



# U.S. MARSHALS SERVICE PRISONER OPERATIONS DIVISION

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## Federal Performance Based Detention Standards

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**December 2024**

## Executive Summary

The United States Marshals Service (USMS) Prisoner Operations Division maintains the Federal Performance Based Detention Standards (FPBDS), which are derived from the American Correctional Association (ACA) Standards and designed to establish the performance level required by the Government to meet detention contract requirements. The FPBDS is also an aid and reference for Subject Matter Experts to utilize in support the Government Contract Quality Assurance Program (Federal Acquisition Regulation Part 46).

This compilation contains official revisions to the FPBDS and is provided for the convenience of the user. The FPBDS can be found on the United States Marshals Service (USMS) public website at <https://www.usmarshals.gov/> and will appear in a forthcoming edition of the Federal Register.

The FPBDS were developed for using the referenced standards and criteria as guidelines within private detention facilities. Although the FPBDS are comprehensive and can function independently, these references provide essential support and serve as a root source and basis for their development.

This update of FPBDS includes the review of current industry standards in medical, food, fire and environmental safety, and other standards, including:

- [American Correctional Association's \(ACA\), Performance Based Standards for Adult Local Detention Facilities \(ALDF\), 5<sup>th</sup> Edition](#)
- [National Commission on Correctional Health Care \(NCCHC\), Standards for Health Services in Jails, 2018](#)
- [National Fire Protection Association \(NFPA\), Life Safety Code 101, 2024](#)
- [Occupational Safety and Health Administration \(OSHA\)](#)
- [Food and Drug Administration, U.S. Food Code, 2022](#)
- [U.S. DOJ Report and Recommendations Concerning the Use of Restrictive Housing, January 2016.](#)

If a standard below is cited from one of the industry standards above, the industry standard is cited next to the FPBDS standard (e.g., "**5-ALDF-7D-06**"). All newly added changes from September 2024 are highlighted in "yellow".

## **Major Changes by Functional Area**

### **Section A – Administration and Management**

#### **A.2 Quality Control**

The updates to the standards introduce a framework within the Quality Control of Administration and Management functional area for conducting an annual internal review of facility operations. This review ensures compliance with facility policies and procedures through a structured process that identifies and implements corrective measures with updated key components. The goal is to enhance operational standards, ensure consistent adherence to policies, and foster a culture of continuous improvement and compliance within the facility.

The corrective action process now requires a written declaration outlining the steps to address any identified deficiencies in compliance or performance. This declaration must detail supervisory steps to verify corrective actions are effectively carried out. Additionally, corrective actions must include any necessary changes to facility policies, procedures, post orders, updates to training curricula, as well as oversight language to ensure permanent changes, and include signed rosters indicating when and how these changes were communicated to staff. It must also verify how changes were communicated to the detainee population (e.g., through methods such as town hall meeting minutes, signed rosters of classroom instruction, video presentations, or detainee tablet notifications).

### **Section B – Health Care**

#### **B.1 Health Care Administration**

The update ensures that all medical procedures, including those administered against a detainee's will, strictly adhere to state and federal laws and regulations. This includes the protection of pregnant detainees to prevent coercion into decisions contrary to their expressed desires. Emergency delivery kits will also be available as required. These updates are designed to ensure the ethical and lawful provision of health care services within correctional facilities, promoting patient autonomy, safety, and compliance with regulatory standards.

#### **B.2 Intake Health Screening**

The update emphasizes thorough medical screenings for detainees, focusing on pregnancy-related considerations. Key updates include documentation of medical screenings during intake, specifically addressing pregnancy and the potential for pregnancy among women of childbearing age.

#### **B.5 Provision of Health Care**

The update ensures comprehensive care and counseling for pregnant detainees, adhering to national guidelines and respecting their preferences regarding pregnancy. These updates aim to uphold standards of compassionate and medically sound care for

pregnant detainees, ensuring their health needs are met with respect for their autonomy and adherence to regulatory standards within correctional health care settings. This update also ensures and facilitates an appropriate level of continuity of care is provided for detainees returning to detention facilities after long- or short-term hospitalizations. Continuity of care after hospitalization is crucial for ensuring a detainee's recovery continues smoothly, and complications are minimized. It involves coordinated care and follow-up activities that bridge the transition from the hospital back into a confinement center care setting.

## **B.6 Incident Health Care**

The update ensures those detainees returning from hospitalization are housed in facility medical observation rooms until evaluated by facility physician.

## **Section C – Security and Control**

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

The update ensures video recordings of Use of Force (UOF) from start to finish are directed. Video recording UOF incidents from start to finish in a correctional facility is essential for ensuring accountability, protecting the rights of all involved, enhancing safety, and supporting continuous improvement in policies and training. It serves as a critical tool for transparency and fairness, benefiting both the institution and the individuals within it. It also serves as legal protection for both the correctional facility and its staff by providing objective evidence that can be used in legal proceedings to demonstrate force was used appropriately.

## **Section E – Restrictive Housing**

### **E.4 Administrative/Disciplinary**

The update includes and defines the meaning of vulnerable population. Detainees who are more likely to be victimized in confinement settings, including but not limited to: juveniles; young adults (age 18-24 at time of admission through conviction); detainees with serious mental illness; lesbian, gay, bisexual, transgender, intersex, and gender nonconforming detainees; pregnant and postpartum detainees; and detainees with medical needs.

## **Section F – Safety and Sanitation**

### **F.3 Clothing and Bedding**

The standard has been revised to include the provision of a pillow. Detainees are now issued a pillow, a pillowcase, and a mattress. This also covers mattresses that come with an integrated pillow, provided the cushion thickness is four inches.

## **Section G – Services and Programs**

### **G.2 Access to the Courts and Legal Materials**

The update includes provisions ensuring detainees have access to educational resources related to voter registration, voting methods (in person and by mail), and information about upcoming elections. This update aims to promote detainee participation in the democratic process by providing educational materials and logistical support for voter registration and voting, and to foster civic engagement and access to legal resources within correctional settings.

### **G.10 Grievance Program**

The updated standards now include changes to the grievance program and commissary procedures. The grievance form was updated to be a separate 3-part carbon copy form from the detainee request form, which is also a 3-part carbon copy. Detainees will now have the opportunity to retain copies of both their filed grievance and the facility's response.

### **G.11 Detainee Commissary**

Updates to the commissary procedures include adjusting the weekly purchase limits for detainees to range from \$40.00 to \$70.00. Purchases exceeding \$70.00 and up to \$100.00 must be associated with an approved detainee incentive program. The facility must submit this incentive program for review and approval by the USMS Office of Detention Standards and Compliance (ODSC). Additionally, all expenditures from the detainee Welfare Fund require Contracting Officer's Representative (COR) approval.

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## A. ADMINISTRATION AND MANAGEMENT

### A.1 Policies and Procedures

- A.1.1 The facility administrator ensures written policies, and procedures describe all facets of facility operations, maintenance, and administration. [5-ALDF-7D-08](#)
- A.1.2 Written policies and procedures are communicated to all employees unless security concerns justly limit access. [5-ALDF-7D-08](#)
- A.1.3 Detainees can obtain copies of facility policies and procedures unless security concerns justly limit access. [5-ALDF-7D-10](#)
- A.1.4 Policies and procedures are reviewed and updated on an annual basis. [5-ALDF-7D-08](#)

### 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. [5-ALDF-7D-10](#); [5-ALDF-7D-11](#); [Contract Element](#)
- A.2.2 At a minimum, the internal quality control plan addresses the following areas:
  - A.2.2.a Detainee 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 Detainee Grievance Program; and
  - 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. [5-ALDF-7D-03](#)
- 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 informational contact with staff and detainees and to encourage informal contact with staff and detainees and to informally observe living and working conditions. **5-ALDF-2A-05**

**A.2.6** Corrective Action Plans: A Corrective Action Plan is a written declaration that imparts the action steps to be taken to correct an identified deficiency, which includes supervisory steps to verify the actions are being carried out. Corrective action plans include providing for review and consideration of: **Contract Element**

**A.2.6.a** Any required changes to facility policy, procedures, or post orders;

**A.2.6.b** Any training curriculum and oversight language constituting permanent corrective action changes, and not temporary resolutions;

**A.2.6.c** Signed rosters depicting when and how any changes were imparted to staff; and

**A.2.6.d** Verification of when and how any changes were imparted to the detainee population (i.e., town hall meeting minutes, signed rosters of classroom instruction, video presentation and/or detainee tablet notifications).

Note: If the government accepts a corrective action plan containing specific language changes to policies, procedures, or post orders, in cases where the government contractually must accept changes to policies, procedures, or post orders, then the acceptance of the corrective action plan suffices as the government's review if the only changes made to the policies, procedures, or post orders were notated in the corrective action plan.

### **A.3 Detainee Records**

**A.3.1** The facility maintains custody records on all detainees committed or assigned to the facility. Each detainee custody record includes the following: **5-ALDF-7D-27**

**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;

- A.3.1.e** Records of program participation;
- A.3.1.f** Work assignments; and
- A.3.1.g** Classification records.
- A.3.2** The contents of detainee records are identified and separated according to a format approved by the facility administrator/warden. **5-ALDF-7D-27**
- A.3.3** Detainee files are in a secured area and maintained in an appropriately confidential manner. **5-ALDF-7D-30**
- A.3.4** Detainee files remain active during the detainee's stay at a facility and are closed and archived upon the detainee's transfer, release, or removal. **Contract Element**

#### **A.4 Facility Admission and Orientation Program**

- A.4.1** The admission process for newly admitted detainees include but is not limited to: **5-ALDF-2A-20**
  - 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 detainees; and
  - A.4.1.g** Inventory of detainee property.
- A.4.2** Newly admitted detainees are separated from the general population during the admission process. **5-ALDF-2A-21**
- A.4.3** Prior to placing a detainee in general population, the detainee is given the opportunity to shower and is issued clean, laundered clothing. **5-ALDF-2A-24**
- A.4.4** Prior to being placed in the general population, each detainee is provided with an orientation to the facility, which includes at a minimum: **5-ALDF-2A-25; 5-ALDF-2A-27**
  - 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 detainee and translated into those languages spoken by significant numbers of detainees;
  - A.4.4.i** Sexual assault prevention/intervention;
  - A.4.4.j** Sexual assault self-protection;
  - A.4.4.k** Reporting sexual abuse/assault; and
  - A.4.4.l** Sexual assault treatment and counseling.
- A.4.5** Detainees are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior and then housing assignments are made accordingly. [5-ALDF-4D-22](#)
- A.4.6** Detainees verify, by signature, the receipt of their initial orientation and of the detainee handbook and written orientation materials. Signed acknowledgement of the handbook is maintained in the detainee's file. [5-ALDF-2A-26](#)
- A.4.7** The facility ensures for detainees 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 detainee. [5-ALDF-2A-26](#)

## **A.5 Detainee Property**

- A.5.1** An itemized inventory of all personal property of newly admitted detainees is conducted during intake. An inventory receipt is provided to the detainee listing all property being held until release. [5-ALDF-2A-20](#)
- A.5.2** Space is provided for storing the personal property of detainees securely. This includes detainees relocated to the Restrictive Housing Unit (RHU). [5-ALDF-2A-22](#)
  - A.5.2.a** When a detainee is relocated to the RHU, all personal property is promptly removed or securely stored. Within 40 minutes to one hour, the detainee's personal property is jointly inventoried by the detainee and a staff member. Any exception is recorded in the

detainee file with written justification and approval of the facility administrator or designee. This measure is essential to prevent theft, pilfering, or damage to the detainee's belongings.

- A.5.2.b** Upon completion of the joint inventory, a copy of the joint property inventory sheet is provided to the detainee indicating the name and signature of the officer(s) who performed the joint inventory. Verified missing items are retrieved or replaced. All verified items identified as missing during the inventory are retrieved or replaced.
  - A.5.2.c** All legal documentation accompanies the detainee to the RHU. The detainee signs for receipt of all legal documentation and/or e-Discovery. The officer's printed and signed name is included on the inventory form to verify legal materials were given to the detainee.
  - A.5.2.d** All detainee property is stored in tamper proof containers or property bags that can be sealed, resealed if opened, and provide access controls. The storage container protects stored property from being damaged.
  - A.5.2.e** Detainee property that is lost, stolen, or destroyed due to staff negligence is replaced or reimbursed at the expense of the contractor and commensurate with the monetary value of the verifiable loss.
- A.5.3** A system for maintenance, safe keeping and tracking of detainee personal property and deposited funds exists within the facility.

## **A.6 Detainee Transfers and Releases**

- A.6.1** Detainees are only released or transferred with proper orders and notification from the agency of jurisdiction. [5-ALDF-5B-19; Contract Element](#)
- A.6.2** Prior to releasing or transferring a detainee, the facility verifies relevant paperwork/orders, as well as the identity of the detainee being released. [5-ALDF-5B-19; Contract Element](#)
- A.6.3** Absent a compelling reason, detainees are not released directly from restrictive housing to the community. [DOJ-Restrictive Housing Report \(Page 95\)](#)
- A.6.4** All detainees 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 detainee's release. [5-ALDF-5B-19](#)
- A.6.5** Time, place, and manner of release from a facility is consistent with safety considerations and considers the detainee's initial place of confinement,

home of record, and special vulnerabilities.

**A.6.6** Facilities that are not within one mile from public transportation transport detainees to local bus/train/subway stations prior to the time the last bus/train leaves such stations for the day.

**A.6.7** In emergency situations where a detainee being released has no personal clothing stored in their personal property, the detainee is provided non-institutionalized, weather-appropriate clothing purchased using the detainee welfare fund.

## **A.7 Detainees with Disabilities**

**A.7.1** Detainees with disabilities, including temporary disabilities, are housed in a manner that provides for their safety and security. [5-ALDF-6B-04](#)

**A.7.2** Housing used by detainees with disabilities, including temporary disabilities, is designed for their use and provides for integration with other detainees. [5-ALDF-6B-04](#)

**A.7.3** Program and service areas are accessible to detainees with disabilities housed at the facility. [5-ALDF-6B-04](#)

**A.7.4** Appropriately trained individuals are assigned to assist disabled detainees who cannot otherwise perform basic life functions. [5-ALDF-6B-06](#)

**A.7.5** Detainees 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. [5-ALDF-6B-07](#)

**A.7.6** Reasonable accommodation is made to ensure that all parts of the facility and services are accessible to the public are accessible and usable by visitors with disabilities. [5-ALDF-7E-05](#)

## **A.8 Discrimination Prevention**

**A.8.1** There is no discrimination regarding administrative decisions or program access based on a detainee's race, religion, national origin, gender, sexual orientation, or disability. [5-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. [5-ALDF-6B-03](#)

## **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. [5-ALDF-2A-13](#)

- 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. [Contract Element](#)
- A.9.3** Background checks include: [Contract Element](#)
  - 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; and
  - A.9.3.f** Drug screening.
- A.9.4** A pre-employment physical examination is conducted for all potential security personnel. [5-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/re-assessments 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 detainees.
- A.9.8** The facility has a written code of ethics that is provided to all employees. At a minimum the code: [5-ALDF-7C-01](#); [5-ALDF-7C-02](#)
  - 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 detainee or a detainee'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 and possession of illegal drugs.
- A.9.9** Sexual contact between staff and detainees, or contract personnel and detainees, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. [5-ALDF-4D-26](#)
- 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. **5-ALDF-7C-03**

- A.9.11** The facility provides a confidential means for reporting staff misconduct by other staff and/or detainees.
- A.9.12** An investigation is conducted and documented whenever a sexual assault or threat is reported. **5-ALDF-4D-23**
- 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 do not have contact with federal detainees 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** Detainees 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 employees' sexual misconduct allegations made by detainees.

## **A.10 Staff Training**

- A.10.1** In addition to being provided a familiarization with the FPBDS, each new employee is provided with an orientation prior to assuming duties. At a minimum, the orientation includes: **5-ALDF-7B-05; Contract Element**
  - 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; and

- 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. **5-ALDF-7B-06**
- A.10.3** In addition to being provided a familiarization with the FPBDS, all new professional and support employees, including contractors, who have regular or daily detainee contact receive training during their first year of employment. Prior to being independently assigned to a particular job, new professional and support employees/contractors complete 40 hours of training. An additional 40 hours of training is provided each subsequent year of employment. At a minimum, this training covers the following areas: **5-ALDF-7B-08; Contract Element**
  - A.10.3.a** Security procedures and regulations;
  - A.10.3.b** Supervision of detainees;
  - 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** Detainee rules and regulations;
  - A.10.3.h** Key control;
  - A.10.3.i** Rights and responsibilities of detainees;
  - A.10.3.j** Safety procedures;
  - A.10.3.k** Interpersonal relations;
  - A.10.3.l** Social/cultural lifestyles of the detainee 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; and
  - A.10.3.r** Code of ethics.



- A.10.4** In addition to receiving an overview of the FPBDS, 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: **5-ALDF-7B-09; Contract Element**
- 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 detainees;
  - 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; and
  - 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: **5-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 relation;
  - A.10.5.i** Communication 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 detainees and staff;
  - A.10.5.n** Code of ethics; and
  - A.10.5.o** Correctional implications of young adult (age 18-24) brain development and associated de-escalation tactics. [DOJ- Restrictive Housing Report : Young Adults \(Age 18-24 at Time of Conviction \(Page 59\)\)](#)
- A.10.6** In addition to receiving an overview of the FPBDS, 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: [5-ALDF-7B-11; Contract Element](#)
- 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; and
  - A.10.6.d** Use of force.
- A.10.7** In addition to receiving an overview of the FPBDS, 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. [5-ALDF-7B-12; Contract Element](#)
- 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. [5-ALDF-7B-15](#)
- A.10.9** Firearms training covers the use, safety, and care of firearms and constraints on their use. [5-ALDF-7B-15](#)
- A.10.10** All personnel authorized to use firearms demonstrate competency in their use at least annually. [5-ALDF-7B-15](#)
- 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. [5-ALDF-7B-16](#)
- A.10.12** All security personnel are trained in self-defense and in the use of physical force to control detainees. [5-ALDF-7B-17](#)
- 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:  
**5-ALDF-1C-05**

- A.11.1.a** Riots;
  - A.11.1.b** Hunger strikes;
  - A.11.1.c** Disturbances;
  - A.11.1.d** Escapes; and
  - 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. **5-ALDF-1C-06**

## **A.12 External Agency Notifications**

- A.12.1** The facility administrator ensures the immediate notification to the agency of jurisdiction of serious incidents including, but not limited to:  
**Contract Element**
- A.12.1.a** Deaths;
  - A.12.1.b** Suicide Attempts (including any actions of self-directed harm);  
Suicide Attempts are defined as nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
  - A.12.1.c** Suicidal Ideations (including statements of self-directed harm);  
Suicidal Ideations are defined as thoughts, fantasies, or contemplations about or a preoccupation, to include preparatory acts, with killing oneself.
  - A.12.1.d** Hunger Strikes;
  - A.12.1.e** Emergency medical trips (including hospitalized detainee transferred from one medical facility to another);
  - A.12.1.f** Escapes;
  - A.12.1.g** Use of force;

- A.12.1.h** Full or partial facility lock-down;
- A.12.1.i** Incidents impacting facility operations (e.g., riots, disturbances, food strikes, fires, natural disasters);
- A.12.1.j** Assaults on staff or detainees requiring medical attention;
- A.12.1.k** Detainee transportation incidents;
- A.12.1.l** Incidents attracting unusual interest or publicity; and
- A.12.1.m** Pregnant or post-partum women placed in restraints and/or in restrictive housing.

