prenatal, peripartum, and post partum care. 4-ALDF-4C-13 (MANDATORY)</p> | |
| <p>1-CORE-4C-06. Communicable diseases, such as tuberculosis, human immunodeficiency virus (HIV) infection, viral hepatitis, Methicillin Resistant Staphylococcal Aureus (MRSA) infection, and influenza are managed in accordance with a written plan approved by the health authority in consultation with local public health officials. The plan includes provisions for the screening, surveillance, treatment, containment, and reporting of infectious diseases. Infection control measures include the availability of personal protective equipment for staff and hand hygiene promotion throughout the facility. Procedures for handling biohazardous waste and decontaminating medical and dental equipment must comply with applicable local, state, and federal regulations. 4-ALDF-4C-14 (MANDATORY), 4-ALDF-4C-15, 4-ALDF-4C-16, 4-ALDF-4C-17, 4-ALDF-4C-18</p> | |
| <p>1-CORE-4C-07. Inmates with chronic medical conditions, such as diabetes, hypertension, and mental illness receive periodic care by a qualified health care provider in accordance with individual treatment plans that include monitoring of medications and laboratory testing. 4-ALDF-4C-19 (MANDATORY)</p> | |

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| <p>1-CORE-4C-08. Routine and emergency dental care is provided to inmates under the direction and supervision of a licensed dentist. Oral health services include access to diagnostic x-rays, treatment of dental pain, development of individual treatment plans, extraction of non-restorable teeth, and referral to dental specialist, including oral surgery. 4-ALDF-4C-20</p> | |
| <p>1-CORE-4C-09. Intake physical and mental health screening commences upon the inmate's arrival at the facility unless there is documentation of a medical screening within the previous 90 days or the inmate is an intrasystem transfer. Screening is conducted by health-trained staff or by qualified health care personnel in accordance with protocols established by the health authority. The screening includes at the least the following:</p> <ul style="list-style-type: none"> • current or past medical conditions, including mental health problems and communicable diseases • current medications, including psychotropics • history of hospitalization, including inpatient psychiatric care • suicidal risk assessment, including suicidal ideation or history of suicidal behavior • use of alcohol and other drugs including potential need for detoxification • dental pain, swelling, or functional impairment • possibility of pregnancy • cognitive or physical impairment. <p>Observation of the following:</p> <ul style="list-style-type: none"> • behavior, including state of consciousness, mental status, appearance, conduct, tremor, or sweating • body deformities and other physical abnormalities • ease of movement • condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations, recent tattoos, and needle marks or other indications of injection drug use • symptoms of psychosis, depression, anxiety and/or aggression <p>Medical disposition of the inmate:</p> <ul style="list-style-type: none"> • refusal of admission until inmate is medically cleared • cleared for general population • cleared for general population with prompt referral to appropriate medical or mental health care services • referral to appropriate medical or mental health care service for emergency treatment • process for observation for high risk events, such as seizures, detoxification, head wounds, etc. <p>4-ALDF-4C-22 (MANDATORY), 4-ALDF-4C-29 (MANDATORY)</p> | <p>R 791.731 Health screening. Rule 31. A facility shall establish and maintain written policy, procedure, and practice that require medical, dental, and mental health screening to be performed on all inmates by a trained staff member designated by the facility administrator. All findings are recorded on a form approved by the facility's designated health authority. The screening includes at least all of the following:</p> <p>(a) Inquiry into all of the following:</p> <p>(i) Current illness and health problems, including venereal diseases and other infectious diseases.</p> <p>(ii) Dental problems.</p> <p>(iii) Mental health problems.</p> <p>(iv) Use of alcohol and other drugs, including all of the following information:</p> <p>(A) The type of types of drugs used.</p> <p>(B) Mode of use.</p> <p>(C) Amounts used.</p> <p>(D) Frequency used.</p> <p>(E) Date or time of last use.</p> <p>(F) History of any problems that may have occurred after ceasing use, for example, convulsions.</p> <p>(v) Past and present treatment or hospitalization for mental disturbance or suicide.</p> <p>(vi) Possibility of pregnancy.</p> <p>(vii) Other health problems designated by the responsible physician.</p> <p>(b) Observation of all of the following:</p> <p>(i) Behavior, including all of the following:</p> <p>(A) State of consciousness.</p> <p>(B) Mental status.</p> <p>(C) Appearance.</p> <p>(D) Conduct.</p> <p>(E) Tremor.</p> <p>(F) Sweating.</p> <p>(ii) Body deformities and ease of movement.</p> <p>(iii) Condition of skin, including any of the following:</p> <p>(A) Trauma markings.</p> <p>(B) Bruises.</p> <p>(C) Lesions.</p> <p>(D) Jaundice.</p> <p>(E) Rashes and infestations.</p> <p>(F) Needle marks or other indications of drug abuse.</p> <p>(c) The medical disposition of inmate shall be to 1 of the following:</p> |