## **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: **5-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 fulfill the determined scope of services;
  - B.1.2.d** Establishing systems for the coordination of care among multidisciplinary health care providers; and
  - B.1.2.e** Developing a quality management program.
- B.1.3** The health authority is a physician, health services administrator, or health agency. When the health authority is not a physician, final clinical judgments rest with a single, designated, responsible physician. **5-ALDF-4D-01**
- B.1.4** Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians. **5-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. **5-ALDF-4D-03**
- B.1.6** When detainees 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. **5-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. **5-ALDF-4D-05**
- B.1.8** The health authority shares information regarding a detainee's medical management with the superintendent or the warden. **5-ALDF-4D-14**
- B.1.9** The circumstances are specified when correctional staff are advised of a detainee's health status. Only information necessary to preserve the health and safety of a detainee, other detainees, volunteers, visitors, or the correctional staff is provided. Information provided to correctional, classification staff, volunteers, and visitors addresses only the medical need of the detainee as it relates to housing, program placement, security, and transport. **5-ALDF-4D-13**
- B.1.10** Informed consent standards of the jurisdiction are observed and documented for detainee care in a language understood by the detainee. In case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. **5-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 detainee may refuse, in writing, medical, dental, and mental care. If the detainee declines to sign the refusal form, it is signed by at least two witnesses. The form is then sent to medical and reviewed by a qualified health care professional. If there is a concern about decision-making capacity, an evaluation is done, especially if the refusal is for critical or acute care. **5-ALDF-4D-15**
  - B.1.11.a** The responsible health authority ensures that pregnant detainees are not coerced into any decisions contrary to expressed desires. **NCCHC J-F-05**
- 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. **5-ALDF-4D-09**
  - B.1.12.a** "Pregnancy emergency delivery kits" are available in the facility as determined by the designated health authority. **NCCHC J-F-05**
  - B.1.12.b** Facilities have procedures to ensure pregnant women with labor symptoms are evaluated quickly and identify whether staff should be present in the labor and delivery room.

- B.1.13** An Automated External Defibrillator (AED) is available for use at the facility. [5-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: [5-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; and
  - 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.
- 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 include diagnosis, orders, prognosis, follow-up, and closure/resolution. [5-ALDF-4D-33](#)
- 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-A-08](#)
- 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. [5-ALDF-4D-35](#)

## **B.2 Intake Health Screening**

- B.2.1** All detainees receive a medical and mental health screening upon admission to the facility. Screening affords privacy and security for detainee and staff. [5-ALDF-4C-23](#)
- B.2.2** Medical screenings are conducted by health trained or qualified health care

personnel. [5-ALDF-4C-23](#)

**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 and the possibility of pregnancy;

**B.2.3.a.5.1** Intake screenings for detainees include pregnancy testing on all female detainees. [5-ALDF-4C-23](#)

**B.2.3.a.5.2** Women who test negative but have a probability of being pregnant should be retested in two weeks and referred to specialists as appropriate.

**B.2.3.a.6** Intake screenings for postpartum detainees include depression assessment and breastfeeding status.

**B.2.3.a.6.1** Education about breastfeeding and providing lactation support and accommodations for postpartum detainees to provide breastmilk for their infants; and

**B.2.3.a.6.2** Screening for mental health conditions during pregnancy and for postpartum depression after delivery and treated, as needed.

**B.2.3.a.7** Other health problems designated by the responsible physician.

**B.2.3.b** Observation of the following: [5-ALDF-4C-23](#); [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; and

**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. [5-ALDF-4C-23](#)

**B.2.6** Mental health screenings are conducted by mental-health trained or qualified mental-health care personnel. [5-ALDF-4C-28](#)

**B.2.7** Mental health screenings document the following:

**B.2.7.a** Inquiry into whether the detainee:

**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; and

**B.2.7.a.9** Is at risk for sexual victimization.

**B.2.8** Mental health screenings result in one of the following dispositions:

**B.2.8.a** Cleared for general population;

**B.2.8.b** Cleared for general population with prompt referral to appropriate mental-health care service; or

**B.2.8.c** Referral to appropriate mental-health care service for emergency treatment. [5-ALDF-4C-28](#)

### **B.3 Medical, Mental Health, and Dental Appraisals**

**B.3.1** A comprehensive health appraisal for each detainee 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. **5-ALDF-4C-25**

**B.3.2** Health appraisals include the following: **5-ALDF-4C-25; 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; and

**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** Detainees 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. **5-ALDF-4C-29**

**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; and
    - 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; and
    - 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; and **5-ALDF-4C-29; NCCHC J-E-05**
  - B.3.5.f** Postpartum detainees are screened for postpartum depression.
- B.3.6** An oral screening by a dentist or qualified health care professional trained by a dentist is performed within 14 days of admission. **5-ALDF-4C-20**
- B.3.7** Oral screening includes (unless completed during intake screening): **5-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; and
  - 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. **5-ALDF-4D-33**
- B.4 Access to Health Care**
  - B.4.1** All detainees are informed about how to access health services during the intake/admission process in a manner understood by the detainee to include translation into languages spoken by a significant number of detainees or verbally communicated to the detainee if literacy is an issue. **5-ALDF-4C-01**
  - B.4.2** If the facility charges detainees a co-payment fee, detainees are informed of the guidelines of the co-payment program during the intake/admission process. **5-ALDF-4C-02**
  - B.4.3** Detainees 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. [5-ALDF-4C-02](#)
  - B.4.5** Using readily available forms, all detainees may request health care services (sick call) daily. These requests are triaged daily by health professionals or health trained personnel, with a priority system used to schedule clinical services. [5-ALDF-4C-03](#); [NCCHC J-E-07](#)
    - B.4.5.a** Emergency sick call requests are seen within 24 hours.
    - B.4.5.b** Urgent sick call requests are seen withing 72 hours.
    - B.4.5.c** Routine sick call requests are seen within 7 days.
    - B.4.5.d** Medical requests drop boxes are located inside detainee housing units and accessed only by medical personnel.
  - B.4.6** Clinical services are available to detainees in a clinical setting at least five days a week and are performed by a physician or other qualified health care professional. [5-ALDF-4C-03](#)
  - B.4.7** Detainees 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 detainees require pre-authorization by the USMS to ensure consistency with USMS detainee health care standards). [5-ALDF-4C-05](#)
  - B.4.8** There are 24-hour emergency medical, dental, and mental health services. Services include the following: [5-ALDF-4C-08](#)
    - B.4.8.a** On-site emergency first aid and crisis intervention;
    - B.4.8.b** Emergency evacuation of the detainee from the facility;
    - B.4.8.c** Use of one or more designated hospital emergency rooms or other appropriate health facilities; and
    - 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 detainee’s privacy. Female detainees are provided a female escort for encounters with a male health care provider. [5-ALDF-4D-19](#)
- B.5 Provision of Health Care**
- B.5.1** If infirmary care is provided, it includes the following at a minimum: [5-ALDF-4C-09](#)

- B.5.1.a** Definition of the scope of infirmary care services available;
- B.5.1.b** A physician on call or available 24 hours a day;
- B.5.1.c** A supervising registered nurse (RN) is on-site at least once every 24 hours;
- B.5.1.d** Detainee/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 provided;
- B.5.1.g** At least daily, a supervising RN ensures that care is being provided as ordered. Initiation and discontinuation of infirmary-level care is by provider order; and
- B.5.1.h** To facilitate appropriate continuity of care, a summary from off-site providers include:
  - B.5.1.h.1** Their assessment, testing, or treatment completed;
  - B.5.1.h.2** Diagnosis and/ or findings; and
  - B.5.1.h.3** Recommended treatment plan to include prescribed medications, patient instructions, and follow-up.
- B.5.1.i** Detainees returning from hospitalization are housed in facility medical observation rooms/cells until evaluated by facility physician. [NCCHC J-D-08](#)
- 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 (TB), and serious mental illnesses (SMI). [NCCHC J-F-01](#)
- B.5.3** Chronic care treatment programs include but are not limited to: [NCCHC J-F-01](#); [5-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; and

**B.5.3.d** Instructions on diet and exercise.

**B.5.4** The health authority maintains a list of chronic care patients. **NCCHC J-F-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, individuals with physical impairments that impair mobility, and patients with serious mental health needs. **NCCHC J-F-01**

**B.5.6** The health authority maintains a list of special needs patients. **NCCHC J-F-01**

**B.5.7** Female detainees receive gynecological and obstetrical treatment and examinations, including pap smears and mammograms, in accordance with community medical standards for those detainees in uninterrupted custody of 12 months or more.

**B.5.8** In accordance with national standards, pregnant detainees are given comprehensive counseling and care based on their expressed desires regarding their pregnancy. Prenatal care begins as early in pregnancy as possible and is easily accessible. **NCCHC-J-F-05**

**B.5.8.a** Access to pregnancy management services is available. Provisions of pregnancy management include pregnancy testing; routine and high-risk prenatal care and obstetrical care; management of chemically addicted pregnant detainees; comprehensive counseling and assistance; appropriate nutrition to include prenatal vitamins that contain folic acid supplementation and iron if indicated, and counseling on refraining from eating foods with listeria risk; and postpartum follow up. **5-ALDF-4C-13**

**B.5.8.b** Counseling and assistance are provided and documented in accordance with the pregnant detainee's expressed desires regarding the pregnancy, whether she elects to keep the child, use adoptive services, or have an abortion. **NCCHC-J-F-05**

**B.5.8.c** Facilities provide pregnant and postpartum detainees special accommodations due to physiological changes. Special accommodations may include:

**B.5.8.c.1** Housing (including lower bunk assignment);

**B.5.8.c.2** Work or program assignments;

**B.5.8.c.3** Transportation outside the facility; and

**B.5.8.c.4** Special clothing.

- B.5.8.d** Pregnant detainees are offered HIV testing; and HIV-positive pregnant detainees are treated according to national guidelines or be counseled on maternal-fetal transmission.
- 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. **5-ALDF-4C-14**
- B.5.10** There is a written plan addressing the management of infections and communicable diseases including, but not limited to: **5-ALDF-4C-15; 5-ALDF-4C-16; 5-ALDF-4C-17**

  - B.5.10.a** TB;
  - B.5.10.b** Hepatitis A, B, and C; and
  - B.5.10.c** HIV.
- B.5.11** Written plans addressing the management of infectious and communicable diseases include: **5-ALDF-4C-15; 5-ALDF-4C-16; 5-ALDF-4C-17; NCCHC J-B-01**

  - B.5.11.a** Identification;
  - B.5.11.b** Surveillance;
  - B.5.11.c** Treatment, when indicated; and
  - B.5.11.d** Follow-up and isolation, when indicated (Active TB patients are housed in negative pressure rooms).
- B.5.12** Immunizations are provided to prevent disease where appropriate. **NCCHC J-B-01**

  - B.5.12.a** Pregnant detainees are provided counseling and administering of recommended vaccines, to include influenza or Tdap vaccinations, in accordance with national guidelines. **NCCHC-J-F-05**
- B.5.13** Management of bio-hazardous waste and decontamination of medical and dental equipment complies with applicable local, state, and federal regulations. **5-ALDF-4C-18**
- B.5.14** Withdrawal management is done only under 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. Detainees experiencing severe, life-threatening intoxication (an overdose) or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available. **5-ALDF-4C-35**

- B.5.14.a** Pregnant detainees with substance use disorder receive medication-assisted treatment and/or be counseled about withdrawal risks.
- B.5.15** Detainees experiencing severe, life-threatening intoxication (overdose) or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available. [5-ALDF-4C-35](#)
- B.5.16** Detainees have access to a chemical dependency treatment program. [5-ALDF-4C-36](#)
  - B.5.16.a** Detainees are counseled about withdrawal risks.
- B.5.17** Management of pharmaceuticals includes: [5-ALDF-4C-37](#); [NCCHC J-D-01](#)
  - 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 or reasonable amount of prescribed medication to detainees transferring/releasing from the facility to maintain continuity of care ([5-ALDF-5B-19](#)); and
  - B.5.17.g** Keep On Persons (KOP) medications are documented on a Medication Administration Record (MAR) and compliance checks are conducted on 100% of the population every 30 days.
- B.5.18** Detainees 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** Detainees entering the facility on prescription psychotropic medications, are not automatically discontinued from prescribed medication until newly prescribed, or acceptable alternate medications are available and provided as clinically indicated.
  - B.5.18.b** Detainees entering the facility on prescription psychotropic medications as a result of a completed study order remain on those medications.

- B.5.19** Mental Health services include at a minimum: **5-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; and
  - B.5.19.e** Referral to licensed mental health facilities for detainees 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 detainee under the direction and supervision of a licensed dentist. **5-ALDF-4C-20; NCCHC J-E-06**
- B.5.21** Dental care includes the following: **5-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** Timely oral treatment and prompt access for urgent or painful conditions; and
  - B.5.21.d** Obtaining and documenting consent.
- B.5.22** Routine and emergency dental care is provided to each detainee under the direction and supervision of a licensed dentist. **5-ALDF-4C-21; NCCHC J-E-06**
- 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 detainee 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 detainee to make visits anywhere outside of the facility to which he or she is confined.

## **B.6 Incident Health Care**

- B.6.1** Detainee Suicides: **5-ALDF-4C-31; 5-ALDF-7B-10**
  - 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:  
**5-ALDF-7B-08**

**B.6.1.b.1** Staff training;

**B.6.1.b.2** Intake/admission procedures;

**B.6.1.b.3** Identifying suicidal detainees;

**B.6.1.b.4** Referring suicidal detainees for mental health intervention;

**B.6.1.b.5** Housing observation and suicide watch;

**B.6.1.b.6** Incident review/debriefing; and

**B.6.1.b.7** Follow-up monitoring.

**B.6.1.c** All staff who supervise detainees 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 detainees;

**B.6.1.d.3** Referral procedures; and

**B.6.1.d.4** Housing observation and suicide watch procedures.

**B.6.1.e** Detainees referred for suicidal ideations or suicide intervention are evaluated promptly by a designated health care professional who is able to direct the intervention and assure follow-up treatment and evaluation as needed.

**B.6.1.f** Actively suicidal detainees and potentially suicidal detainees who are placed in isolation are maintained under constant supervision.

**B.6.1.g** Housing for suicidal detainees facilitate 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 receives 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 remains up to date on these procedures. [5-ALDF-1C-01](#); [5-ALDF-1C-05](#); [5-ALDF-4C-08](#); [5-ALDF-7B-09](#)
- 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-G-01](#)
  - B.6.3.b** The procedures for the use of medical restraints/seclusion include: [5-ALDF-4D-21](#); [NCCHC J-G-01](#)
    - 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 immediately notifies the agency of jurisdiction no more than 24 hours after use authorization. [NCCHC-J-F-05](#);
    - 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 detainees 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; and
    - B.6.3.b.6** The use of restraints on pregnant and postpartum women is prohibited unless the detainee 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 detainee determines use of restraints are appropriate for the medical safety of the detainee. (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** Detainees identified as having a history of sexually assaultive behavior are assessed by a mental health or other qualified professional. These detainees are identified, monitored and counseled. [5-ALDF-4D-24](#)

**B.6.4.b** Detainees identified as at risk for sexual victimization are assessed by a mental health or other qualified professional, monitored, and counseled. [5-ALDF-4D-25](#)

**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. [5-ALDF-4D-27](#)

**B.6.4.c.1** A history is taken by health care professionals who have documented appropriate training and certification such as a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE), to conduct an examination, document the extent of any 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's 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. **5-ALDF-4D-29**

**B.6.4.c.7** All allegations of sexual assault result in immediate notification of the agency of jurisdiction within 24 hours of the initial report to ensure the agency and facility receive timely information on sexual assault, sexual abuse, sexual harassment or retaliation, and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

**B.6.4.c.8** Immediate notification and documented proof of notification is made to the external reporting jurisdiction, such as the law enforcement having jurisdiction 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** Detainee Deaths

**B.6.5.a** In the event of a detainee death, the facility immediately notifies the agency of jurisdiction. **5-ALDF-4D-30**

**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 ensures: **NCCHC J-A-09**

**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 no less than 24 hours after its completion;

**B.6.5.b.2** A death review consists of:

**B.6.5.b.2.1** An administrative review;

**B.6.5.b.2.2** A clinical mortality review; and

**B.6.5.b.2.3** 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; and

**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 detainee 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. [5-ALDF-2F-03](#)

**B.6.6.b** If a detainee with SMI is placed in restrictive housing: [DOJ-Restrictive Housing Report \(Page 6\)](#)

**B.6.6.b.1** Mental health staff conducts a mental health consultation at the time of the detainee's placement;

**B.6.6.b.2** The detainee receives intensive, clinically appropriate mental health treatment for the entirety of the detainee's placement in restrictive housing; and

**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 detainee to monitor the detainee'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 detainees in restrictive housing receive a face-to-face psychological review by mental health staff. If at any point a detainee shows signs of psychological deterioration while in restrictive housing, the detainee is immediately evaluated by mental health staff. [DOJ-Restrictive Housing Report \(Page 101\)](#)

**B.6.7** Hospitalization Returns

**B.6.7.a** All detainees returning from an inpatient hospital stay are evaluated by the facility physician prior to returning to their housing assignment.

**B.6.7.a.1** If the facility physician is not available, the detainee is maintained in an observation cell pending the physician's availability.

**B.6.7.a.2** All detainees returning from an inpatient hospital stay are evaluated by the facility physician on the first day the physician is available either on-site or via telemedicine.



## 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. [5-ALDF-2A-01](#)
- C.1.2** The secure control center is staffed continuously. [5-ALDF-2A-01](#)
- C.1.3** Correctional officer posts are located in the immediate detainee living areas to permit officers to see, hear, and respond promptly to emergency situations. [5-ALDF-2A-02](#)
- C.1.4** Detainees classified as medium or maximum-security risks are personally observed by an officer at least every 40 minutes on an irregular schedule. Detainees classified as minimum or low security risks are personally observed by an officer at least every 60 minutes on an irregular schedule. [5-ALDF-2A-04](#)
- 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. [5-ALDF-2A-07](#)
  - C.1.5.a** Staff of the opposite gender announce their presence when entering opposite gender housing units and areas of assembly or congregation. [PREA Standard §115.15 \(d\)](#)
- C.1.6** No detainee or group of detainees are given control or allowed to exert authority over other detainees. [5-ALDF-2A-08](#)
- C.1.7** All detainee movement from one area of the facility to another is controlled by staff. [5-ALDF-2A-09](#)
- C.1.8** Correctional staff maintain a permanent log recording routine information, emergency situations, and unusual incidents. [5-ALDF-2A-10](#)
- 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. [5-ALDF-2A-10](#)
- C.1.10** Supervisory staff conduct a daily patrol, including holidays and weekends, of all areas occupied by detainees. Unoccupied areas are inspected at least weekly. Patrols and inspections are documented. [5-ALDF-2A-11](#)
- 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. [5-ALDF-2A-12](#)

## **C.2 Detainee Accountability**

- C.2.1** There is a detainee population management system that includes records of the admission, processing, and release of detainees. **5-ALDF-2A-15**
- C.2.2** The facility has a system for physically counting detainees. The system includes strict accountability for detainees being counted outside of their assigned living area. **5-ALDF-2A-16**
- C.2.3** The facility conducts at least one formal institutional count for each shift, with no less than three complete institutional counts being conducted in a 24-hour period. **5-ALDF-2A-16**

## **C.3 Control of Contraband**

- C.3.1** Contraband is minimized. It is detected and addressed when present in the facility. Procedures guide searches of facilities and detainees to control contraband and provide for its disposition. **5-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:  
**5-ALDF-2C-06**
  - C.3.2.a** Chain of custody;
  - C.3.2.b** Evidence handling;
  - C.3.2.c** Location and storage requirements; and
  - C.3.2.d** Manner of disposition.
- C.3.3** A search of a detainee's body and attire is conducted upon arrival to the facility and prior to transport out of the facility.
  - C.3.3.a** Detainees are searched after contact with the public or when returning from public areas.
  - C.3.3.b** Detainee searches are conducted in an appropriate setting and by staff of the same gender. **5-ALDF-2C-04**
- C.3.4** A strip search of general population detainees is only conducted when there is reasonable belief that the detainee may be in possession of an item of contraband. The least invasive form of search is conducted. **5-ALDF-2C-04**
- C.3.5** Manual or instrument inspection of body cavity is conducted only when there is reasonable belief that the detainee is concealing contraband and when authorized by the facility administrator or designee. Health care personnel conduct the inspection in private. **5-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. [5-ALDF-2B-01](#)
- C.4.2** Physical force and restraints are not used as punishment. [5-ALDF-2B-01](#); [5-ALDF-2B-02](#)
- C.4.3** The use of restraints on pregnant and postpartum women is prohibited unless the detainee 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 detainee determines use of restraints are appropriate for the medical safety of the detainee. [5-ALDF-2B-03](#)
- C.4.3.a** When authorized, the least restrictive restraints are used, (e.g., only handcuffs placed in the front may be used when restraining a pregnant or postpartum detainee).
- C.4.3.b** Restraints used on pregnant and postpartum detainees, if approved for use, are removed at the earliest opportunity when safe to do so.
- C.4.3.c** Notify the agency of jurisdiction no less than 24 hours after restraints are used on a pregnant or postpartum detainee. Notifications include the reasoning for use, duration, and any resulting physical effects on the detainee.
- C.4.4** The application of four/five-point restraints complies with the following criteria. [5-ALDF-2B-07](#)
- 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 detainee is placed in a four/five-point restraint.
- C.4.4.c** The health authority or designee is notified to assess the detainee'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 detainee 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 detainee is placed in four/five-point restraints, the following

procedures are followed. **5-ALDF-2B-07**

- 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: **5-ALDF-2B-11**
  - C.4.6.a** Discharge of firearms or other weapons;
  - C.4.6.b** Use of less-than-lethal devices to control detainees;
  - C.4.6.c** Use of force to control detainees; and
  - C.4.6.d** Detainee(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. **5-ALDF-2B-05**
  - C.4.7.a** Incidents are recorded with a video recording device with capability of capturing video and associated audio to the maximum extent practical for record preservation, from the time the video recording device arrives on scene of the incident and remains onsite continuing to record throughout the entire incident.
- C.4.8** The agency of jurisdiction is immediately notified of any Use of Force Incident or Non-Routine Application of Restraints. **Contract Element**
- 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: **Contract Element**
  - C.4.9.a** Gathers all relevant information, to include witness statements from staff and detainees, and surveillance video, if applicable;
  - C.4.9.b** Determines whether policy and procedures were followed;
  - C.4.9.c** Makes recommendations for improvement, if any; and
  - C.4.9.d** Completes an after-action report within 3 business 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-than-lethal devices, and related security devices, and specify the level of authority required for their access and use. [5-ALDF-2B-08](#)
- C.5.2** Chemical agents and electrical disablers are used only with the authorization of the facility administrator or designee. [5-ALDF-2B-08](#)
- 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. [5-ALDF-2B-12](#)
- C.5.4** Storage space is provided for the secure storage of less-than-lethal devices and related security equipment, and this space is located in an area separate and apart from detainee housing or activity areas. [5-ALDF-2B-09](#)
- C.5.5** Access to the weapons storage space is restricted to authorized persons only. [5-ALDF-2B-09](#)
- C.5.6** The facility maintains a written record of routine and emergency distribution of security equipment. [5-ALDF-2B-10](#)
- C.5.7** Firearms, chemical agents, and related security equipment are inventoried at least monthly to determine their condition and expiration dates. [5-ALDF-2B-10](#)
- C.5.8** Firearms, chemical agents, and related security equipment are issued only to qualified staff. [5-ALDF-2B-08](#)
- C.5.9** Visiting Law Enforcement Officers secure their weapons in a locker located outside the secure perimeter of the facility. [5-ALDF-2B-12](#)
- C.5.10** Employees on duty use only firearms or other security equipment that have been approved by the facility administrator. [5-ALDF-2B-12](#)
- C.5.11** Appropriate equipment is provided to facilitate safe unloading and loading of firearms. [5-ALDF-2B-12](#)
- 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. [5-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; and
    - 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.  
**5-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 detainees, are tethered and under supervision of kitchen security officer(s).
    - C.6.3.b** Class A tools are shadowed in Red.
  - C.6.4** In the event detainee workers are assigned to work details involving the use of Class “A” tools, facility policy identifies what tools may be used by detainees 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 that 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. **5-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 immediately to security personnel. Efforts are made to locate the lost item; results are documented.
- 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.  
**5-ALDF-2A-03**
  - 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. [5-ALDF-2B-08](#)

**C.7.3** Officers assigned to those posts acknowledge in writing that they have read and understand the orders and record the date. [5-ALDF-2A-03](#)

**C.7.4** The facility administrator or designee reviews post orders annually and updates them as needed. [5-ALDF-2A-03](#)

## **C.8 Detainee Discipline**

**C.8.1** Rules of detainee conduct specify acts prohibited within the facility and the range of penalties that can be imposed for various degrees of violations. [5-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 \(Page 97\)](#)

**C.8.3** There is a sanctioning schedule for rule violations that includes a maximum sanction of 60 days of disciplinary segregation for all violations arising out of one incident. [5-ALDF-2E-08](#)

**C.8.4** Detainees who allegedly commit an act covered by criminal law are referred to the appropriate criminal justice agency. [5-ALDF-6C-02](#)

**C.8.5** There are written guidelines for resolving minor detainee 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; detainee may waive the hearing. [5-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/end of shift on which the violation occurred. [5-ALDF-6C-03](#)

**C.8.7** Disciplinary reports include, but are not limited to, the following: [5-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; and

- 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 are documented in the record and approved by the facility administrator. [5-ALDF-6C-05](#)
- C.8.9** Absent compelling circumstances, such as a pending criminal investigation, a detainee does not remain in investigative segregation for a period of time longer than the maximum term of disciplinary segregation permitted for the most serious offense charged. [DOJ - Restrictive Housing Report \(Page96\)](#)
- C.8.10** A detainee charged with a rule violation receives a written statement of the charge(s) including a description of the incident and specific rules violated. The detainee 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 detainee's written consent. [5-ALDF-6C-07](#)
  - C.8.10.a** Charges are not changed during the Disciplinary Hearing.
  - C.8.10.b** Detainees 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** Detainees charged with rule violations are present at the hearing unless they waive that right in writing or through their behavior. Any detainee's absence or exclusion is documented. [5-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. Detainees are notified of the hearing at least 24 hours in advance of the hearing. Reasons for postponement or continuance are documented. [5-ALDF-6C-09](#); [5-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 detainee is housed. [DOJ - Restrictive Housing Report \(Page 97\)](#)
- C.8.14** The Disciplinary Hearing Officer (DHO) has a minimum of 1-year experience as a facility investigator or possesses comparable investigatory/law enforcement experience. The DHO does not have collateral duties or serves as an alternate investigator.
  - C.8.14.a** The DHO's training includes:
    - C.8.14.a.1** Determination of finding(s), rule violations(s) and

- prohibited act(s);
  - C.8.14.a.2** Preponderance of evidence;
  - C.8.14.a.3** Evidence/discovery review; [\(5-ALDF-6C-14\)](#)
  - C.8.14.a.4** Document/recording of hearing; written or electronic;
  - C.8.14.a.5** Finding(s) and adjudication(s);
  - C.8.14.a.6** Penalties and sanctions; and
  - C.8.14.a.7** Notification and decision.
- C.8.15** Hearings for detainees in general population are conducted in a location or setting with appropriate sight and sound privacy.
- C.8.16** Hearings for detainees housed in the RHU are not conducted at cell doors or common public dayroom settings.
- C.8.17** Detainees 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. [5-ALDF-6C-12](#)
- C.8.18** A staff member or agency representative assists detainees at disciplinary hearings when it is apparent that a detainee is not capable of collecting and presenting evidence on his or her own behalf. [5-ALDF-6C-13](#)
- C.8.19** When a DHO is confronted with a detainee who demonstrates symptoms of mental illness, the DHO consults with qualified mental health services professionals to provide input as to: [DOJ - Restrictive Housing Report \(Page 97\)](#)
- C.8.19.a** The detainee'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 regarding the behavior; and
  - C.8.19.d** Impact of applicable sanctions on the detainee'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 detainee charged, and the evidence derived from both staff and detainee witnesses and documents. [5-ALDF-6C-14](#)

- C.8.21** The detainee's behavior while in investigative segregation is given consideration by the disciplinary hearing officer. [DOJ - Restrictive Housing Report \(Page 96\)](#)
- C.8.22** Time spent in investigative segregation is credited toward the term of disciplinary segregation. [DOJ - Restrictive Housing Report \(Page 109\)](#)
- 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 \(Page 97\)](#)
- C.8.24** A written report is made of the decision and supporting reasons, and a copy is given to the detainee. The hearing record and supporting documentation are kept in the detainee's file.
- C.8.25** The facility administrator or designee reviews all disciplinary hearings and dispositions to assure conformity with policy and regulations. [5-ALDF-6C-17](#)
- C.8.26** Detainees can appeal decisions of the disciplinary hearing officer. Appeals of disciplinary actions are affirmed or reversed within 15 days of the appeal. [5-ALDF-6C-18](#)
  - C.8.26.a** Disciplinary hearing appeals are not heard via the grievance process.

## **C.9 Detainee Transportation**

- C.9.1** Detainee transportation vehicles receive an annual safety inspection in accordance with State statutes by qualified personnel. [5-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 detainees.
- 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 detainees if they are transported in the same vehicle.
- C.9.8** Transportation vehicles are equipped with security screens between the operator compartment and the detainee compartment.



- C.9.9** The facility's vehicle sally port provides a secure environment for the loading and unloading of detainees.
- C.9.10** The facility's detainee intake and discharge area provide a secure area for processing, transferring, searching, and applying/removing retraining devices.
- C.9.11** Detainees are searched prior to boarding a vehicle.
- C.9.12** Detainees are fully restrained (handcuffs, waist chains, and leg irons) during transportation.
  - C.9.12.a** Pregnant/ and postpartum detainee restraint restrictions apply to transportation (see Section C.4.3).
  - C.9.12.b** The procedures for Medical Transports resulting in Armed Hospital Post include:
    - C.9.12.b.1** Transport officers possess acknowledged and signed Post Orders;
    - C.9.12.b.2** Detainees are restrained in the most secure manner which does not interfere with medical procedures or harms the Detainee;
    - C.9.12.b.3** Two extremities are secured to the frame of the bed (one arm and one leg);
    - C.9.12.b.4** Use of nylon straps and flex-cuffs are approved by USMS District Supervisory staff when deemed necessary only by hospital staff;
    - C.9.12.b.5** Two-armed staff are present with the Detainee in the hospital room at all times;
    - C.9.12.b.6** Detainee logbook is signed by visiting supervisory staff once every 8 hours; and
    - C.9.12.b.7** Medical exceptions are documented and approved. Any deviations are approved by USMS District leadership.
- 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 detainees.
- C.9.14** Transport vehicles are searched for contraband prior to and after each detainee 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. [5-ALDF-4A-04](#); [2022 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. [5-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. [5-ALDF-4A-11](#)
- D.1.4 Meals are prepared, delivered, and served under staff supervision. [5-ALDF-4A-17](#)
- D.1.5 All staff, contractors, and volunteer detainee 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. [5-ALDF-4A-12](#)

### D.2 Food Service Employee/Worker Health

- D.2.1 Volunteer, detainee 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. [5-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. [2022 FDA Food Code: 2-201.11](#)
- 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. [2022 FDA 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. [2022 FDA 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. [2022 FDA Food Code: 2-304.11](#)

**D.2.6** Food service employees/workers are required to wear single use plastic gloves as well as 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. [2022 FDA Food Code: 2-402.11;](#)  
[3-301.11](#)

**D.2.7** Food service employees and detainee workers eat or drink only in designated areas where contamination of exposed food, clean equipment, utensils, or other items cannot occur. [2022 FDA Food Code: 2-402.11](#)

### **D.3 Food Storage and Preparation**

**D.3.1** Refrigerated, potentially hazardous food deliveries are checked on delivery to ensure compliance with Food Code. [2022 FDA Food Code: 3-202.11,](#)  
[3-202.15](#)

**D.3.2** Food is stored in a manner compliant with Food Code. [2022 FDA Food Code:3-305.11; 3-305.12](#)

**D.3.3** Food is protected from contamination from equipment, utensils, and linens in a manner compliant with Food Code. [2022 FDA 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. [2022 FDA 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. [2022 FDA 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. [2022 FDA Food Code: 4-204.113, 4-204.114, 4-204.115, 4-204.116, 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. [2022 FDA 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. **2022 FDA 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. **2022 FDA 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. **2022 FDA Food Code: 4-301.14; NFPA Life Safety Code 101 - 9.2.3**
  - D.4.6.a** Upon inspection, if found to be contaminated with deposits from grease-laden vapors, the entire exhaust system is cleaned by a properly trained, qualified, and certified individual. **NFPA 96 section 11.4**
- D.4.7** Food temperature measuring devices are readily accessible for use in ensuring attainment and maintenance of food temperatures and the manual washing and sanitizing temperatures as specified under Food Code. **2022 FDA Food Code: 4-302.12, 4-302.13**
- D.4.8** A test kit or other device that accurately measures the concentration of sanitizing solutions is provided. **2022 FDA Food Code: 4-302.14**
- D.4.9** Food service equipment is cleaned and maintained in good repair in a manner compliant with Food Code. **2022 FDA 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. **2022 FDA Food Code: 4-501.15, 4-501.16**
- D.4.11** Cleaning agents are used in accordance with the manufacturer's label instructions. **2022 FDA 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. **2022 FDA 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. **2022 FDA Food Code: 4-601.11**
- D.4.14** The food-contact surfaces of cooking equipment and pans are kept free of encrusted grease deposits and other soil accumulations. **2022 FDA Food Code: 4-601.11**

- D.4.15** Nonfood-contact surfaces of equipment are kept free of an accumulation of dust, dirt, food residue, and other debris. **2022 FDA Food Code: 4-601.11**
- 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. **2022 FDA 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, 4-701.10, 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. **2022 FDA 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. **2022 FDA 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. **2022 FDA Food Code: 4-903.11, 4-903.12, 4-904.11, 4-904.12, 4-904.13**

## **D.5 Detainee Meals and Special Diets**

- D.5.1** Detainee 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. **5-ALDF-4A-07**
- D.5.2** Special diets to include supplemental meals for juveniles, pregnant detainees, and detainees with wasting conditions are nutritionally certified and prescribed through medical. Pregnant detainees also receive prenatal vitamins that contain folic acid supplementation and iron if indicated, as well as counseling on refraining from eating foods with listeria risk. **NCCHC J-D-05**
- D.5.3** Prepared detainee meals adhere to the approved menus. Meal substitutions are nutritionally equivalent. Product substitutions for menu deviations are documented and approved by the facility administrator. **5-ALDF-4A-08**
- D.5.4** Accurate records are maintained of all meals served. **5-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. **5-ALDF-4A-07**
- D.5.6** The planning and preparation of all meals takes into consideration food flavor, texture, temperature, appearance, and palatability. **5-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 are allowed based on weekend and holiday food service demands provided basic nutritional goals are met. **5-ALDF-4A-18**
- D.5.8** Therapeutic, special, and pregnant female diets are provided as prescribed by appropriate clinicians. **5-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-D-05**
- D.5.10** Special diets are provided for detainees whose religious beliefs require the adherence to religious dietary laws when approved by the facility chaplain. **5-ALDF-4A-10**

## E. RESTRICTIVE HOUSING

### E.1 Detainee Activity (Data, Records and Logs)

#### E.1.1 Frequency and cumulative length of restrictive housing placement. [DOJ-Restrictive Housing Report \(Page 20\)](#)

**E.1.1.a** Facility-wide data describing the incidence and prevalence of restrictive housing, including the total number of detainees in each type of restrictive housing, restrictive housing recidivism rates, and average length of stay is publicly available on corrections websites. This information includes demographic information for detainees, 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** Detainee records contain RHU placement history throughout their facility stay including changes in status (e.g., 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 detainee 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; and

**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 rates mean the percentage of time individual detainees repeatedly end up in restrictive housing during their stay);

**E.1.2.c** Average length of restrictive housing placement; and

**E.1.2.d** Demographic information of detainees placed in restrictive housing to include race, national origin, religion, gender, gender identity, sexual orientation, disability, and age. [DOJ - Restrictive Housing Report \(Page 103\)](#)

**E.1.3** All visitors to the RHU are documented on a permanent log.

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

## **E.2 Detainee Transfer and Releases**

**E.2.1** Absent a compelling reason, detainees are not released directly from restrictive housing to the community. [DOJ - Restrictive Housing Report \(Page 95\)](#)

## **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 \(Page 95\)](#)

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

**E.3.2.a** Completion of a 1-year probationary period and staff of USMS contract facilities received final employment approval;

**E.3.2.b** Experience;

**E.3.2.c** Suitability for this population; and

**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 detainees in restrictive housing. [DOJ - Restrictive Housing Report \(Page 101\)](#)

**E.3.3** Staff assigned to RHUs are closely supervised and their performance is documented annually. There are provisions for rotation to other duties/posts. [DOJ - Restrictive Housing Report](#)

## **E.4 Administrative/Disciplinary**

**E.4.1** The reason for placing and retaining a detainee in restrictive housing is clearly articulated, supported by objective evidence, and serves a specific



penological purpose. [DOJ - Restrictive Housing Report \(Page 94\)](#)

- E.4.2** Policy identifies the conditions in which a detainee 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. If used for punishment, restrictive housing should be reserved for offenses involving violence, escape, or a threat to institutional safety by encouraging others to engage in such misconduct. [DOJ - Restrictive Housing Report \(Page 95\)](#)
- E.4.3** Policy restricts the placement of juveniles in restrictive housing to very rare situations where a juvenile must be separated from others as a temporary response to behavior that poses a serious and immediate risk of physical harm to any person. Even in such cases, the placement should be brief, designed as a “cool down” period, and done only in consultation with a mental health professional. [DOJ - Restrictive Housing Report \(Page 101\)](#)
- E.4.4** The facility administrator or designee can order immediate placement in restrictive housing when it is necessary to protect the detainee or others. The action is approved, denied, or modified within 24 hours by an appropriate and higher authority not involved in the initial placement. [5-ALDF-2F-02; DOJ-Restrictive Housing Report \(Page 96\)](#)
- E.4.5** Detainees are not placed in restrictive housing unless correctional officials conclude, based on evidence, that no other form of housing will ensure the detainee’s safety and the safety of staff, other detainees, and the public. The facility has a process for investigating, adjudicating, and reviewing a detainee’s need for Protective Custody (PC). [DOJ- Restrictive Housing Report \(Page 98\)](#)
- E.4.5.a** When a detainee is placed in a PC status, within three working days, the Warden or their designee reviews the placement to determine whether ongoing protection is necessary. Within seven days of placement, the detainee receives a hearing, following the same procedures used when conducting a 7-day review in disciplinary cases. If determined there is a continuing need for protection, the Warden decides whether to keep the detainee in an administrative status (subject to the standard weekly reviews) or transfer the detainee to another institution where protection may not be necessary. If determined there is no need for protection, the detainee is instructed to return to general population.
- E.4.5.b** Detainees who refuse housing assignments or request protective custody to avoid residing in the general population are not placed in the RHU longer than 72 hours for refusing housing. After 72 hours, the facility initiates its disciplinary process based on the detainee’s date of refusing housing placement, during which the

detainee is placed on administrative segregation in a pre-hearing status.