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| | (i) General population. (ii) General population with prompt referral to appropriate health care service. (iii) Referral to appropriate health care service for emergency treatment. History: 1998-2000 AACS. |
| <p>1-CORE-4C-10. All intrasystem transfer inmates receive a health screening by health-trained or qualified health care personnel, which commences on their arrival at the facility. All findings are recorded on a screening form approved by the health authority. At a minimum, the screening includes the following:</p> <ul style="list-style-type: none"> • a review of the inmate's medical, dental, and mental health problems • current medications • current treatment plan <p>4-ALDF-4C-23 (MANDATORY)</p> | |
| <p>1-CORE-4C-11. A comprehensive physical and mental health appraisal is completed for each inmate within 14 days after arrival at the facility in accordance with protocols established by the health authority, unless a health appraisal has been completed within the previous 90 days. The health appraisal includes the review of the previous receiving screening, a medical history and physical examination by a qualified health care provider, and an individual treatment plan. 4-ALDF-4C-24 (MANDATORY)</p> | <p>R 791.732 Health appraisals. Rule 32. (1) A facility shall establish and maintain written policy, procedure, and practice which require that a health appraisal for each inmate be completed by a trained health care person within 14 days after arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, then a new health appraisal is not required, except as determined by the designated health authority. A health appraisal includes at least all of the following:</p> <ul style="list-style-type: none"> (a) Review screening performed under R 791.732. (b) Collection of additional data to complete the medical, dental, mental health, and immunization histories. (c) Laboratory or diagnostic tests, or both, to detect communicable disease, including venereal disease and tuberculosis. (d) Recording of all of the following: <ul style="list-style-type: none"> (i) Height. (ii) Weight. (iii) Pulse. (iv) Blood pressure. (v) Temperature. (e) Other tests and examinations, as appropriate. (f) Medical examination, including review of mental and dental status. (g) Review of the results of the medical examination and tests and identification of problems by a physician or other qualified health care personnel. (h) Initiation of therapy when appropriate. (i) Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation. <p>(2) An inmate diagnosed as being contagious shall be removed from the facility or quarantined in well-ventilated</p> |

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| | <p>quarters and separate from other inmates. In a case of suspected contagion, the administrator shall consult with the facility's designated health authority or the local health department.</p> <p>(3) If, in the opinion of a licensed physician, an inmate needs hospitalization, the administrator, as directed by the physician, shall deliver the inmate to the nearest hospital or to any hospital designated by the county. History: 1998-2000 AACS.</p> |
| <p>1-CORE-4C-12. Inmates have access to mental health services as clinically warranted in accordance with protocols established by the health authority that include:</p> <ul style="list-style-type: none"> • screening for mental health problems; • referral to outpatient services, including psychiatric care; • crisis intervention and management of acute psychiatric episodes; • stabilization of the mentally ill and prevention of psychiatric deterioration in the facility; • referral and admission to inpatient facilities; and informed consent for treatment. 4-ALDF-4C-27 (MANDATORY), 4-ALDF-4C-28 | |
| <p>1-CORE-4C-13. A suicide prevention program is approved by the health authority and reviewed by the facility or program administrator. The program must include specific procedures for handling intake, screening, identifying, and continually supervising the suicide-prone inmate. All staff responsible for supervising suicide-prone inmates are trained annually on program expectations. 4-ALDF-4C-32 (MANDATORY)</p> | |
| <p>1-CORE-4C-14. Detoxification from alcohol, opiates, hypnotics, and other stimulants is conducted under medical supervision in accordance with local, state, and federal laws. When performed at the facility, detoxification is prescribed in accordance with clinical protocols approved by the health authority. Specific criteria are established for referring symptomatic inmates suffering from withdrawal or intoxication for more specialized care at a hospital or detoxification center. 4-ALDF-4C-36 (MANDATORY)</p> | <p>R 791.734 Detoxification cells. Rule 34. (1) A facility shall maintain a detoxification cell that allows for unobstructed supervision and observation of the entire detoxification cell area, which shall be accomplished by complying with either of the following provisions:</p> <p>(a) Locating the detoxification cell near an officer duty station which is staffed 24 hours a day and which is constructed to provide personal visual observation of the entire detoxification cell.</p> <p>(b) Installing an electronic camera or cameras that are continuously monitored in the officer's duty station. History: 1998-2000 AACS.</p> |
| <p>1-CORE-4C-15. Pharmaceuticals are managed in accordance with policies and procedures approved by the health authority and in compliance with state and federal laws and regulations. The policies require dispensing and administering prescribed medications by qualified personnel, adequate management of controlled medications, and provision of medications to inmates in special management units. 4-ALDF-4C-38 (MANDATORY)</p> | <p>R 791.730 Pharmaceuticals. Rule 30. (1) The administrator or medical director, or both, of a facility shall establish policies and procedures that are in compliance with local, state, and federal regulations governing the distribution, dispensing, prescribing, administering, or disposing of any controlled substance or prescribed medication affecting an inmate.</p> <p>(2) Drugs may be dispensed for patients only pursuant to the written orders of a licensed practitioner acting within the scope of his or her license. History: 1998-2000 AACS.</p> |