- E.4.6** Detainees who are part of a vulnerable population as defined as prisoners who are more likely to be victimized in confinement settings, including but not limited to: juveniles; young adults (age 18-24 at time of admission through conviction); elderly, prisoners with serious mental illness; lesbian, gay, bisexual, transgender, intersex, and gender nonconforming prisoners; pregnant and postpartum prisoners; and prisoners with medical needs are not placed in restrictive housing solely on the basis of such identification or status. If a detainee in this category faces a legitimate threat from other detainees, correctional officials shall seek alternative housing, with conditions comparable to those of general population. **5-ALDF-2F-27; DOJ - Restrictive Housing Report (Page 102)**
- E.4.7** Detainees 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 detainee in this category is placed in restrictive housing, the decision is approved at the facility administrator level and in consultation with the clinical director and facility physician. This review is completed within 24-hours of the initial placement and reviewed every 24-hours thereafter. Upon authorized placement, the facility immediately notifies the agency of jurisdiction within 24 hours of authorization. **5-ALDF-2F-24; DOJ - Restrictive Housing Report (Pages 102 and 114)**
- E.4.8** When a detainee 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. **5-ALDF-2F-03**
- E.4.9** Detainees with SMI are not placed in restrictive housing, unless: **5-ALDF-2F-28; DOJ - Restrictive Housing Report (Page 99)**
- E.4.9.a** The detainee 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 detainee;
    - E.4.9.b.2** The detainee is not a suicide risk;
    - E.4.9.b.3** The detainee does not have active psychotic symptoms; and
    - E.4.9.b.4** In disciplinary circumstances, the detainee's lack of responsibility due to mental illness or mitigating factors related to the mental illness preclude the

detainee's placement in restrictive housing.

- E.4.10** If a detainee with SMI is placed in restrictive housing: [DOJ - Restrictive Housing Report \(Pages 100 and 101\)](#)
- E.4.10.a** Mental health staff conduct a mental health consultation at the time of the detainee's placement; assessments are conducted in a confidential and safe environment when security concerns are not an issue. [5-ALDF-2F-03](#)
  - E.4.10.b** A multidisciplinary committee is conducted weekly and includes, at a minimum, the Facility Administrator/Warden, Chief of Security, Health Services Administrator, Classification and Case Managers.
  - E.4.10.c** The detainee is present and participates in reviews and the reason for non- participation by the detainee is documented if the detainee is not present.
  - E.4.10.d** The detainee 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 detainee, staff, other detainees, and the public.
  - E.4.10.e** After 30 days in restrictive housing, the detainee is removed from restrictive housing, unless the facility administrator certifies that transferring the detainee 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 detainees in restrictive housing receive a daily visit from a qualified health care provider. The presence of a health care provider in restrictive housing is announced and recorded. [5-ALDF-2F-03; DOJ - Restrictive Housing Report \(Page 101\)](#)
- E.4.12** Clinical encounters are conducted out-of-cell to ensure patient privacy and reduce barriers to treatment. [DOJ - Restrictive Housing Report \(Page 99\)](#)
- E.4.13** After 30 days in restrictive housing, and every 30 days thereafter, all detainees in restrictive housing receive a face-to-face psychological review by mental health staff. [DOJ - Restrictive Housing Report \(Page 101\)](#)
- E.4.14** A detainee'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. Detainees are afforded the opportunity to be present at the multi-disciplinary committee meeting. [DOJ - Restrictive Housing Report \(Page 18\)](#)

- E.4.15** To incentivize conduct that furthers institutional safety, detainees who demonstrate good behavior during disciplinary segregation are provided consideration by the multi-disciplinary committee for early release from segregation. [DOJ - Restrictive Housing Report \(Page 97\)](#)
- E.4.16** For every detainee in restrictive housing correctional staff develop a clear plan for returning the detainee to less restrictive conditions as promptly as possible. This plan is shared with the detainee, unless doing so would jeopardize the safety of the detainee, staff, other detainees, or the public. [DOJ - Restrictive Housing Report \(Page 106\)](#)
- E.4.17** Detainees 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. [5-ALDF-2F-23](#); [DOJ - Restrictive Housing Report \(Page 98\)](#)
- E.4.18** There is a defined process for releasing a detainee from restrictive housing. [5-ALDF-2F-05](#)
- E.4.19** Continuous confinement in restrictive housing for more than 30 days requires the review and approval of the facility administrator. [5-ALDF-2F-04](#)
- E.4.20** Restrictive housing units provide living conditions that approximate those of the general detainee population. All exceptions are clearly documented. [5-ALDF-2F-06](#)
- E.4.21** Restrictive housing cells/rooms permit the detainees assigned to them converse with and be observed by staff members. [5-ALDF-2F-07](#)
- E.4.22** Written policy, procedure, and practice require all special management detainees be personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Detainees who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; self-harm and suicidal detainees 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. [5-ALDF-2F-08](#)
- E.4.23** Detainees in restrictive housing receive daily visits from the facility administrator or designee, and weekly visits from members of the program staff. [5-ALDF-2F-09](#)
- E.4.24** Written policy, procedure, and practice provide that all detainees in restrictive housing receive medication as prescribed. [5-ALDF-2E-14](#)
- E.4.25** Written policy, procedure, and practice provide that all detainees in restrictive housing receive suitable clothing 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. [5-ALDF-2E-14](#)

- E.4.26** Detainees in restrictive housing units have the opportunity to shave and shower at least three times per week. Detainees in RHUs receive laundry, hair care services, are issued, exchange clothing, bedding, and linen on the same basis as detainees in general population. Exceptions are permitted only when determined to be necessary. Any exception is recorded in the unit log and justified in writing. [5-ALDF-2E-15](#)
- E.4.27** When a detainee 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. [5-ALDF-2E-16](#)
- E.4.28** If a detainee uses food or food service equipment in a manner that is hazardous to self, staff, or other detainees, 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. [5-ALDF-2E-17](#)
- E.4.29** Detainees in RHUs can write and receive letters on the same basis as detainees in the general population. [5-ALDF-2E-18](#)
- E.4.30** Detainees in RHUs have opportunities for visitation unless there are substantial reasons for withholding such privileges. All denials for visitation are documented. [5-ALDF-2E-19](#)
- E.4.31** Detainees in RHUs have access to legal materials. [5-ALDF-2E-20](#)
- E.4.32** Detainees in RHUs have access to reading materials. [5-ALDF-2E-21](#)
- E.4.33** Detainees in RHUs are offered a minimum of one hour of exercise five days a week outside of their cells unless security or safety considerations dictate otherwise. [5-ALDF-2E-22](#)
- 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 detainees. [DOJ - Restrictive Housing Report \(Page 99\)](#)
- E.4.35** Detainees 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. [5-ALDF-2E-23](#)
- E.4.36** Detainees in restrictive housing have access to programs and services that include, but are not limited to the following: [5-ALDF-2E-24](#)

- 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; and
- E.4.36.h** Medical and behavioral health services.

## **E.5 Restrictive Housing: Classification and Housing**

- E.5.1** The classification process ensures detainees are housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of staff, other detainees, and the public. [DOJ - Restrictive Housing Report \(Page 105\)](#)

Classification systems identify the most common reasons that detainees 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 detainees outside RHUs. [DOJ - Restrictive Housing Report \(Page 98\)](#)

## 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, detainees, and visitors. These include, but are not limited to:
  - 5-ALDF-1C-08**
  - F.1.2.a** An adequate fire protection service; and
  - 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 that do not constitute a life-safety threat to the occupants of the facility.
  - 5-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: **5-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. **5-ALDF-1C-09**
- F.1.7** Facility furnishings meet fire safety performance requirements. **5-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:

**5-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 detainees from locked areas in case of emergency and provisions for a back-up system. **5-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 detainees and staff in the event of fire or another emergency. **5-ALDF-1C-04**
- F.1.11** Fire drills are conducted. **NFPA Life Safety Code 101 Section 4.7; Chapter 23**
- 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 (**NCCHC J-D-07**);
    - F.1.11.c.3** Incident Command;
    - F.1.11.c.4** Response urgency;
    - F.1.11.c.5** Detainee control and accountability to and from evacuation point;
    - F.1.11.c.6** Shakedowns prior to re-accessing the housing unit/pod; and
    - 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 include:
- 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; and
- F.1.13.f** Staff and Detainee 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 detainees. [5-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: [5-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. [5-ALDF-4D-04](#)
- F.2.5** Smoking is not permitted in the facility. [5-ALDF-1A-21](#)
- F.2.6** Disposal of liquid, solid, and hazardous materials comply with applicable government regulations. [5-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. [5-ALDF-1A-07](#)
- F.2.8** A program exists to monitor environmental conditions of the facility. This program ensures: [5-ALDF-1A-13](#); [5-ALDF-1A-17](#); [5-ALDF-1A-18](#); [5-ALDF-1A-19](#)

- F.2.8.a** Lighting throughout the facility is sufficient for the tasks performed. Lighting levels in detainee cells/rooms are at least 20-foot-candles in grooming and writing surface areas. [5-ALDF-1A-14](#)
- F.2.8.b** Temperature and humidity are mechanically raised or lowered to acceptable comfort levels. [5-ALDF-1A-19](#)
- F.2.8.c** 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. Air quantities are documented by a qualified technician not less than once every three years. [5-ALDF-1A-18](#)
- F.2.8.d** Noise levels in detainee housing does 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. [5-ALDF-1A-17](#)
- 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 detainees does not exceed the facility's rated bed capacity. [5-ALDF-1A-05](#)
- F.2.11** Detainee sleeping surfaces and mattresses are at a minimum 12 inches off the floor. [5-ALDF-1A-11](#)
- F.2.12** Detainees 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. [5-ALDF-4B-03](#)
- F.3.2** Detainees 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); and
  - F.3.2.c** Seven pairs of socks.

- F.3.3** Detainees are issued one pair of facility footwear.
- F.3.4** Detainees 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; and
  - F.3.4.c** One towel.
- F.3.5** Detainees are issued clean blankets in sufficient quantity to provide comfort under existing temperature controls. [5-ALDF-4B-02](#)
  - F.3.5.a** Detainees blankets or dust covers are exchanged bi-weekly.
- F.3.6** Detainees are issued clean bedding and linen including two sheets, a pillow, a pillowcase, and one mattress, not to exclude a mattress with integrated pillow, with cushion thickness of four inches. [5-ALDF-4B-02](#)
- F.3.7** The volunteer detainee workers are provided clothing appropriate for their work assignments.
- F.3.8** Detainee food service workers are permitted to exchange clothing daily. Other detainee 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. [5-ALDF-4B-04](#)

## **F.4 Detainee Hygiene**

- F.4.1** Detainees 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. [5-ALDF-4B-08](#)
- F.4.2** Detainees have access to operable showers with temperature controlled hot and cold running water. [5-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 Detainees and to promote hygienic practices. [5-ALDF-4B-09](#)
- F.4.4** A variety of articles for maintaining proper personal hygiene are available to all detainees. [5-ALDF-4B-06](#)
- F.4.5** Detainees have access to hair care services. Hair care tools and equipment are cleaned and disinfected. [5-ALDF-4B-07](#)

## **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. **5-ALDF-1C-12**
- F.5.2** Preventative maintenance is guided by a plan, which provides for emergency repair or replacement. **5-ALDF-1C-13**
- F.5.3** Safety and security equipment is repaired or replaced immediately by qualified personnel. **5-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. **5-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 detainees and administering the facility. [5-ALDF-2A-30](#)
- G.1.2** The classification process ensures detainees are housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of staff, other detainees, and the public. [DOJ - Restrictive Housing Report Page 105](#)
- G.1.3** The classification process uses verifiable and documented data about detainees. [5-ALDF-2A-30](#)
- G.1.4** The classification system is used to separate detainees into groups that reduce the probability of assault and disruptive behavior. [5-ALDF-2A-30](#)
- G.1.5** Classification systems identify the most common reasons that detainees 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 detainees outside restrictive housing units. [DOJ - Restrictive Housing Report Page 98](#)
- G.1.6** At a minimum, the classification system evaluates the following:  
[5-ALDF-2A-30](#) ; [5-ALDF-4D-22](#)
  - 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; and
  - G.1.6.f** Age.
- G.1.7** The initial classification is completed prior to reassignment from intake and short-term holding. [5-ALDF-2A-25](#)
- G.1.8** The classification process reviews custody classification of detainees 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 detainee custody level, and level changes (High, Medium, Low) in response to detainee 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 detainee file. [5-ALDF-2A-31](#)
- G.1.9** Detainee housing assignments consider classification factors to include age, gender, legal status, custody level needs, disabilities, security threats, vulnerabilities, and behavior. [5-ALDF-2A-32](#)
- G.1.10** Detainees 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 detainees to have access to courts is ensured. [5-ALDF-6A-01](#)
  - G.2.1.a** Detainees scheduled for court are provided an opportunity for a haircut within 72 hours of their court appearance.
- G.2.2** Detainees access to counsel is ensured. Detainees are assisted in making confidential contact with attorneys and their authorized representatives. Such contact includes, but is not limited to: [5-ALDF-6A-02](#)
  - G.2.2.a** Telephone communications;
  - G.2.2.b** Uncensored correspondence; and
  - G.2.2.c** Visits.
- G.2.3** Detainees 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 detainees 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 detainee's record.
  - G.2.3.c** A roster of all Pro-Se detainees is maintained and updated weekly by the mail clerk.
- G.2.4** The facility provides detainees with educational material related to elections: [Executive Order 14019, Promoting Access to Voting](#)

## **G.3 Mail**

- G.3.1** Detainees are allowed to send and receive mail. When the detainee bares

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. **5-ALDF-5B-05**

**G.3.2** Indigent detainees receive a specified postage allowance to maintain community ties, and necessary postage for privileged correspondence. **5-ALDF-5B-06**

**G.3.3** Detainees 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 detainee, may be allowed to inspect outgoing privileged mail for contraband before it is sealed. Mail to detainees from this specified class 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 or a security threat. **5-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. **5-ALDF-5B-10**

## **G.4 Telephones**

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

**G.4.2** Detainees with hearing and/or speech disabilities, and detainees 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 detainees with a hearing impairment. **5-ALDF-5B-11**

**G.4.4** Staff ensures detainee telephones are operable.

**G.4.5** Detainee telephone restrictions are documented.

## **G.5 Religious Programs**

**G.5.1** Detainees 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. **5-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. **5-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 detainee population. **5-ALDF-5C-20**
- G.5.4** The chaplain and religious coordinator have physical access to all areas of the facility to minister to detainees. **5-ALDF-5C-21**
- G.5.5** When a religious leader of a detainee’s faith is not represented through the chaplaincy staff or volunteers, the religious coordinator and chaplain assist the detainee in contacting such a person. That person has the appropriate credentials from the faith’s judiciary and may minister to the detainee under the supervision of the religious coordinator or chaplain. **5-ALDF-5C-22**
- G.5.6** The facility provides space and equipment adequate for conducting and administering religious programs. **5-ALDF-5C-23**

## **G.6 Recreation**

- G.6.1** Detainees 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). **5-ALDF-5C-01**
- G.6.2** Detainees have opportunities to participate in leisure-time activities outside their respective cell or living room on a daily basis. **5-ALDF-5C-02**

## **G.7 Visitation**

- G.7.1** The facility has a detainee visitation program to facilitate the maintaining of family and community ties.
- G.7.2** Sufficient space is provided for: **5-ALDF 5B-01**
  - G.7.2.a** Detainee visiting;
  - G.7.2.b** Screening and searching of detainees 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 detainee 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. **5-ALDF 5B-**



**02**

- G.7.4** Conditions under which visits may be denied are defined in writing. **5-ALDF 5B-02**
- G.7.5** Special visits are provided. **5-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. **5-ALDF-5B-04**

**G.8 Work Programs**

- G.8.1** The facility has a detainee work assignment program. **5-ALDF-5C-06**
- G.8.2** Detainee working conditions comply with all applicable federal, state, or local work safety laws and regulations. **5-ALDF-5C-11**
- G.8.3** Detainee work assignments do not compromise the security of the facility.
- G.8.4** Detainees work under the direction of staff and not under other detainees.
- G.8.5** Pretrial and un-sentenced detainees are not required to work except to do personal housekeeping and to clean their housing area. **5-ALDF-5C-08**
- G.8.6** Detainees are allowed to volunteer for work assignments. A work/volunteer agreement document is on file for all detainees participating in non-routine housekeeping and sanitation work assignments. **5-ALDF-5C-08**
- G.8.7** Detainees receive specific task workforce training related to equipment and working environment.
  - G.8.7.a** Detainee workforce training is documented and placed in work site and detainee's permanent record.
  - G.8.7.b** Detainees are provided personal protective equipment (PPE) conducive to the work site and work to be performed (e.g., industrial aprons, anti-slip work shoes, protective gloves).
  - G.8.7.c** Detainee 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 detainee PPE is inventoried and secured when not in use.
  - G.8.7.d** Detainee PPE that can be used to aid in escape (rubber gloves, rubber boots, leather or work gloves, anti-slip work shoes, wash ware and scullery operation aprons, etc.) are inventoried daily and controlled.
  - G.8.7.e** Improvised PPE is not authorized.

- G.8.8** Detainees receive monetary compensation for participation in work programs; non-monetary compensation is prohibited (e.g., food, extended privileges, free commissary). The facility has an established system that ensures detainees receive all pay owed during confinement at the facility and before transfer or released. **5-ALDF-5C-12**
- G.8.9** A detainee 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 detainee is removed from a work detail, the facility administrator places written documentation of the circumstances and reasons in the detainee detention file.

## **G.9 Detainee Request**

- G.9.1** The facility has policy and procedures for the routing and responding to detainee requests (e.g., request for clothing, indigent supplies, staff assistance) to facility officials. Detainees receive a written response from the facility within five business days from the facility.
- G.9.1.a** Detainee requests are routed without altering or impeding arrival to office of destination.
  - G.9.1.b** Detainee requests are tracked and monitored separate from the grievance process.
  - G.9.1.c** The detainee's request is a 3-part triplicate, carbon copy form and is separate from the facility 3-part triplicate carbon copy *grievance form*. In cases where the facility utilizes electronic devices such as tablets to facilitate detainee requests, the facility must maintain a hard copy process consisting of the 3-part triplicate, carbon copy forms as a back-up system, in the event the electronic system is inoperable or not operating as designed.
- G.9.2** Detainee'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.9.3** Detainee request forms are not used as, or substituted for, the detainee grievance form.

## **G.10 Grievance Program**

- G.10.1** A grievance procedure is made available to all detainees and includes at least one level of appeal. **5-ALDF-6B-01**
- G.10.2** Detainees have the opportunity to retain a copy of the filed grievance and facility response provided. In cases where the facility utilizes electronic devices such as tablets to facilitate detainee grievances, the facility must maintain a hard copy process consisting of the 3-part triplicate, carbon copy forms as a back-up system, in the event the electronic system is inoperable or not operating as designed. The grievance form is separate from the facility 3-part triplicate carbon copy *detainee request form*.
- G.10.3** Grievance forms are readily available and easily accessible to detainees.
- G.10.4** Detainees 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 3 business days.
- G.10.7** Time limits are not imposed on when a detainee may submit a formal grievance.

## **G.11 Detainee Commissary**

- G.11.1** The Warden and designated staff conduct quarterly “townhall” meetings with the detainee 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** The base commissary purchase limits per detainee is between \$40.00 and \$70.00 per week. This base initial weekly limit is the highest amount a detainee may order initially until the conditions of a facility incentive program have been met.
  - G.11.5.a** The ability to order above the max initial weekly limit of \$70.00 is not automatic. Any amount over \$70.00 and up to \$100.00 is associated with a detainee incentive program.
  - G.11.5.b** The facility proffers to USMS ODSC its incentive program for review and approval.
- 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** All individual expenditures from the Detainee Welfare Fund are requested through the COR, who may approve requests aligned with established guidance. Requests recommended for disapproval by the COR must be forwarded to the contract CO who will make the final decision on whether to disapprove an expenditure request. CORs will either approve requests or recommend them for disapproval within 30 days of the request date.
- G.11.9** Records of Detainee 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 detainee population and/or reduce the cost of products sold when the Detainee Welfare Fund Account exceeds established recommended reserve balances.
- G.11.11** Detainee Welfare Fund account excessive balance adjustment efforts are reported to the COR monthly for the duration of the period in which the Detainee Welfare Fund account exceeds established recommended reserve balance.
- G.11.12** Procedures are established for transferring detainee personal funds upon release from the detention facility, transfer to another detention facility or when a detainee requests a funds transfer to an outside source.

## **G.12 Detention Counselors**

- G.12.1** A Detention Counselor or equivalent is assigned to each housing unit with a population greater than 20 detainees.
- G.12.2** The Detention Counselor's office and work location is in the detainee 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 detainee custody.
- G.12.4** Detention Counselors are assigned supervision outside of the custody and security department.
- G.12.5** Detention Counselors maintain a record or log of detainee support and contact activities to include but not limited to:
  - G.12.5.a** Name and Detainee Register Number;
  - G.12.5.b** Nature of assistance, support or counseling provided;
  - G.12.5.c** Documented disposition of support or resolution provided; and
  - G.12.5.d** Transfer/referral to another office or facility staff member for to address and resolve the issue
- G.12.6** Detention Counselors provide weekly trend and issue reports to the COR that include but are not limited to:
  - G.12.6.a** Facility responses to detainee grievance and request responses;
  - G.12.6.b** Facility medical department responses to detainee's sick call requests through completion;
  - G.12.6.c** Facility response to detainee hygiene (barbering, nail cutters, toilet paper, needed uniform items, etc.);
  - G.12.6.d** Functionality of housing unit phones, televisions, television remote controls, microwaves, games, recreation equipment, etc.; and
  - G.12.6.e** Status of maintenance operations and detainee 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.

## American Correctional Association's (ACA), Performance Based Standards for Adult Local Detention Facilities (ALDF), 5th Edition

- 5-ALDF-1A**      **Performance Standard: Protection from Injury and Illness**
- 5-ALDF-1A-01**    **(Mandatory)** The facility complies with all applicable laws and regulations of the governing jurisdiction, and there is documentation by an independent, outside source that any past deficiencies noted in annual inspections have been corrected. The following inspections are implemented:
- Weekly sanitation inspections of all facility areas by a qualified department staff member.
  - Comprehensive and thorough monthly inspection by a safety/sanitation specialist.
  - At least annual inspections by federal, state, and/or local sanitation and health officials or other qualified person(s).
- 5-ALDF-1A-02**    **(Mandatory)** Disposal of liquid, solid, and hazardous material complies with applicable government regulations
- 5-ALDF-1A-03**    **(Mandatory)** Vermin and pest are controlled. A control plan includes, at a minimum, monthly inspections by a qualified person.
- 5-ALDF-1A-05**    The facility conforms to applicable federal, state, and local building codes (Renovation, Additions, New Construction Only)
- 5-ALDF-1A-04**    The facility is 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 detainees.
- 5-ALDF-1A-06**    **(Mandatory)** The facility's portal 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
- 5-ALDF-1A-07**    The facility injury experience for serious detainee injuries are analyzed at least annually, problems are identified, and corrective actions are developed and implemented, if applicable.
- 5-ALDF-1A-10**    Each detainee confined in a cell/room is provided the following:
- A sleeping surface and mattress that allows the detainee to be at least 12 inches off the floor.

- Access to a writing surface and proximate area to sit.
- A place to store clothes and personal belongings.

**5-ALDF-1A-11** Dayrooms with space for varied detainees' activities are situated immediately adjacent to detainees sleeping areas. Dayrooms provided a minimum of 35 square feet of space per detainee (exclusive of lavatories, showers, and toilets) for the maximum number of detainees who use the dayroom at one time. No dayroom encompasses less than 100 square feet of space, exclusive of lavatories, showers, and toilets.

**5-ALDF-1A-13** Light levels in detainee cells/rooms are at least 20 foot-candles in personal grooming areas and at the writing surface. Lighting throughout the facility is sufficient for the tasks performed. Measurements are documented by a qualified source and are checked at least once per accreditation cycle.

**5-ALDF-1A-14** (Existing only) All detainees rooms/cells provide access to natural light.

**5-ALDF-1A-17** Noise levels in detainees housing units do not exceed 70 dBA (A Scale). Measurements shall be conducted annually by a qualified source with at least one measurement taking place during nighttime and one measurement taking place during daytime.

**5-ALDF-1A-18** 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 code require a different number of air changes. Air quantities are documented by a qualified technician not less than once per accreditation cycle.

**5-ALDF-1A-19** Temperature is mechanically raised or lowered to acceptable comfort levels.

**5-ALDF-1A-20** Smoking is not allowed in facility.

**5-ALDF-1A-21** Adequate space is provided for janitorial closets accessible to the living and activity areas. The closets are equipped with a sink and cleaning implements.

**5-ALDF-1B** **Performance Standard: Vehicle Safety**

**5-ALDF-1B-03** An annual safety inspection of all vehicles is conducted by qualified individuals and in accordance with state statutes for any vehicle that is owned, leased, or used in the operation of the facility.

**5-ALDF-1C** **Performance Standard: Emergency Preparedness/Response**

**5-ALDF-1C-01** **(Mandatory)** There is a plan that guides the facility response to emergencies. All facility personnel are trained annually in the

implementation of the emergency plan.

- 5-ALDF-1C-02** (Mandatory) An evacuation plan is used in the event of fire or major emergency. The plan approved by an independent outside inspector trained in the application of national fire safety codes and is reviewed annually, updated if necessary, and reviewed with the local fire jurisdiction. The plan includes the following:
- Location of building/room floor plan.
  - Use of exit signs and directional arrows for traffic flow.
  - Location of publicly posted plan.
  - At least quarterly drills in all facility locations, and on every shift, including administrative areas.
  - Drills that involve only staff in instances when evacuation of extremely dangerous detainees is not advisable.
- 5-ALDF-1C-03** (Mandatory) There is a means for the immediate release of detainees from locked areas in case of emergency and provisions for a back-up system.
- 5-ALDF-1C-04** (Mandatory) The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of detainees and staff in the event of fire or other emergencies. All housing areas and places of assembly for 50 or more persons have two exits.
- 5-ALDF-1C-05** (Mandatory) 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: riots, hunger strikes, disturbances, escapes, the taking of hostages, and natural or man-made disasters. The plan is made available to all applicable personnel, reviewed at least annually, and updated, as needed.
- 5-ALDF-1C-06** A plan provides for continuing operations in the event of a staff work stoppage or other job action. Copies of this plan are available to appropriate supervisory personnel.
- 5-ALDF-1C-07** (Mandatory) The facility conforms to applicable federal, state, and/or local fire safety codes. The authority having jurisdiction documents compliance. A fire alarm and automatic detention system are required, as approved by the authority having jurisdiction, or there is a plan for addressing these or other deficiencies within a reasonable time period. The authority approves any variances, exceptions, or equivalencies and these must not constitute a serious life-safety threat to the occupants of the facility.



- 5-ALDF-1C-08** (Mandatory) The facility's fire prevention regulations and practices ensure the safety of staff, detainees, and visitors. These include, but are not limited to:
- An adequate fire protection service.
  - Availability of fire hoses or extinguishers at appropriate locations through-out the facility.
- 5-ALDF-1C-09** (Mandatory) There is a comprehensive and thorough monthly inspection of the facility by a qualified fire and safety officer for compliance with safety and fire prevention standards. There is a weekly fire and safety inspections of a qualified departmental staff member. Fire safety equipment is tested at least quarterly. There is an annual inspection by local or state fire officials or other qualified persons.
- 5-ALDF-1C-10** (Mandatory) Facility furnishings meet fire safety performances requirements.
- 5-ALDF-1C-11** (Mandatory) Written policies, procedures, and practice govern the control and use of all flammables, toxic, and caustic materials.
- 5-ALDF-1C-12** Essential lighting and life-sustaining functions are maintained inside the facility and with the community in an emergency.
- 5-ALDF-1C-13** Preventive maintenance is guided by a plan that provides emergency repairs or replacement in life-threatening situations.
- 5-ALDF-1C-14** Safety and security equipment is repaired or replaced immediately by qualified personnel.
- 5-ALDF-1C-15** Emergency equipment and systems are tested at least quarterly. Power generators are inspected weekly, and load tested quarterly at a minimum, or in accordance with the manufacturer's recommendations and instruction manual.
- 5-ALDF-2A** **Performance Standard: Protection from Harm**
- 5-ALDF-2A-01** Space is provided for a 24-hour continuously staffed secure control center for monitoring and coordinating the facility's security, life safety, and communications systems. Staff assigned to a control center have access to a toilet and washbasin. There are multiple communications systems between the control center and detainee occupied areas.
- 5-ALDF-2A-02** Correctional officer posts are located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations.
- 5-ALDF-2A-03** There are current written orders for every correctional officer post. Officers assigned to those posts acknowledge in writing they have read

and understand the orders and record the date. The facility administrator or designee reviews post orders annually and updates them as needed.

- 5-ALDF-2A-04** Detainees classified as medium or maximum-security risks are personally observed by an officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Detainees classified as minimum or low security risks are personally observed by an officer at least every 60 minutes on an irregular schedule.
- 5-ALDF-2A-05** (Effective NLT October 1, 2023) Between the facility administrator or assistant facility administrator, each institution's living and activity areas shall be visited weekly within a schedule that ensures the warden/superintendent personally conducts rounds in all areas no less than one time per month. In addition, designated department heads shall visit the facility's living and activity areas at least weekly to encourage informal contact with staff and detainees and to informally observe living and working conditions.
- 5-ALDF-2A-07** 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.
- 5-ALDF-2A-08** No detainee or group of detainees are given control, or allowed to exert authority, over other detainees.
- 5-ALDF-2A-09** All detainee movement from one area of the facility to another is controlled by staff.
- 5-ALDF-2A-10** Correctional staff maintain a permanent log and prepare shift reports that record routine information, emergency situations, and unusual incidents.
- 5-ALDF-2A-11** 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.
- 5-ALDF-2A-12** Written policy, procedure, and practice require that the chief security officer or qualified designee conduct at least weekly inspections of all security devices noting the items needing repair or maintenance. The inspections are reported in writing to the jail administrator and/or chief security officer.
- 5-ALDF-2A-13** 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 identified in the staffing plan, are consistently filled with qualified personnel.

- 5-ALDF-2A-15** There is a detainee population management system that includes records of the admission, processing, and release of detainees.
- 5-ALDF-2A-16** The facility has 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 counts daily.
- 5-ALDF-2A-20** Admission process for a newly admitted detainee include, but not limited to the following:
- Recording basic personal data and information to be used for mail and visiting list.
  - Criminal history checks.
  - 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 screenings.
  - Screening to detect signs of drug/alcohol abuse.
  - Suicide screening.
  - Inventory of personal property.
  - Secure storage of detainee property, including money and other valuables. The detainee is given a receipt for all property held until release.
- 5-ALDF-2A-21** Newly admitted detainees are separated from the general population during the admission process. Detainees are assigned to initial holding settings according to their immediate security needs, physical and mental conditions, and other considerations.
- 5-ALDF-2A-22** Space is provided for storing the personal property of detainees safely and securely.
- 5-ALDF-2A-23** Before reassignment from intake and short-term holding, there is an initial classification of the detainee that considers safety and security issues.
- 5-ALDF-2A-24** Prior to placing a detainee in the general population, the detainee is given the opportunity to shower and is issued clean, laundered clothing.
- 5-ALDF-2A-25** Prior to being placed in the general population, each detainee is

provided with an orientation to the facility, which includes at a minimum the following:

- 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 health care.
- Identification of available pretrial release options.

This information is provided to detainees in a written and/or electronic format. If the detainee handbook is provided electronically, detainees in special management or restrictive housing are provided the information in a written format so their access to the information is not impeded by their custody status. The handbook is translated into those languages spoken by significant number of detainees.

**5-ALDF-2A-26** If a detainee cannot read, orientation materials are read to the detainee by a staff member or are provided through the use of an audio or video tape. For detainees who do not speak English, interpretive services are provided. Detainees verify, by signature, the receipt of their initial orientation and of the detainee handbook and written orientation materials. Signed acknowledgement of receipt of the handbook is maintained in the detainee's file.

**5-ALDF-2A-27** Information is provided to detainees about sexual abuse/assault including:

- Prevention/intervention.
- Self-protection.
- Reporting sexual abuse/assault.
- Treatment and counseling.
- The information is communicated orally and in writing, in a language clearly understood by the detainee, upon arrival at the facility.

**5-ALDF-2A-28** There is a formal classification process that starts at admission, for managing and separating detainees, and administering the facility

based upon the agency mission, classification goals, and detainee custody and program needs. The process uses verifiable and documented data about detainees. The classifications 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:

- Mental and emotional stability.
- Escapes history.
- History of assaultive behavior.
- Medical status.
- Age.
- Need to keep separate.

**5-ALDF-2A-29** The detainee classification process ensures periodic review of detainee status, and revision of detainee status as needed in responses to changes in detainee behavior or circumstances. There is a process for appeal of classification decision.

**5-ALDF-2A-30** Detainee management and housing assignment are based on age, gender, legal status, custody needs, special problems and needs and behavior. Male and female detainees are housed in separate rooms/cells.

**5-ALDF-2A-31** The facility supports detainee separation according to existing laws and regulations and/or according to the facility's classification plan. (Addition, new construction).

**5-ALDF-2A-32** Single occupancy cells/rooms are provided when indicated for the following:

- Maximum and close custody.
- 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.

**5-ALDF-2B** **Performance Standard: Use of Physical Force**

- 5-ALDF-2B-01** The use of physical force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. In no event is physical force used as punishment.
- 5-ALDF-2B-02** Restraint devices are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application.
- 5-ALDF-2B-03** Written policy, procedure, and practice, in general, prohibit the use of restraints on female offenders during active labor and the delivery of a child. Any deviation from the prohibition requires approval by, and guidance on, methodology from the medical authority and is based on documented serious security risks. The medical authority provides guidance on the use of restraints on pregnant offenders prior to active labor and delivery.
- All reasonable actions are taken to stabilize the situation and are documented on the appropriate logs.
- 5-ALDF-2B-05** Written policy, procedure, and practice delineates requirements for the use of a video camera and/or body cameras with audio capacity when used during any behavioral intervention incident.
- 5-ALDF-2B-07** Four-/five-point restraints are used only in extreme instances and only when other types of restraints have proven ineffective, or the safety of the detainee is in jeopardy. Advance approval is secured from the facility administrator/designee before a detainee is placed in a four-/five-point restraint. Subsequently, the health authority or designee must be notified to assess the detainee's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the detainee should be in a medical/mental health unit for emergency involuntary treatment with sedation and/or other medical management, as appropriate. If the detainee is not transferred to a medical/mental health unit and is restrained in a four-/five-point position, the following minimum procedures are followed: direct visual observation by staff is continuous prior to obtaining approval from the health authority or designee; subsequent visual observation is made at least every 15 minutes; restraint procedures are in accordance with guidelines approved by the designated health authority; all decisions and actions are documented.
- 5-ALDF-2B-08** 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. Chemical agents and electrical disablers are used only with the authorization of the facility administrator or designee.

**5-ALDF-2B-09** 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.

**5-ALDF-2B-10** The facility maintains a 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.

**5-ALDF-2B-11** 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 firearm or other weapon.
- Use of less lethal devices to control detainees.
- Use of force to control detainees.
- Detainees(s) remaining in restraints at the end of the shift.

**5-ALDF-2B-12** The use of firearms complies with the following requirements:

- Weapons are subjected to stringent safety regulations and inspections.
- A secure weapons locker is located outside the secure perimeter of the facility.
- Except in emergency situations, firearms and weapons such as night-sticks 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 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.

**5-ALDF-2C** **Performance Standard: Contraband**

- 5-ALDF-2C-01** Written policy, procedure, and practice provide for searches of facility and detainee workers to control contraband. These policies are made available to all staff and detainees.
- 5-ALDF-2C-03** A strip search of an arrestee at intake shall only be conducted when there is reasonable belief or suspicion that he/she may be in possession of an item of contraband. The least-invasive form of search is conducted. Reasonable belief may be based on:
- Current charges or previous convictions for escape, possession of drugs or weapons, or crimes of violence.
  - Current or historical institutional behaviors of contraband possession or refusals to be searched or,
  - Contact with the public or exposure to public areas.
- 5-ALDF-2C-04** A strip search of general population detainees is only conducted when there is reasonable belief the detainee may be in possession of an item of contraband. The least-intrusive form of search is conducted.
- 5-ALDF-2C-05** Manual or instrument inspection of body cavity is conducted only when there is reasonable belief that the detainee is concealing contraband and when authorized by the facility administrator or designee. Health care personnel conduct the inspection in private.
- 5-ALDF-2C-06** Procedures govern the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or institutional regulation. At a minimum, the procedures address the following:
- Chain of custody.
  - Evidence handling.
  - Location and storage requirements.
  - Manner of disposition.
- 5-ALDF-2D** **Performance Standard: Access to Keys, Tools, and Utensils**
- 5-ALDF-2D-01** The use of keys is controlled.
- 5-ALDF-2D-02** The use of tools and culinary equipment is controlled.
- 5-ALDF-2D-03** Medical and dental instruments, equipment, and supplies (syringes, needles, and other sharps) are controlled and inventoried.
- 5-ALDF-2E** **Performance Standard: Special Management**
- 5-ALDF-2E-08** There is a sanctioning schedule for rule violations. The maximum



sanction for rule violations is no more than 60 days for all violations arising out of one incident. Continuous confinement for more than 30 days requires the review and approval of the facility administrator or designee.