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| <p>PERFORMANCE STANDARD 4D. Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.</p> | |
| <p>1-CORE-4D-01. The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract, or job description. 4-ALDF-4D-01 (MANDATORY)</p> | |
| <p>1-CORE-4D-02. The health authority meets with the facility administrator at least quarterly. 4-ALDF-7D-25</p> | |
| <p>1-CORE-4D-03. Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians. 4-ALDF-4D-02 (MANDATORY)</p> | <p>R 791.728 Health care. Rule 28. A facility shall establish and maintain written policy, procedure, and practice which provide that all medical, psychiatric, and dental inmate matters involving medical judgment are the sole province of the responsible physician, dentist or other qualified health professional. History: 1998-2000 AACPS.</p> |
| <p>1-CORE-4D-04. All health care professional staff comply with applicable state and federal licensure, certification, or registration requirements. Verification of current credentials is on file at the facility. Health care staff work in accordance with profession-specific job descriptions approved by the health authority. If inmates are assessed or treated by nonlicensed health care personnel, the care is provided pursuant to written standing or direct orders by personnel authorized to give such orders. 4-ALDF-4D-03 (MANDATORY), 4-ALDF-4D-05 (MANDATORY)</p> | <p>R 791.729 Health care personnel qualifications. Rule 29. Personnel who provide health care services to inmates shall be licensed by the state of Michigan when required. Verification of current credentials and job descriptions shall be on file in the facility. History: 1998-2000 AACPS.</p> |
| <p>1-CORE-4D-05. Emergency medical care, including first aid and basic life support, is provided by all health care professionals and those health-trained correctional staff specifically designated by the facility administrator. All staff responding to medical emergencies are certified in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization. The health authority approves policies and procedures that ensure that emergency supplies and equipment, including automatic external defibrillators, are readily available and in working order. 4-ALDF-4D-08 (MANDATORY)</p> | |
| <p>1-CORE-4D-06. Individuals designated by an inmate are notified in case of serious illness, serious injury, or death, unless security reasons dictate otherwise. 4-ALDF-4D-12</p> | |
| <p>1-CORE-4D-07. Information about an inmate's health status is confidential. Nonmedical staff only have access to specific medical information on a "need to know" basis in order to preserve the health and safety of the specific inmate, other inmates, volunteers, visitors, or correctional staff. The active health record is maintained separately from the confinement case record and access is controlled in accordance with state and federal laws. 4-ALDF-4D-13 (MANDATORY), 4-ALDF-4D-14 (MANDATORY)</p> | |