- 5-ALDF-2E-14** All detainees in special management units are provided prescribed medication, clothing that is not degrading, and access to basic personal items for use in their cells unless there is imminent danger that a detainee or any other detainee(s) will destroy an item or induce self-injury.
- 5-ALDF-2E-15** Detainees in special management units have the opportunity to shave and shower at least three times per week. Detainees in special management units receive laundry, barbering, and hair care services, and are issued an 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.
- 5-ALDF-2E-16** When a detainee in special management is deprived of any usual authorized items or activity, a report of the action is made and forwarded to the facility administrator.
- 5-ALDF-2E-17** Alternative meal service may be provided to a detainee who uses food or food service equipment in a manner that is hazardous to self, staff, or other detainees. 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 the jail administrator, or designee and responsible health authority, or designee. The substitution period shall not exceed seven days.
- 5-ALDF-2E-18** Detainees in special management units can write and receive letters on the same basis as detainees in the general population.
- 5-ALDF-2E-19** Detainees in special management units have opportunities for visitation unless there are substantial reasons for withholding such privileges. All denials for visitation are documented.
- 5-ALDF-2E-20** Detainees in special management units have access to legal materials.
- 5-ALDF-2E-21** Detainees in special management units have access to reading materials.
- 5-ALDF-2E-22** Detainees in special management units receive a minimum of one hour of exercise per day outside their cells, five days per week, unless security or safety considerations dictate otherwise.
- 5-ALDF-2E-23** 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.

**5-ALDF-2E-24** Detainees in administrative status and protective custody have access to programs and services that include, but are not limited to the following:

- Educational services.
- Commissary service.
- Library services.
- Social services.
- Counseling services.
- Religious guidance.
- Recreational programs.
- Telephone access.

**5-ALDF-2F** **Performance Standard: Restrictive Housing**

**5-ALDF-2F-02** (Effective NLT January 1, 2024) The facility administrator or designee can order immediate placement in restrictive housing when it is necessary to protect the detainee or others. The action will be approved, denied, or modified within 24 hours by an appropriate and higher authority who is not involved in the initial placement.

**5-ALDF-2F-03** (Effective NLT January 1, 2024) **(Mandatory)** When a detainee is transferred to restrictive housing, health care personnel are informed immediately and provided screening and review of medical and mental health risks factors are indicated by the protocols established by the health authority. Unless medical attention is needed more frequently, each detainee in restrictive housing receives a daily visit from a qualified health care provider. The presence of a health care providers is restrictive housing is announced and recorded. The health authority determines the frequency of physician visits to restrictive housing units.

**5-ALDF-2F-04** (Effective NLT January 1, 2024) The purpose for placement of detainees in restrictive housing are reviewed by a supervisor every seven days for the first 60 days and at least every 30 days thereafter.

**5-ALDF-2F-05** (Effective NLT January 1, 2024) There is a review process used to transfer a detainee from restrictive housing.

**5-ALDF-2F-06** (Effective NLT January 1, 2024) Restrictive Housing units provide living conditions that approximate those of the general detainee population.

All exceptions are clearly documented.

- 5-ALDF-2F-07** (Effective NLT January 1, 2024) Restrictive Housing cells/rooms permit the detainees assigned to them a converse with and be observed by staff members. All cells/rooms in Restrictive Housing provide a minimum of 70 square feet and shall provide 35 square feet of unencumbered space for the first occupant and 25 square feet of unencumbered space for each additional occupant.
- 5-ALDF-2F-08** (Effective NLT January 1, 2024) Written policy, procedures, and practice require that all restrictive housing detainees are personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Detainees who are violent or mentally disordered or who demonstrate unusual or bizarre behavior, self-harm receive more frequent observation; suicidal detainees are under continuous observation. Identification of the type of observation (minimal to constant) is determined by a health professional and documented on a log.
- 5-ALDF-2F-09** (Effective NLT January 1, 2024) Detainees in restrictive housing receive daily visits from the facility administrator or designee and weekly visits from members of the program staff.
- 5-ALDF-2F-23** (Effective NLT January 1, 2024) Written policy, procedure, and practice require step down programs from Extended Restrictive Housing are offered to detainees to facilitate the reintegration of the detainee into general population or the community. (Does not apply to immediate court order release) These programs shall include, at a minimum, the following:
- Weekly evaluation using a multidisciplinary approach to determine the detainee's compliance with program requirements.
  - Subject to weekly evaluations:
  - Gradually increasing out-of-cell time.
  - Gradually increasing group interaction.
  - Gradually increasing education and programming opportunities.
  - Gradually increasing privileges.
  - Step-down compliance review.
- 5-ALDF-2F-24** (Effective NLT January 1, 2024) Female detainees determined to be pregnant shall not be housed in extended Restrictive Housing.

- 5-ALDF-2F-27** (Effective NLT January 1, 2024) A detainee shall not be placed in Restrictive Housing on the bases of Gender Identity alone.
- 5-ALDF-2F-28** (Effective NLT January 1, 2024) The agency will not place a person with serious mental illness in Extended Restrictive Housing.
- 5-ALDF-3A** **Performance Standard: Detainee Discipline**
- 5-ALDF-3A-01** Rules of detainee conduct specify acts prohibited within the facility and the range of penalties that can be imposed for various degrees of violations. The rules are reviewed annually and updated, if necessary.
- 5-ALDF-4A** **Performance Standard: Food Service**
- 5-ALDF-4A-04** A person who is experienced in food service management supervises food service operations.
- 5-ALDF-4A-06** Accurate records are maintained of all meals served.
- 5-ALDF-4A-07** **(Mandatory)** The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure 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.
- 5-ALDF-4A-08** Food service staff plans menus and substantially follows the plan. The planning and preparation of all meals takes into consideration food flavor, texture, temperature, appearance, and palatability. Menu substitutions are recorded.
- 5-ALDF-4A-09** Therapeutic diets are provided as prescribed by appropriate clinicians. A therapeutic diet manual is available in health services and food services for reference and information. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and re-written annually, or more often as clinically indicated.
- 5-ALDF-4A-10** Special diets are provided for detainees whose religious beliefs require the adherence to religious dietary laws when approved by the facility chaplain.
- 5-ALDF-4A-11** **(Mandatory)** There is documentation by an independent, outside source that food service facilities and equipment meet established governmental health and safety codes. Corrective action is taken on deficiencies, if any.
- 5-ALDF-4A-12** All staff, contractors, and detainee workers are trained in the use of equipment safety procedures to be followed in the food service department.

**5-ALDF-4A-13** **(Mandatory)** There is adequate health protection for all detainees and staff in the facility, and for detainees and other persons working in food service, including the following:

- Where required by laws and/or regulations applicable in the community where the facility is located, all persons involved in the preparation of the foods receive a pre-assignment medical examination and periodic reexamination to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils.
- All examinations are conducted in accordance with local requirements.
- When an outside agency or individual provides the facility's food services the facility has written verification that the outside provider complies with the state and local regulations regarding food service.
- All food handlers are instructed to wash their hands on reporting to duty and after using toilet facilities.

Detainees and other person working in food service are monitored each day for health and cleanliness by the food service supervisor or designee.

**5-ALDF-4A-15** **(Mandatory)** There are weekly inspections of all food service areas, including dining and food preparation areas and equipment, by administrative, medical, or dietary personnel; these include the person supervising food service operation or his/her designee. Water temperature is checked and recorded daily by administrative, medical, or dietary personnel.

**5-ALDF-4A-17** Meals are prepared, delivered, and served under staff supervision.

**5-ALDF-4A-18** Three meals, including at least two hot meals, are provided at regular times during each 24 hours 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.

**5-ALDF-4B** **Performance Standard: Hygiene**

**5-ALDF-4B-02** Written policy, procedure, and practice provide for the issue of suitable, clean bedding and linen, including two sheets, pillow and pillowcase, one mattress, not to exclude a mattress with integrated pillow, and sufficient blankets to provide conform under existing temperature controls. There are provisions for linen exchange, including towels, at least weekly, Blanket exchange must be available at least quarterly.

- 5-ALDF-4B-03** There is needed cleaning and storage of detainee personal clothing and the issue of suitable facility clothing to all detainees. Facility clothing is properly fitted, climatically suitable, durable, and presentable. Standard clothing items issued at intake include trousers and shirt, or jumpsuit, undergarments, socks, shoes, and outerwear suitable to the climate.
- 5-ALDF-4B-04** There is no delay in replacing clothing, linen, and bedding.
- 5-ALDF-4B-06** Articles necessary for maintaining proper personal hygiene are available to all detainees.
- 5-ALDF-4B-07** Hair care services are available to detainees.
- 5-ALDF-4B-08** Detainees 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 to their cells/sleeping areas. Toilets are provided at a minimum ratio of one for every 12 detainees in male facilities and one for every eight detainees for female facilities and one washbasin for every 12 detainees unless national or state building or health codes specify a different ration. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with three or more detainees have a minimum of two toilets.
- 5-ALDF-4B-09** Detainees have access to operatable showers with temperature-controlled hot and cold running water, at a minimum ratio of one shower for every 12 detainees. Water for showers is thermostatically controlled to temperatures ranging from 100 degrees Fahrenheit to 120 degrees Fahrenheit to ensure the safety of detainees and to promote hygienic practices. These ratios and temperatures shall apply unless national or state building or health codes specify a different ratio.
- 5-ALDF-4C** **Performance Standard: Continuum of Health Care**
- 5-ALDF-4C-01** All detainees are informed about how to access health services and the grievance system during the admission/intake process. This information is communicated orally and in writing and is conveyed in a language that is easily understood by each detainee. 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.
- 5-ALDF-4C-02** When medical co-payment fees are imposed, the program ensures that, at a minimum:
- 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.

**5-ALDF-4C-03** There is a process for all detainees to initiate requests for health services on a daily basis. These requests are triaged daily by health professionals or health trained personnel. A priority system is used to schedule clinical services. Clinical services are available to detainees in a clinical setting at least five days a week and are performed by a physician or other qualified health care professional. Health care request forms are readily available to all detainees.

**5-ALDF-4C-05** Detainees who need health care beyond the resources available in the facility, as determined by the responsible physician, are transferred under appropriate security provisions to a facility where such care is on call or available 24 hours per day. A written list of referral sources includes emergency and routine care. The list is reviewed and updated annually.

**5-ALDF-4C-08** There are 24-hour emergency medical, dental, and mental health services. Services include the following:

- On-site emergency first aid and crisis intervention.
- Emergency evacuation of the detainee from the facility.
- Use of an emergency medical vehicle.
- Use of one or more designated hospital emergency rooms or other appropriate health facilities.
- Emergency on-call physician, dentist, and mental health professional services are available 24-hours per day, when the emergency health facility is not located in the community.
- Security procedures ensure the immediate transfer of detainees, when appropriate.
- Emergency medications, supplies and medical equipment.

**5-ALDF-4C-09** If infirmary care is provided, it includes the following at a minimum:

- Definition of the scope of infirmary care services available.
- A physician on call or available 24-hours a 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 a staff

member.

- An infirmary care manual that includes nursing care procedures.
- An infirmary record that is separate and distinct section of the complete medical record.
- Compliance with applicable state statutes and local licensing requirements.

**5-ALDF-4C-13** (Mandatory) If female detainees are housed, access to pregnancy management service is available. Provision of pregnancy management include the following:

- Pregnancy testing.
- Routine and high-risk prenatal care.
- Management of chemically addicted pregnant detainees.
- Comprehensive counseling and assistance.
- Appropriate nutrition.
- Postpartum follow up.

**5-ALDF-4C-14** There is a written plan that addresses the management of infectious and communicable diseases. The plan includes procedures for prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting requirements to applicable local, state, and federal agencies. A multidisciplinary team that includes clinical, security, and administrative representatives, meets at least quarterly to review and discuss communicable disease and infection control activities. Agencies work with the responsible public health authority to establish policy and procedure that include the following: an ongoing education program for staff and 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.

**5-ALDF-4C-15** There is a written plan that addresses the management of tuberculosis. The plan includes procedures for initial and ongoing testing for infection, surveillance, treatment, including treatment of latent tuberculosis, follow up, and isolation, when indicated.

**5-ALDF-4C-16** There is a written plan that addresses the management of hepatitis A, B, and C. The plan includes procedures for the identification; surveillance; immunization, when applicable; treatment, when



indicated; follow-up; and isolation, when indicated.

- 5-ALDF-4C-17** There is a written plan that addresses the management of HIV infection. The plan includes procedures for the identification; surveillance; immunization, when applicable; treatment; follow-up; and isolation, when indicated.
- 5-ALDF-4C-18** Management of biohazardous waste and decontamination of medical and dental equipment complies with applicable local, state, and federal regulations.
- 5-ALDF-4C-19** (Effective NLT October 1, 2023) There is a plan for the treatment of offenders with chronic conditions such as hypertension, diabetes, serious mental illness and other diseases that require periodic care and treatment. The plan must address the following:
- The monitoring of medications.
  - Laboratory testing.
  - The use of chronic care clinics.
  - Health record forms.
  - The frequency of specialist consultation and review.
- 5-ALDF-4C-20** (Effective NLT January 1, 2024) There is a defined scope of available dental services upon admission, which includes the following:
- Dental Screening upon initial admission into the System by a qualified health care professional or health trained professional.
  - Oral hygiene, oral disease education and self-care instruction that are provided by qualified health care personnel within 30 days of initial admission into the System.
  - Dental Intake Assessment by a dentist within 30 days of initial admission into the System to assess dental pain, infection, disease, or impairment of function and establish the overall dental/oral condition. Consultation and referral to appropriate specialists are provided when medically necessary.
- 5-ALDF-4C-21** (Effective NLT January 1, 2024) Emergent, urgent, and routine dental care is provided to each offender under the direction and supervision of a licensed dentist. There is a defined scope of available dental services with related timeframes. Dental examination and treatment including the following:
- Appropriate uniform dental record using a numbered system

such as the Federation Dental International System

- A medical history, current medications.
- Current vital signs prior to invasive procedure.
- Appropriate Radiographs.
- Periodontal Screening and Recording (PSR) or a recognized periodontal health assessment.
- Priority of Treatment.
- Treatment Provided within acceptable designated timeframes by priority.
- Consultation and referral to appropriate specialist is provided when medically necessary.

**5-ALDF-4C-23** Intake health screening for detainees commence upon 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 at least the following:

Inquiry into:

- Any past history of serious infectious or communicable illness, and any treatment or symptoms and medications.
- Current illness and health problems, including communicable diseases and mental illness.
- Dental problems.
- Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date and time of last use, and history of any problems that may have occurred after ceasing use.
- The possibility of pregnancy.
- History of problem.
- Other health problems designated by the responsible physician.
- Any past history of mental illness, thoughts of suicide or self-injurious behavior attempts.

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 abuse.

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, bleeding, or otherwise obviously in need of immediate medical attention, are referred. When they are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance. When screening is conducted by trained custody staff, a subsequent review of positive findings by the licensed health care staff is required. The responsible physician, in cooperation with facility manager, establishes protocols.

Facilities that have reception and diagnostic units or a holding room conduct receiving screening on all detainees on their arrival at the facility as part of the admission procedures.

**5-ALDF-4C-25**

A comprehensive health appraisal for each detainee 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. Health appraisals data collection and recording include the following:

- A uniform process as determined by the health authority.
- Documentation of review of the earlier receiving screening.
- Recording of height, weight, pulse, blood pressure, and temperature by health-trained or qualified health personnel.

- Collection of additional data to complete the medical, dental, mental health, and immunization histories health-trained or qualified health personnel.
- Medical examination, including review of mental and dental status by qualified health personnel.
- Laboratory and/or diagnostic tests to detect communicable disease, including sexually transmitted disease and tuberculosis.
- Other tests and examinations as appropriate.
- Development and implementation of treatment plan, including recommendations concerning housing, job assignment, and program participation, when appropriate.
- Initiation of therapy, when appropriate.
- Review of the results of the medical examination, tests, and identification of problems by a physician or mid-level practitioner, as allowed by law.

**5-ALDF-4C-27** Mental health services include at a minimum:

1. Mental health services and activities are approved by the appropriate mental health authority.
2. Crisis intervention and the management of acute psychiatric episodes.
3. Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.
4. Referral to outpatient services for the detection, diagnosis, and treatment of mental illness.
5. Referral and admission to licensed mental health facilities for detainees whose psychiatric needs exceed the treatment capability of the facility.
6. Obtaining and documenting informed consent.

**5-ALDF-4C-28** All detainees receive an initial mental health screening at the time of admission to the facility by mental-health trained or qualified mental-health care personnel. The mental-health screening includes, but is not limited to:

Inquiry into whether the detainee:

- Has a present suicide ideation.
- Has a history of suicidal behavior.
- Is presently prescribed psychotropic medication.
- Has a current mental health compliant.
- Is being treated for mental health problems.
- Has a history of inpatient and outpatient psychiatric treatment.
- Has a history of treatment for substance abuse.

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.

**5-ALDF-4C-29** 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 person within 14 days of admission to the facility or the referral. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health examinations include, but are not limited to the following:

1. Review of the mental health screening.
2. Historical review of the following:
  - a. Available historical records of inpatient and outpatient psychiatric treatment.
  - b. Treatment with psychotropic medication.

- c. Psychotherapy, psycho-educational groups, and classes or support groups.
  - d. Educational status.
  - e. Drug and alcohol use/abuse; treatment.
  - f. Sexual abuse-victimization and predatory behavior.
3. Assessment of current mental status and condition, including:
    - a. Current suicidal potential and person-specific circumstances that may increase suicide potential.
    - b. Violence potential and person-specific circumstances that may increase potential.
    - c. Drug and alcohol abuse and/or addition.
  4. Use of additional assessment tools, as indicated.
  5. Developing and implementation of a treatment plan, as indicated, including recommendations concerning housing, job assignment, and program participation.
  6. Referral to treatment, as indicated.

**5-ALDF-4C-31** A suicide prevention program is approved by the health authority and reviewed by the facility or program administrator. It includes specific procedures for handling intake, screening, identifying, and supervising of a suicide-prone detainee and is signed and reviewed annually. The program includes staff and detainee critical incident debriefing that covers the management of suicidal incidents, suicide watch, and death of a detainee or staff member. It ensures a review of critical incidents by administration, security, and health services. All staff with responsibility for detainee supervision is trained on an annual basis in the implementation of the program. Mental health staff should be involved in the development of the plan and the training which includes but 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 correctional and health care

personnel using referral procedures.

- Housing observation and suicide watch level procedures.
- Follow-up monitoring of detainees who make a suicide attempt.
- Population specific factors, pertaining to suicide risk in the facility.

**5-ALDF-4C-35** Withdrawal management is done only under medical supervision in accordance with local, state, and federal laws. Withdrawal management 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 treatment detoxification center. Specific guidelines are followed for the treatment and observation of detainees manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. Detainees experiencing severe, life-threatening intoxication (an overdose) or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available.

**5-ALDF-4C-36** Offenders have access to information, education, and/or treatment programs for substance use disorders. When a substance use disorder treatment program exists, the clinical management of program participants includes at a minimum, the following:

- A standardized needs assessment administered to determine the level of substance use treatment needs and criminogenic risks/needs.
- An individualized treatment plan developed and implemented by a clinician or multidisciplinary team with appropriate training, and certification or licensure (where required by statute), in substance use disorders treatment.
- Pre-release education related to the risk of return to substance use.
- Program participant involvement in aftercare discharge plans.

**5-ALDF-4C-37** Management of pharmaceuticals includes:

- A formulary.
- A formalized method for obtaining non-formulary medications.
- Prescription practices, including, requirements that medications are prescribed only when clinically indicated as

one facet of a program of therapy, and a prescribing provider reevaluates a prescription prior to its renewal.

- Medication procurement, receipt, distribution, storage, dispensing, administration, and disposal.
- Secure storage and perpetual inventory of all controlled substances, syringes, and needles.
- Administration and management in accordance with state and federal law and supervision by properly licensed personnel.
- Administration of medication by persons properly trained and under the supervision of the health authority and facility or program administrator or designee.
- Accountability for administering or distributing medications in a timely manner and according to physician orders.

**5-ALDF-4D**      **Performance Standard: Health Service Staff**

**5-ALDF-4D-01**    The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract, or job description. The responsibilities of the health authority include:

- Establishing a mission statement that defines the scope of health care services.
- Developing mechanisms, including written agreements, when necessary, to assure that the scope of services is provided and properly monitored.
- Developing a facility's operational health policies and procedures.
- Identifying the type of health care providers needed to provide the determined scope of services.
- Establishing systems for the coordination of care among multidisciplinary health care providers.
- Developing a quality management program.

The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgements rest with a single, designated, responsible physician. The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program.



- 5-ALDF-4D-02** Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians.
- 5-ALDF-4D-03** If the facility provides health care services, they are provided by qualified health care personnel whose duties and responsibilities are governed by a job description that include qualifications and specific duties and responsibilities. Job descriptions are on file in the facility and are approved by the health authority. If detainees are treated at the facility by health care personnel other than a licensed provider, the care is provided pursuant to written standing or direct orders by personnel authorized by law to give such orders.
- 5-ALDF-4D-04** A health-trained staff member coordinates the health delivery services under the joint supervision of the responsible health authority and facility administrator, when qualified health care personnel are not on duty.
- 5-ALDF-4D-05** All professional staff comply with applicable state and federal licensure, certifications, or registration requirements. Verification of current credentials are on file in the facility.
- 5-ALDF-4D-08** Correctional and health care personnel are trained to respond to health-related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following:
- Recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations.
  - Administration of basic first aid.
  - Certification in cardiopulmonary resuscitation (CPR) in accordance with recommendations of the certifying health organization.
  - Methods of obtaining assistance.
  - Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal.
  - Procedures for patient transfers to appropriate medical facilities or health care providers.
  - Suicide intervention.
- 5-ALDF-4D-09** First aid kits are available in designated areas of the facility as determined by the designated health authority in conjunction with the facility administrator. The health authority approves the contents,

number, location, and procedures for monthly inspection of the kit(s) and written protocols for use by nonmedical staff. An automatic external defibrillator is available for use at the facility.

**5-ALDF-4D-13** Information about a detainee's health status is confidential. The active health record is maintained separately from the confinement case record. Access to the health record is in accordance with state and federal law.

**5-ALDF-4D-14** **(Mandatory)** The health authority shares with the jail administrator information regarding a detainee's medical management. The circumstances are specified when correctional staff are advised of a detainee's health status. Only information necessary to preserve the health and safety of a detainee, other detainees, volunteers, visitors, or the correctional staff is provided. Information provided to correctional, classification staff, volunteers, and visitors addresses only the medical needs of the detainee as it relates to housing, program placement, security, and transport.

**5-ALDF-4D-15** Informed consent standards of the jurisdiction are observed and documented for detainee care in a language understood by the detainee. In case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any detainee may refuse, in writing, medical, dental, and mental care. If the detainee 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

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

**5-ALDF-4D-21** The use of restraints on detainees for medical or psychiatric purposes include:

- Conditions under which restraints may be applied.
- Types of restraints to be applied.
- Identification of a qualified medical or mental health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not successful.
- Monitoring procedures.

- Length of time restraints are to be applied.
  - Documentation of efforts for less restrictive treatment alternatives as soon as possible.
  - An after-incident review.
- 5-ALDF-4D-22** Detainees are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly.
- 5-ALDF-4D-23** An investigation is conducted and documented whenever a sexual assault or threat is reported.
- 5-ALDF-4D-24** Detainees identified as high risk with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional. Detainees with a history of sexually assaultive behavior are identified, monitored, and counseled.
- 5-ALDF-4D-25** Detainees identified as at risk for sexual victimization are assessed by a mental health or other qualified professional. Detainees at risk for sexual victimization are identified, monitored, and counseled.
- 5-ALDF-4D-26** Sexual conduct between staff and detainees, volunteers or contract personnel and detainees, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions.
- 5-ALDF-4D-27** Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. If these procedures are performed in-house, the following guidelines are used:
- A history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victim's consent, the examination includes collection of evidence from the victim, using a kit approved by the appropriate authority.
  - Provision is made for testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases) and counseling, as appropriate.
  - Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate.
  - Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up.

- A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant.

**5-ALDF-4D-29** 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 of document retention.

**5-ALDF-4D-30** Authorities having jurisdiction are immediately notified of a detainee's death. There is a protocol that describes actions to be taken in the event of the death of a detainee.

**5-ALDF-4D-33** The health record file is complete and contains the following items filed in a uniform manner:

- Patient identification on each sheet.
- A completed receiving screening form.
- Health appraisal data forms.
- A problem summary list.
- A record of immunizations.
- All findings, diagnoses, treatments, and dispositions.
- A record of prescribed medications and their administration, if applicable.
- Laboratory, x-ray, and diagnostic studies.
- The place, date, and time of health encounters.
- Health service reports.
- An individualized treatment plan, when applicable.
- Progress reports.
- A discharge summary of hospitalization and other termination summaries.
- A legible signature and the title of the provider (may use ink, type, or stamp under the signature.)
- Consent and refusal forms.

- Release of information forms.

The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping are approved by the health authority. The health record is made available to and is used for documentation by all practitioners.

**5-ALDF-4D-35** Inactive health record files are retained as permanent records in compliance with legal requirements of the jurisdiction. Health record information is transmitted to specific and designated physicians or medical facilities in the community upon written request or authorization of the detainee.

**5-ALDF-5B** **Performance Standard: Family and Community Ties**

**5-ALDF-5B-01** Sufficient space is provided for detainees visiting. There is adequately designed space to permit appropriate screening and searching of both detainees and visitors. Space is provided for the storage of visitors' coats, handbags, and other personal items not allowed into the visiting areas.

**5-ALDF-5B-02** The number of visitors and detainee may receive, and the length of visits are limited only by the facility's schedule, space, and personnel constraints or when there are substantial reasons to justify such limitations. Conditions under which visits may be denied are defined in writing.

**5-ALDF-5B-03** Special visits are provided.

**5-ALDF-5B-04** Visitors identify themselves and register on entry into the facility. The circumstances under which visitors are searched are described in writing.

**5-ALDF-5B-05** When the detainees bear the mailing cost, there is no limit on the volume of letters he/she can send or receive or on the length, language, content, or source of mail or publication, except when there is reasonable belief that limitation is necessary to protect public safety or maintain facility order and security.

**5-ALDF-5B-06** Indigent detainees receive a specified postage allowance to maintain community ties, and necessary postage for privileged correspondence.

**5-ALDF-5B-08** Detainee mail, both incoming and outgoing, may be opened to intercept cash, checks, and money orders and inspected for contraband. Mail is read, censored, or rejected by on legitimate facility interests of order and security. Detainees are notified in writing when incoming or outgoing letters are withheld in part or in full.

**5-ALDF-5B-09** Detainees are permitted to send sealed letters to a specific class of

persons or organizations, including but not limited to the following: courts; counsel; officials of the confining authority; state and local chief executive officers; administrators of grievances systems; and members of the paroling authority. Staff, in the presence of the detainees, may be allowed to inspect outgoing privileged mail for contraband before it is sealed. Mail to detainees from this specific class of persons and organization may be opened only to inspect for contraband and only in the presence of the detainee, unless waived in writing, or in circumstance which may indicate contamination.

**5-ALDF-5B-10** Excluding weekends and holidays, or emergency situations, incoming and outgoing letters are held for no more than 48 hours and packages (if allowed) are held not more than 72 hours.

**5-ALDF-5B-11** Detainees are provided with access to public telephones.

**5-ALDF-5B-12** (Effective NLT October 1, 2023) Written policy, procedure, and practices provide detainees with documented hearing and/or communication challenges, and detainees who wish to communicate with parties who have such disabilities, access to assistive technology. The technology provided to a detainee with hearing or speech disabilities shall be determined based on an individual assessment of the needs of the detainee. Public telephones with volume control are also made available to detainees with hearing impairment. Detainees shall not be denied access to assistive technology, except when the warden/superintendent or designee can present clear and convincing evidence that access will jeopardize the safety and security of the institution or the visitors.

**5-ALDF-5B-19** Procedures for releasing detainees from the facility at the end of their term include, but are not limited to, 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.
- Medical screening and arrangements for community follow-up,

where needed, to include medication.

- Instructions for forwarding or return of mail.

**5-ALDF-5C**      **Performance Standard: Programs**

**5-ALDF-5C-01**      Detainees have access to exercise opportunities and equipment, including at least one-hour daily of physical exercise outside the cell, and outdoors, when weather permits.

**5-ALDF-5C-02**      Detainees have opportunities to participate in leisure-time activities outside their respective cell or room on a daily basis.

**5-ALDF-5C-06**      The facility has a detainee work assignment plan that provides for detainee labor, subject to the number of work opportunities available, and the maintenance of the facility security. The plan includes the provision for disabled detainees to work. There are variety of work assignments that afford detainees an opportunity to develop good work habits and attitudes that can be applied to jobs after their release.

**5-ALDF-5C-08**      Pretrial and unsentenced detainees are not required to work except to do personal housekeeping and to clean their housing area. Detainees are not allowed to volunteer for work assignments.

**5-ALDF-5C-11**      **(Mandatory)** Detainees working conditions comply with all applicable federal, state, or local work safety laws and regulations.

**5-ALDF-5C-12**      Detainees are compensated for work performed with incentives such as but not limited to:

- Monetary compensation.
- Special housing.
- Extra privileges.
- Sentence reduction (when allowed by statute).

**5-ALDF-5C-17**      Detainees 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.

**5-ALDF-5C-19**      There is a chaplain(s) with the minimum qualifications of clinical pastoral education or equivalent specialized training, and endorsement by the appropriate religious-certifying body. The chaplain assures equal status and protection for all religions.

**5-ALDF-5C-20**      Written policy, procedure, and practice provide assigned chaplain(s) (whether they be classified employees, contract employees, or

volunteers), in consultation with and approval from facility administrator, 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 detainee population.

**5-ALDF-5C-21** The chaplain and religious coordinator have physical access to all areas of the facility to minister to detainees and staff.

**5-ALDF-5C-22** When a religious leader of a detainee's faith is not represented through the chaplaincy staff or volunteers, the religious coordinator and chaplain assist the detainee in contacting such a person. That person must have the appropriate credentials from the faith's judicatory and may minister to the detainee under the supervision of the religious coordinator or chaplain.

**5-ALDF-5C-23** The facility provides space and equipment adequate for conducting and administering religious programs. The facility provides for the availability of non-detainee clerical staff for confidential materials.

**5-ALDF-6A** **Performance Standard: Detainee Rights**

**5-ALDF-6A-01** The right of detainees to have access to courts is ensured.

**5-ALDF-6A-02** Detainees access to counsel is ensured. Detainees' area assisted in making confidential contact with attorneys and their authorized representatives. Such contact includes, but is not limited to, telephone communications, uncensored correspondence, and visits.

**5-ALDF-6A-03** Detainees have access to a law library if there is not adequate free legal assistance to assist with criminal, civil, and administrative legal matters. Detainees have access to legal materials to facilitate the preparation of documents.

**5-ALDF-6B** **Performance Standard: Fair Treatment of Detainees**

**5-ALDF-6B-01** An detainee grievance procedure is made available to all detainees and includes at least one level of appeal.

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

**5-ALDF-6B-03** When both males and females are housed in the same facility, all available services and programs are comparable. Neither gender is denied opportunities on the basis of its smaller number in the population.

**5-ALDF-6B-04** Detainees with disabilities, including 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 and provides for integration with other detainees. Program and service areas are accessible to detainees with disabilities who reside in the facility.

**5-ALDF-6B-06** Appropriately trained individuals are assigned to assist disabled detainees who cannot otherwise perform basic life functions.

**5-ALDF-6B-07** Detainees 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.

**5-ALDF-6C**      **Performance Standard: Due Process for Detainees**

**5-ALDF-6C-01** There are written guidelines for resolving minor detainee infractions that include a written statement of the rule violated and a hearing and decision within seven days, excluding weekends and holidays, by a person not involved in the rule violation; the detainee may waive the hearing.

**5-ALDF-6C-02** An detainee who allegedly commits an act covered by criminal law is referred to the appropriate criminal justice agency.

**5-ALDF-6C-03** When rule violations require formal resolutions, staff members prepare a disciplinary report and forward it to the designated supervisor.

**5-ALDF-6C-04** Disciplinary reports include, but are not limited to, the following:

- Specific rule(s) violated.
- Formal statement of the charge.
- Any unusual detainee behavior.
- An explanation of the event that includes who was involved, what transpired, and the time and location of the occurrence.
- Any physical evidence and disposition.
- Any immediate action, including use of physical force.
- Reporting staff member's signature and date and time of report.

**5-ALDF-6C-05** When an alleged rule violation is reported, an appropriate investigation is begun within 24 hours of the time the violation is reported and is completed without unreasonable delay, unless there are exceptional circumstances for delaying the investigation.

**5-ALDF-6C-07** A detainee charged with a rule violation receives a written statement of the charge(s) including a description of the incident and specific rules

violated. The detainee 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 hearings may be held in less than 24 hours, only with the detainee's written consent.

**5-ALDF-6C-08** Detainees charged with rule violations are present at the hearing unless they waive that right in writing or through their behavior. Detainees may be excluded during testimony. Any detainee's absence or exclusion is documented.

**5-ALDF-6C-09** Disciplinary hearings are convened as soon as practical, but no later than seven days, excluding weekends and holidays, after being charged with a violation. Detainees are notified of the hearing at least 24 hours in advance of the hearing.

**5-ALDF-6C-10** There are provisions for postponement or continuance of the disciplinary hearing for a reasonable period and good cause. Reasons for postponement or continuance are documented.

**5-ALDF-6C-12** Detainees 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.

**5-ALDF-6C-13** A staff member or agency representative assists detainees at disciplinary hearings. A representative is appointed when it is apparent that a detainee is not capable of collecting and presenting evidence on his or her own behalf.

**5-ALDF-6C-14** Disciplinary committee 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

**5-ALDF-6C-17** The facility administrator or designee reviews all disciplinary hearings and dispositions to assure conformity with policy and regulations.

**5-ALDF-6C-18** Detainees may appeal decisions of the disciplinary hearing officer(s) to the administrator or independent authority. The administrator or independent authority must affirm or reverse the decision of the disciplinary hearing officer(s) within 15 days of the appeal. For facilities that a part of an agency with a systemwide appeal process, the decision to affirm or deny the appeal is made within 30 days.

**5-ALDF-7B** **Performance Standard: Recruitment, Retention, and Promotion**

**5-ALDF-7B-04** A pre-employment physical examination is conducted for all employees. Information obtained as part of a required medical examination and/or inquiry regarding the medical condition or history of applicants and employees is collected and maintained on separate

forms and in separate medical files and treated as a confidential medical record. Provisions exist for reexamination, when indicated.

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

- Working conditions.
- Code of ethics.
- Personnel policy manual.
- 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.
- The emergency plan.
- Sustainable and environmentally responsible practices.

**5-ALDF-7B-06** A qualified individual coordinates the staff development and training program. This person has specialized training for that position. Full-time training personnel complete at least a 40-hour training-for-trainers course. The training plan is reviewed annually.

**5-ALDF-7B-08** All new professional and support employees, including contractors, who have regular or daily detainee contact receive training during their first year of employment. 40 hours are completed prior to being independently assigned to a particular job. An additional 40 hours of training is provided each subsequent year of employment. At a minimum, this training covers the following areas:

- Security procedures and regulations.
- Supervision of detainees.
- Signs of suicide risks.
- Suicide precautions.

- De-escalation strategies.
- 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.
- Communication skills.
- CPR/first aid.
- Counseling techniques.
- Sexual harassment/sexual misconduct awareness.
- Code of ethics.

**5-ALDF-7B-09** All new full-time health care employees complete a formalized, 40-hour orientation program before undertaking their assignments. At a minimum, the orientation program includes instruction in the following:

- The purpose, goals, policies, and procedures for the facility and parent agency.
- Security and contraband regulations.
- Key control.
- Appropriate conduct with detainees.
- Responsibilities and rights of employees.
- The emergency plan.

**5-ALDF-7B-10** Written policy, procedure, and practice provide all new correctional officers receive 120 hours of training during their first year of employment. At a minimum, this training covers the following areas:

- Security and safety procedures.

- Emergency and fire procedures.
- Supervision of offenders.
- Suicide intervention/prevention.
- De-escalation strategies.
- Offender rights.
- Key control.
- Interpersonal relation.
- Interpersonal communication skills.
- Standards of conduct.
- Cultural awareness.
- Sexual abuse/assault intervention.
- Code of ethics.
- Crisis intervention teams.

**5-ALDF-7B-11** (Effective NLT October 1, 2023) 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:

- Standards of conduct/ethics.
- Security/safety/fire/medical/emergency procedures.
- Supervision of offenders including training on sexual abuse and assault.
- De-escalation strategies.
- Interpersonal communication skills.
- Crisis intervention teams.

Additional topics shall be included based upon a needs assessment of both staff and institution requirements.

**5-ALDF-7B-12** 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.

**5-ALDF-7B-15** (Mandatory) All personnel authorized to use firearms receive

appropriate training before being assigned to a post involving the possible use of such weapons. Firearms training covers the use, safety, and care of firearms and constraints on their use. All personnel authorized to use firearms must demonstrate competency in their use at least annually.

**5-ALDF-7B-16** **(Mandatory)** All personnel authorized to use chemical agents receive thorough training in their use and in the treatment of individuals exposed to a chemical agent.

**5-ALDF-7B-17** All security personnel are trained in self-defense and in the use of physical force to control detainees.

**5-ALDF-7C** **Performance Standard: Staff Ethics**

**5-ALDF-7C-01** The agency supports a drug-free workplace for all employees. The agency's policies include, at a minimum, the following:

- Prohibition of the use of illegal drugs.
- Prohibition of possession of any illegal drug except in the performance of official duties.
- The procedures to be used to ensure compliance.
- The opportunities available for treatment and/or counseling for drug abuse.
- The penalties for violation of the policy.

**5-ALDF-7C-02** The facility has written code of ethics that it provides to all employees. At a minimum, the code

- Prohibits staff, contractors, and volunteers from using their official position to secure privileges for themselves or others.
- Prohibits staff, contractors, and volunteers from engaging in activities that constitutes 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 area of campaigning, lobbying, or political activities.
- All staff. Contractors, and volunteers are held accountable for compliance with the code of ethics.

**5-ALDF-7C-03** 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.

**5-ALDF-7D**      **Performance Standard: Facility Administration**

**5-ALDF-7D-03**    There is internal system for assessing achievement of goals and objectives that documents findings. As necessary, program changes are implemented in response to findings.

**5-ALDF-7D-08**    Written policies and procedures describe all facets of facility operation, maintenance, and administration, and are reviewed annually. These are available to all employees unless security concerns justify limited access.

**5-ALDF-7D-10**    New or revised policies and procedures are disseminated to staff, and, where appropriate, to contractors, volunteers, and detainees, prior to implementation.

**5-ALDF-7D-11**    The facility administrator or designee inspects and reviews operations and programs at least annually to evaluate compliance with policies and procedures. A report describing findings and corrective plans is submitted to the appropriate authority responsible for the facility.

**5-ALDF-7D-27**    The facility maintains custody records on all detainees committed or assigned to the facility, which includes but not limited to the following:

- Intake/booking information.
- Court-generated background information.
- Cash and property receipts.
- Reports of disciplinary actions, grievances, incidents, or crime(s) committed while in custody.
- Dispositions of court hearings.
- Records of program participation.
- Work assignments.
- Classification records.