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| 1-CORE-4D-08. Informed consent standards of the jurisdiction are observed and documented for inmate care in a language understood by the inmate. In the case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. Inmates routinely have the right to refuse medical interventions. When health care is rendered against the inmate's will, it is in accordance with state and federal laws and regulations. 4-ALDF-4D-15 (MANDATORY) | |
| 1-CORE-4D-09. Involuntary administration of psychotropic medication(s) to inmates is authorized by a physician and provided in accordance with policies and procedures approved by the health authority, and in accordance with applicable laws and regulations of the jurisdiction. 4-ALDF-4D-17 (MANDATORY) | |
| 1-CORE-4D-10. The use of inmates in medical, pharmaceutical, or cosmetic experiments is prohibited. This expected practice does not preclude inmate access to investigational medications on a case-by-case basis for therapeutic purposes in accordance with state and federal regulations. 4-ALDF-4D-18 (MANDATORY) | R 791.733 Inmate participation in research. Rule 33. A facility shall establish and maintain written policy and practice that prohibit the use of inmates for medical, pharmaceutical, or cosmetic experiments. This rule does not preclude individual treatment of an inmate based on the need for a specific medical procedure that is not generally available. History: 1998-2000 AACSS. |
| 1-CORE-4D-11. Health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmates' privacy. 4-ALDF-4D-19 | |
| 1-CORE-4D-12. Restraints on inmates for medical and psychiatric purposes are only applied in accordance with policies and procedures approved by the health authority, including: <ul style="list-style-type: none"> • conditions under which restraints may be applied • types of restraints to be applied • identification of a qualified medical or mental health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative • monitoring procedures • length of time restraints are to be applied • documentation of efforts for less restrictive treatment alternatives • an after-incident review. 4-ALDF-4D-21 (MANDATORY) | |
| 1-CORE-4D-15. An investigation is conducted and documented whenever a sexual assault or threat is reported. 4-ALDF-4D-22-2 | |
| 1-CORE-4D-16. Victims of sexual assault are referred under appropriate security provisions to a community facility for | |

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| <p>treatment and gathering of evidence. If these procedures are performed in-house, the following guidelines are used:</p> <ul style="list-style-type: none"> • A history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victim's consent, the examination includes collection of evidence from the victim, using a kit approved by the appropriate authority. • Provision is made for testing for sexually transmitted diseases (for example HIV, gonorrhea, hepatitis, and other diseases) and counseling, as appropriate. • Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate. • Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up. • A report is made to the facility administrator or designee to assure separation of the victim from his or her assailant. <p>4-ALDF-4D-22-6 (MANDATORY)</p> | |
| <p>1-CORE-4D-17. The health authority approves policies and procedures for identifying and evaluating major risk management events related to inmate health care, including inmate deaths, preventable adverse outcomes, and serious medication errors. 4-ALDF-4D-23, 4-ALDF-4D-24 (MANDATORY)</p> | |
| <p>1-CORE-4D-18. An individual health record is maintained for all inmates in accordance with policies and procedures established by the health authority and in accordance with applicable state and federal regulations. 4-ALDF-4D-26</p> | |
| <p>5. PROGRAM AND ACTIVITY GOAL: Help inmates to successfully return to the community and reduce the negative effects of confinement.</p> <p>PERFORMANCE STANDARD 5A. Inmates have opportunities to improve themselves while confined.</p> | |
| <p>1-CORE-5A-01. Inmate programs, services and counseling are available. Community resources should be used to supplement these programs and services. 4-ALDF-5A-01</p> | |
| <p>PERFORMANCE STANDARD 5B. Inmates maintain ties with their families and the community.</p> | |
| <p>1-CORE-5B-02. The number of visitors an inmate may receive and the length of visits are limited only by the facility's schedule,</p> | |

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| <p>space, and personnel constraints or when there are substantial reasons to justify such limitations. Visitors are required to identify themselves and register on entry into the facility. Conditions under which visits may be denied and visitors may be searched are defined in writing. Provisions are made for special visits. 4-ALDF-5B-01, 4-ALDF-5B-02, 4-ALDF-5B-03, 4-ALDF-5B-04</p> | |
| <p>1-CORE-5B-03. Inmates may send and receive mail. Indigent inmates receive a specified postage allowance. Both incoming and outgoing mail may be opened to intercept cash, checks, and money orders and inspected for contraband. Mail is read, censored, or rejected when based on legitimate facility interests of order and security. Inmates are notified in writing when incoming or outgoing letters are withheld in part or in full. Staff, in the presence of the inmate, may be allowed to inspect outgoing privileged mail for contraband before it is sealed. Mail to inmates from this privileged class of persons and organizations may be opened only to inspect for contraband and only in the presence of the inmate, unless waived in writing, or in circumstances which may indicate contamination. 4-ALDF-5B-06, 4-ALDF-5B-08, 4-ALDF-5B-09</p> | |
| <p>1-CORE-5B-04. Inmates are provided with access to telephones. 4-ALDF-5B-11</p> | |
| <p>1-CORE-5B-05. Procedures for releasing inmates from the facility include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • 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 • provision of a listing of available community resources • provision of medication as directed by the health authority <p>4-ALDF-5B-18</p> | |
| <p>PERFORMANCE STANDARD 5C. The negative impact of confinement is reduced.</p> | |
| <p>1-CORE-5C-01. Inmates have access to exercise and recreation opportunities. When available, at least one hour daily is outside the cell or outdoors. 4-ALDF-5C-01, 4-ALDF-5C-02</p> | |
| <p>1-CORE-5C-01. Both outdoor and covered/enclosed exercise areas for general population inmates are provided in sufficient number to ensure that each inmate is offered at least one hour of access daily. Use of outdoor areas is preferred, but covered/enclosed are available for use in inclement weather.</p> | |

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| <p>Covered/enclosed areas may be designed for multiple uses as long as the design and furnishings do not interfere with scheduled exercise activities. The minimum space requirements for exercise areas are as follows:</p> <ul style="list-style-type: none"> • outdoor exercise areas in facilities where 100 or more inmates utilize one recreation area – 15 square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 1,500 square feet of unencumbered space • outdoor exercise areas in facilities where less than 100 inmates have unlimited access to an individual recreation area – 15 square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 750 square feet of unencumbered space • covered/enclosed exercise areas in facilities where 100 or more inmates utilize one recreation area have 15 square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 1,000 square feet of unencumbered space • covered/enclosed exercise areas in facilities where less than 100 inmates utilize one recreation area have 15 square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 500 square feet of unencumbered space. 4-ALDF-5C-03 (Ref. 3-ALDF-2E-01) | |
| <p>1-CORE-5C-02. Segregated inmates have access to both outdoor and covered/enclosed exercise areas. The minimum space requirements for outdoor and covered/enclosed exercise areas for segregation units are as follow:</p> <ul style="list-style-type: none"> • group yard modules– 15 square feet per inmate expected to use the space at one time, but not less than 500 square feet of unencumbered space • individual yard modules– 180 square feet of unencumbered space 4-ALDF-5C-04 | |
| <p>1-CORE-5C-03. Library services are available to inmates. 4-ALDF-5C-05</p> | |
| <p>1-CORE-5C-04. Inmate working conditions comply with all applicable federal, state, or local work safety laws and regulations. 4-ALDF-5C-11 (MANDATORY)</p> | |
| <p>1-CORE-5C-05. Inmates have the opportunity to participate in practices of their religious faith consistent with existing state and federal statutes. 4-ALDF-5C-17</p> | |

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| 1-CORE-5C-06. An inmate commissary or canteen may be available from which inmates can purchase approved items that are not furnished by the facility. The commissary/canteen's operations are strictly controlled using standard accounting procedures. 4-ALDF-5C-25 | |
| <p>6. JUSTICE GOAL: Treat inmates fairly and respect their legal rights. Provide services that hold inmates accountable for their actions, and encourage them to make restitution to their victims and the community.</p> <p>PERFORMANCE STANDARD 6A. Inmates' rights are not violated</p> | |
| 1-CORE-6A-01. The right of inmates to have access to courts is ensured. 4-ALDF-6A-01 | |
| 1-CORE-6A-02. Inmate access to counsel is ensured. Such contact includes, but is not limited to, telephone communications, uncensored correspondence, and visits. 4-ALDF-6A-02 | |
| 1-CORE-6A-03. Inmates have access to legal materials. 4-ALDF-6A-03 | |
| 1-CORE-6A-04. New inmates are allowed the opportunity to complete at least one telephone call during the admission process and are assisted, as needed, to notify persons of their admission to custody. 4-ALDF-6A-05 | |
| 1-CORE-6A-05. Foreign nationals have access to the diplomatic representative of their country of citizenship. 4-ALDF-6A-06 | |
| 1-CORE-6A-06. Inmates are not subjected to personal abuse, corporal punishment, personal injury, disease, property damage or harassment. 4-ALDF-6A-07 (MANDATORY) | <p>R 791.718 Inmate rights. Rule 18. A facility shall establish and maintain written policy, procedure, and practice that protects inmates from all of the following that would constitute a civil or criminal violation:</p> <ul style="list-style-type: none"> (a) Personal abuse. (b) Corporal punishment. (c) Personal injury. (d) Disease. (e) Property damage. (f) Harassment. <p>History: 1998-2000 AACCS.</p> |
| 1-CORE-6A-07. Inmates are allowed freedom in personal grooming except when a valid governmental interest justifies otherwise. 4-ALDF-6A-08 | |
| 1-CORE-6A-08. An indigent inmate's access to health care, programs, services and activities is not precluded by inability to pay. 4-ALDF-6A-09 | |

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| <p>PERFORMANCE STANDARD 6B. Inmates are treated fairly.</p> | |
| <p>1-CORE-6B-01. An inmate grievance procedure is made available to all inmates and includes at least one level of appeal. 4-ALDF-6B-01</p> | |
| <p>1-CORE-6B-02. There is no discrimination regarding administrative decisions or program access based on an inmate's race, religion, national origin, gender, sexual orientation, or disability. When both males and females are housed in the same facility, available services and programs are comparable. 4-ALDF-6B-02, 4-ALDF-6B-03</p> | |
| <p>1-CORE-6B-03. Inmates with disabilities, including temporary disabilities, are housed and managed in a manner that provides for their safety and security. Housing used by inmates with disabilities, including temporary disabilities, is designed for their use and provides for integration with other inmates. Program and service areas are accessible to inmates with disabilities. 4-ALDF-6B-04</p> | |
| <p>PERFORMANCE STANDARD 6C. Alleged rule violations are handled in a manner that provides inmates with appropriate procedural safeguards.</p> | |
| <p>1-CORE-6C-01. There are written guidelines for resolving minor inmate infractions. Serious infractions are handled consistent with the requirements for limited due process. 4-ALDF-6C-01</p> | |
| <p>1-CORE-6C-02. When rule violations require formal resolutions, a staff member prepares a disciplinary report that describes the alleged violation and forwards it to the designated supervisor. 4-ALDF-6C-03</p> | |
| <p>1-CORE-6C-03. An inmate charged with a rule violation receives a written statement of the charge(s), including a description of the incident and specific rules violated. The inmate is given the statement at the same time the disciplinary report is filed with the disciplinary committee but no less than 24 hours prior to the disciplinary hearing. The hearing, conducted by an impartial person or panel of persons, may only be held in less than 24 hours, with the inmate's written consent. A record of the proceedings is made and retained. 4-ALDF-6C-07</p> | |
| <p>1-CORE-6C-04. An inmate charged with rule violations is present at the hearing, unless the inmate waives that right in writing or through behavior. An inmate may be excluded during testimony. An inmate's absence or exclusion is documented. Inmates have an opportunity to appeal disciplinary decisions. 4-ALDF-6C-08, 4-ALDF-6C-18</p> | |

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| <p>7. ADMINISTRATION AND MANAGEMENT GOAL: Administer and manage the facility in a professional and responsible manner, consistent with legal requirements. PERFORMANCE STANDARD 7B. Staff, contractors, and volunteers demonstrate competency in their assigned duties.</p> | |
| <p>1-CORE-7B-01. A criminal record check is conducted on all new employees, contractors, and volunteers prior to their assuming duties to identify if there are criminal convictions that have a specific relationship to job performance. This record check includes comprehensive identifier information to be collected and run against law enforcement indices. If suspect information on matters with potential terrorism connections is returned on a desirable applicant, it is forwarded to the local Joint Terrorism Task Force (JTTF) or another similar agency. 4-ALDF-7B-03</p> | |
| <p>1-CORE-7B-02. Prior to assuming duties, each employee is provided with an orientation, which may include:</p> <ul style="list-style-type: none"> • working conditions • code of ethics • personnel policy manual • employees' rights and responsibilities • overview of the criminal justice system • tour of the facility • facility goals and objectives • facility organization • staff rules and regulations • personnel policies • program overview 4-ALDF-7B-05 | |
| <p>1-CORE-7B-03. All professional, support, clerical, and health care employees, including contractors, receive continuing annual training, which may include:</p> <ul style="list-style-type: none"> • security procedures and regulations • supervision of inmates • signs of suicide risk • suicide precautions • use-of-force regulations and tactics • report writing • inmate rules and regulations • key control • rights and responsibilities of inmates • safety procedures • all emergency plans and procedures • interpersonal relations • social/cultural lifestyles of the inmate population • cultural diversity • CPR/first aid • counseling techniques • sexual harassment/sexual misconduct awareness | |

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| <ul style="list-style-type: none"> • purpose, goals, policies, and procedures for the facility and parent agency • security and contraband regulations • appropriate conduct with inmates • responsibilities and rights of employees • universal precautions • occupational exposure • personal protective equipment • bio-hazardous waste disposal • overview of the correctional field 4-ALDF-7B-08 | |
| <p>1-CORE-7B-04. Prior to assuming duties, all correctional officers receive training in the facility under the supervision of a qualified officer. Training may include:</p> <ul style="list-style-type: none"> • facility policies and procedures • suicide prevention • use-of-force • report writing • inmate rules and regulations • key control • emergency plans and procedures • cultural diversity • communication skills • cardiopulmonary resuscitation (CPR)/first aid • sexual misconduct 4-ALDF-7B-10 | |
| <p>1-CORE-7B-05. In each subsequent year of employment correctional officers receive documented in-service training in critical areas of the operation. 4-ALDF-7B-10-1</p> | |
| <p>1-CORE-7B-06. All personnel authorized to use firearms and less-lethal weapons must demonstrate competency in their use at least annually. Training includes decontamination procedures for individuals exposed to chemical agents. 4-ALDF-7B-15 (MANDATORY)</p> | <p>R 791.702 Firearms; training. Rule 2. A facility shall establish and maintain written policy and practice which provide that all personnel authorized to use firearms receive appropriate training before being assigned to a post involving the possible use of firearms. Firearms training shall cover the use, safety, and care of firearms and the constraints on their use. All personnel authorized to use firearms shall demonstrate competency in the use of firearms at least annually. History: 1998-2000 AACCS.</p> <p>R 791.703 Chemical agents; training. Rule 3. All personnel authorized to use chemical agents shall receive appropriate training in their use and in the treatment of individuals exposed to a chemical agent. History: 1998-2000 AACCS.</p> |
| <p>PERFORMANCE STANDARD 7D. The facility is administered efficiently and responsibly.</p> | |
| <p>1-CORE-7D-01. Written policies and procedures describe all facets of facility operation, maintenance, and administration, are reviewed annually and updated as needed.</p> | |

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| New or revised policies and procedures are disseminated to staff, and, where appropriate, to contractors, volunteers, and inmates, prior to implementation. 4-ALDF-7D-06 | |
| 1-CORE-7D-02. The facility administrator prepares and submits an annual budget that requests necessary resources for facility operations and programs. 4-ALDF-7D-10 | |
| 1-CORE-7D-03. Procedures govern the operation of any fund established for inmates. Any interest earned on monies, other than operating funds, accrues to the benefit of the inmates. 4-ALDF-7D-16 | |
| <p>1-CORE-7D-04. The facility maintains custody records on all inmates committed or assigned to the facility, which include but are not limited to the following:</p> <ul style="list-style-type: none"> • 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 of court hearings • records of program participation • work assignments • classification records <p>Inmates have reasonable access to information in their records. Access is only limited due to safety or security concerns for the inmate, other inmates, or the facility. 4-ALDF-7D-20</p> | |
| <p>PERFORMANCE STANDARD 7E. Staff are treated fairly.</p> | |
| 1-CORE-7E-01. Reasonable accommodation is made to ensure that all parts of the facility that are accessible to the public are accessible and usable by staff and visitors with disabilities. 4-ALDF-7E-05 | |
| | R 791.705 Medical treatment. Rule 5. A facility shall establish and maintain written policy, procedure, and practice which provide that all persons injured in an incident receive immediate medical examination and treatment. History: 1998-2000 AACS. |
| | R 791.712 Ashtrays. Rule 12. If smoking is permitted, a facility shall be equipped with noncombustible receptacles for smoking materials and separate containers for other combustible refuse at accessible locations throughout living quarters in the facility. All receptacles and containers shall be emptied and cleaned daily. History: 1998-2000 AACS. |

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