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

**5-ALDF-7D-30**    Adequate space is provided for administrative, security, professional, and clerical staff. This space includes conference rooms, storage room for records, public lobby, and toilet facilities.

**5-ALDF-7E      Performance Standard: Staff Treatment**

**5-ALDF-7E-05** Reasonable accommodation is made to ensure that all parts of the facility and services that are accessible to the public are accessible and usable by staff and visitors with disabilities.



## **National Commission on Correctional Health Care (NCCHC), Standards for Health Services in Jails, 2018**

- NCCHC J-A-08** A confidential health record is created and maintained using a standardized format.
- NCCHC J-A-09** The responsible health authority conducts a thorough review of all deaths in custody in an effort to improve care and prevent future deaths.
- NCCHC J-B-01** Health care policies, procedures, and practices emphasize health promotion, wellness, and recovery.
- NCCHC J-B-02** There is a comprehensive institutional program that includes surveillance, prevention, and control of communicable disease.
- NCCHC J-D-01** Pharmaceutical operations meet the needs of the facility and conform to legal requirements.
- NCCHC J-D-02** Medications are provided in a timely, safe, and sufficient manner.
- NCCHC J-D-05** Medical diets are provided that enhances patients' health.
- NCCHC J-D-07** Planning for emergency health care ensures that all staff are prepared to effectively respond during emergencies.
- NCCHC J-D-08** Hospitalization and specialty care are available to patients who need these services.
- NCCHC J-E-02** Screening is performed on all detainees upon arrival at the facility to ensure that emergent and urgent health needs are met.
- NCCHC J-E-04** Detainees receive initial health assessments.
- NCCHC J-E-05** Mental health screenings is preformed to ensure that urgent mental health needs are met.
- NCCHC J-E-06** Detainees' dental needs are addressed.
- NCCHC J-E-07** Detainees non-emergent health care needs are met.
- NCCHC J-F-01** Patients with chronic diseases, other significant health conditions, and disabilities receive ongoing multidisciplinary care aligned with evidence-based standards.
- NCCHC J-F-02** Infirmity-level care, when provided, is appropriate to meet the health care needs of the patients.
- NCCHC J-F-05** Pregnant detainees are given comprehensive counseling and care in accordance with national standards and their expressed desires

regarding their pregnancy.

**NCCHC J-G-01** The responsible health authority (RHA) ensures that when restraints are used for clinical or custody reasons, the detainee is not harmed by the intervention.

**NCCHC J-G-03** Health staff follow policies developed for the emergency use of forced psychotropic medications as governed by the laws applicable in the jurisdiction.

## **Food and Drug Administration, U.S. Food Code, 2022**

### **FDA Food Code: 2-102.11 Demonstration**

Based on the risk inherent to the food operation, during inspections and upon request the person in charge shall demonstrate to the regulatory authority knowledge of foodborne disease prevention, application of the hazard analysis and critical control point principles, and the requirements of this Code. The person in charge shall demonstrate this knowledge by:

- (A) Complying with this code by having no violations of priority items during the current inspection;
- (B) Being a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program; or
- (C) Responding correctly to the inspector's questions as they relate to the specific food operation. the areas of knowledge include:
  - (1) Describing the relationship between the prevention of foodborne disease and the personal hygiene of a food employee;
  - (2) Explaining the responsibility of the person in charge for preventing the transmission of foodborne disease by a food employee who has a disease or medical condition that may cause foodborne disease;
  - (3) Describing the symptoms associated with the diseases that are transmissible through food;
  - (4) Explaining the significance of the relationship between maintaining the time and temperature of time/temperature control for safety food and the prevention of foodborne illness;
  - (5) Explaining the hazards involved in the consumption of raw or undercooked meat, poultry, eggs, and fish;
  - (6) Stating the required food temperatures and times for safe cooking of time/temperature control for safety food including meat, poultry, eggs, and fish;
  - (7) Stating the required temperatures and times for the safe refrigerated storage, hot holding, cooling, and reheating of time/temperature control for safety food;
  - (8) Describing the relationship between the prevention of foodborne illness and the management and control of the following:
    - (a) Cross contamination,

- (b) hand contact with ready-to-eat foods,
  - (c) Handwashing, and
  - (d) Maintaining the food establishment in a clean condition and in good repair;
- (9) Describing foods identified as major food allergens and the symptoms that a major food allergen could cause in a sensitive individual who has an allergic reaction.
- (10) Explaining the relationship between food safety and providing equipment that is:
- (a) Sufficient in number and capacity, and
  - (b) Properly designed, constructed, located, installed, operated, maintained, and cleaned;
- (11) Explaining correct procedures for cleaning and sanitizing utensils and food-contact surfaces of equipment;
- (12) Identifying the source of water used and measures taken to ensure that it remains protected from contamination such as providing protection from backflow and precluding the creation of cross connections;
- (13) Identifying poisonous or toxic materials in the food establishment and the procedures necessary to ensure that they are safely stored, dispensed, used, and disposed of according to law;
- (14) Identifying critical control points in the operation from purchasing through sale or service that when not controlled may contribute to the transmission of foodborne illness and explaining steps taken to ensure that the points are controlled in accordance with the requirements of this code;
- (15) Explaining the details of how the person in charge and food employees comply with the HACCP plan if a plan is required by the law, this code, or an agreement between the regulatory authority and the food establishment;
- (16) Explaining the responsibilities, rights, and authorities assigned by this Code to the:
- (a) Food employee,
  - (b) Conditional employee,
  - (c) Person in charge,
  - (d) Regulatory authority; and

- (17) Explaining how the person in charge, food employees, and conditional employees comply with reporting responsibilities and exclusion or restriction of food employees.

**FDA Food Code: 2-102-12 Certified Food Protection Manager**

- (A) The person in charge shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
- (B) This section does not apply to certain types of food establishments deemed by the regulatory authority to pose minimal risk of causing, or contributing to, foodborne illness based on the nature of the operation and extent of food preparation.

**FDA Food Code: 2-102.20 Food Protection Manager Certification**

- (A) A person in charge who demonstrates knowledge by being a food protection manager that is certified by a food protection manager certification program that is evaluated and listed by a conference for food protection-recognized accrediting agency as conforming to the conference for food protection standard for accreditation of food protection manager certification programs is deemed to comply with ¶2-102.11(b).
- (B) A food establishment that has a person in charge that is certified by a food protection manager certification program that is evaluated and listed by a conference for food protection-recognized accrediting agency as conforming to the conference for food protection standard for accreditation of food protection manager certification programs is deemed to comply with §2-102.12.

**FDA Food Code: 2-103.11 Person in Charge**

The Person in Charge shall ensure that:

- (A) Food establishment operations are not conducted in a private home or in a room used as living or sleeping quarters as specified under § 6-202.111;
- (B) Persons unnecessary to the food establishment operation are not allowed in the food preparation, food storage, or warewashing areas, except that brief visits and tours may be authorized by the person in charge if steps are taken to ensure that exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles are protected from contamination;
- (C) Employees and other persons such as delivery and maintenance persons and pesticide applicators entering the food preparation, food storage, and warewashing areas comply with this code;
- (D) Employees are effectively cleaning their hands, by routinely monitoring the

employees' handwashing;

- (E) Employees are visibly observing foods as they are received to determine that they are from approved sources, delivered at the required temperatures, protected from contamination, unadulterated, and accurately presented, by routinely monitoring the employees' observations and periodically evaluating foods upon their receipt;
- (F) Employees are verifying that foods delivered to the food establishment during non-operating hours are from approved sources and are placed into appropriate storage locations such that they are maintained at the required temperatures, protected from contamination, unadulterated, and accurately presented;
- (G) Employees are properly cooking time/temperature control for safety food, being particularly careful in cooking those foods known to cause severe foodborne illness and death, such as eggs and comminuted meats, through daily oversight of the employees' routine monitoring of the cooking temperatures using appropriate temperature measuring devices properly scaled and calibrated as specified under § 4-203.11 and ¶ 4-502.11(b);
- (H) Employees are using proper methods to rapidly cool time/temperature control for safety foods that are not held hot or are not for consumption within 4 hours, through daily oversight of the employees' routine monitoring of food temperatures during cooling;
- (I) Employees are properly maintaining the temperatures of time/temperature control for safety foods during hot and cold holding through daily oversight of the employees' routine monitoring of food temperatures;
- (J) Food employees are properly maintaining the temperature of time/temperature control for safety foods during thawing through daily oversight of the food employee's routine monitoring of food temperatures;
- (K) Consumers who order raw or partially cooked ready-to-eat foods of animal origin are informed as specified under § 3-603.11 that the food is not cooked sufficiently to ensure its safety;
- (L) Employees are properly sanitizing cleaned multiuse equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, ph, temperature, and exposure time for chemical sanitizing;
- (M) Consumers are notified that clean tableware is to be used when they return to self-service areas such as salad bars and buffets as specified under § 3-304.16;
- (N) Except when approval is obtained from the regulatory authority as specified in ¶ 3-301.11(e), employees are preventing cross-contamination of ready-to-

eat food with bare hands by properly using suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment;

- (O) Employees are properly trained in food safety, including food allergy awareness, as it relates to their assigned duties. food allergy awareness includes describing foods identified as major food allergens and the symptoms that a major food allergen could cause in a sensitive individual who has an allergic reaction;
- (P) Food employees and conditional employees are informed in a verifiable manner of their responsibility to report in accordance with law, to the person in charge, information about their health and activities as they relate to diseases that are transmissible through food, as specified under ¶ 2-201.11(a); and
- (Q) Written procedures and plans, where specified by this code and as developed by the food establishment, are maintained and implemented as required.

**2022 FDA Food Code: 2-201.11 Responsibility of Permit Holder, Person in Charge, and Conditional Employees**

- (A) The permit holder shall require food employees and conditional employees to report to the person in charge information about their health and activities as they relate to diseases that are transmissible through food. a food employee or conditional employee shall report the information in a manner that allows the person in charge to reduce the risk of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms, if the food employee or conditional employee:

Reportable symptoms

- (1) Has any of the following symptoms:
  - (a) Vomiting,
  - (b) Diarrhea,
  - (c) Jaundice,
  - (d) Sore throat with fever, or
  - (e) A lesion containing pus such as a boil or infected wound that is open or draining and is:
    - (i) On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover,
    - (ii) On exposed portions of the arms, unless the lesion is protected

- by an impermeable cover, or
- (iii) on other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage;

Reportable diagnosis

- (2) Has an illness diagnosed by a health practitioner due to:
  - (a) Norovirus,
  - (b) Hepatitis a virus,
  - (c) shigella spp., p
  - (d) shiga toxin-producing escherichia coli,p
  - (e) typhoid fever (caused by salmonella typhi)p or
  - (f) salmonella (nontyphoidal);

Reportable past illness

- (3) had typhoid fever, diagnosed by a health practitioner, within the past three (3) months, without having received antibiotic therapy, as determined by a health practitioner;

Reportable history of exposure

- (4) has been exposed to, or is the suspected source of, a confirmed disease outbreak, because the food employee or conditional employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who is infected or ill with:
  - (a) norovirus within the past 48 hours of the last exposure,
  - (b) shiga toxin-producing escherichia coli or shigella spp. within the past 3 days of the last exposure,
  - (c) typhoid fever within the past 14 days of the last exposure, or
  - (d) hepatitis a virus within the past 30 days of the last exposure; or

Reportable history of exposure

- (5) has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:



- (a) norovirus within the past 48 hours of the last exposure,
- (b) shiga toxin-producing escherichia coli or shigella spp. within the past 3 days of the last exposure,
- (c) typhoid fever (caused by salmonella typhi) within the past 14 days of the last exposure, or
- (d) hepatitis a virus within the past 30 days of the last exposure.

Responsibility of person in charge to notify the regulatory authority

- (B) The person in charge shall notify the regulatory authority when a food employee is:
  - (1) Jaundiced, or
  - (2) Diagnosed with an illness due to a pathogen as specified under subparagraphs (A)(2)(A) - (F) of this section.

Responsibility of the person in charge to prohibit a conditional employee from becoming a food employee

- (C) The person in charge shall ensure that a conditional employee:
  - (1) Who exhibits or reports a symptom, or who reports a diagnosed illness as specified under subparagraphs (A)(1) - (3) of this section, is prohibited from becoming a food employee until the conditional employee meets the criteria for the specific symptoms or diagnosed illness as specified under § 2-201.13;p and
  - (2) Who will work as a food employee in a food establishment that serves as a highly susceptible population and reports a history of exposure as specified under subparagraphs (A)(4) – (5), is prohibited from becoming a food employee until the conditional employee meets the criteria as specified under 2-201.13(J).

Responsibility of the person in charge to exclude or restrict

- (D) The person in charge shall ensure that a food employee who exhibits or reports a symptom, or who reports a diagnosed illness or a history of exposure as specified under subparagraphs (A)(1) - (5) of this section is:
  - (1) Excluded as specified under 2-201.12 (A) - (C), and subparagraphs (D)(1), (E)(1), (F)(1), or (H)(1) and in compliance with the provisions specified under 2-201.13(A) - (H); or
  - (2) Restricted as specified under subparagraphs 2-201.12 (D)(2), (E)(2), (F)(2), (G), (H)(2), or 2-201.12(I) Or (J) and in compliance with the provisions specified under 2-201.13(D) - (J).

Responsibility of food employees and conditional employees to report

- (E) A food employee or conditional employee shall report to the person in charge the information as specified under (a) of this section.

Responsibility of food employees to comply

- (F) A food employee shall:
  - (1) Comply with an exclusion as specified under 2-201.12(A) - (C) and subparagraphs 2-201.12(D)(1), (E)(1), (F)(1), (G), Or (H)(1) and with the provisions specified under 2-201.13(A) - (H); or
  - (2) Comply with a restriction as specified under subparagraphs 2-201.12(D)(2), (E)(2), (F)(2), (G), (H)(2), Or 2-201.12 (H), (I), or (J) and comply with the provisions specified under 2-201.13(D) - (J).

**2022 FDA Food Code: 2-301.11 Clean Condition**

Food employees shall keep their hands and exposed portions of their arms clean.

**2022 FDA Food Code: 2-301.12 Cleaning Procedure**

- (A) Except as specified in (D) of this section, food employees shall clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands or arms for at least 20 seconds, using a cleaning compound in a handwashing sink that is equipped as specified under § 5-202.12 and subpart 6-301.
- (B) Food Employees shall use the following cleaning procedure in the order stated to clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands and arms:
  - (1) Rinse under clean, running warm water;
  - (2) Apply an amount of cleaning compound recommended by the cleaning compound manufacturer;
  - (3) Rub together vigorously for at least 10 to 15 seconds while:
    - (a) Paying particular attention to removing soil from underneath the fingernails during the cleaning procedure, and
    - (b) Creating friction on the surfaces of the hands and arms or surrogate prosthetic devices for hands and arms, fingertips, and areas between the fingers;
  - (4) Thoroughly rinse under clean, running warm water; and

- (5) Immediately follow the cleaning procedure with thorough drying using a method as specified under § 6-301.12.
- (C) To avoid recontaminating their hands or surrogate prosthetic devices, food employees may use disposable paper towels or similar clean barriers when touching surfaces such as manually operated faucet handles on a handwashing sink or the handle of a restroom door.
- (D) If approved and capable of removing the types of soils encountered in the food operations involved, an automatic handwashing facility may be used by food employees to clean their hands or surrogate prosthetic devices.

### **2022 FDA Food Code: 2-301.14 When to Wash**

Food employees shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

- (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms;
- (B) After using the toilet room;
- (C) After caring for or handling service animals or aquatic animals as specified in 2-403.11(b);
- (D) Except as specified in 2-401.11(b), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco products, eating, or drinking;
- (E) After handling soiled equipment or utensils;
- (F) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks;
- (G) When switching between working with raw food and working with ready-to-eat food;
- (H) Before donning gloves to initiate a task that involves working with food; and
- (I) After engaging in other activities that contaminate the hands.

### **2022 FDA Food Code: 2-301.15 Where to Wash**

Food employees shall 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 warewashing, or in a service sink or a curbed cleaning facility used for the disposal of mop water and similar liquid waste.

### **2022 FDA Food Code: 2-304.11 Clean Condition**

Food employees shall wear clean outer clothing to prevent contamination of food, equipment, utensils, linens, and single-service and single-use articles.

**2022 FDA Food Code: 2-401.11 Eating, Drinking, or Using Tobacco Products**

- (A) except as specified in ¶ (b) of this section, an employee shall eat, drink, or use any form of tobacco products only in designated areas where there is no risk of contamination of exposed food; clean equipment, utensils, and linens; unwrapped single-service and single-use articles; or other items needing protection.
- (B) A food employee may drink from a closed beverage container if the container is handled to prevent contamination of:
  - (1) the employee's hands;
  - (2) the container; and
  - (3) exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles

**2022 Food Code: 2-402.11 Effectiveness**

- (A) Except as provided in ¶ (b) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.
- (B) This section does not apply to food employees such as counter staff who only serve beverages and wrapped or packaged foods, hostesses, and wait staff if they present a minimal risk of contaminating exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.

**2022 FDA Food Code: 3-202.11 Temperature**

- (A) Except as specified in ¶ (b) of this section, refrigerated, time/temperature control for safety food shall be at a temperature of 5°C (41°F) or below when received. p
- (B) If a temperature other than 5°C (41°F) for a time/temperature control for safety food is specified in law governing its distribution, such as laws governing milk and molluscan shellfish, the food may be received at the specified temperature.
- (C) Raw eggs shall be received in refrigerated equipment that maintains an ambient air temperature of 7°C (45°F) or less.
- (D) Time/temperature control for safety food that is cooked to a temperature and

for a time specified under §§ 3-401.11 - 3-401.13 and received hot shall be at a temperature of 57oc (135of) or above.

- (E) A food that is labeled frozen and shipped frozen by a food processing plant shall be received frozen.
- (F) Upon receipt, time/temperature control for safety food shall be free of evidence of previous temperature abuse.

**2022 FDA Food Code: 3-202.15 Package Integrity**

Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants.

**2022 FDA Food Code: 3-301.11 Preventing Contamination from Hands.**

- (A) FOOD EMPLOYEES shall wash their hands as specified under § 2-301.12.
- (B) Except when washing fruits and vegetables as specified under §3-302.15 or as specified in (D) and (E) of this section, FOOD EMPLOYEES may not contact exposed, READY-TO-EAT FOOD with their bare hands and shall use suitable UTENSILS such as deli tissue, spatulas, tongs, single-use gloves, or dispensing EQUIPMENT. P
- (C) FOOD EMPLOYEES shall minimize bare hand and arm contact with exposed FOOD that is not in a READY-TO-EAT form.
- (D) Paragraph (B) of this section does not apply to a FOOD EMPLOYEE that contacts exposed, READY-TO-EAT FOOD with bare hands at the time the READY-TO-EAT FOOD is being added as an ingredient to a FOOD that:
  - (1) contains a raw animal FOOD and is to be cooked in the FOOD ESTABLISHMENT to heat all parts of the FOOD to the minimum temperatures specified in ¶¶3-401.11(A)-(B) or §3-401.12; or
  - (2) does not contain a raw animal FOOD but is to be cooked in the FOOD ESTABLISHMENT to heat all parts of the FOOD to a temperature of at least 63°C (145°F).
- (E) FOOD EMPLOYEES not serving a HIGHLY SUSCEPTIBLE POPULATION may contact exposed, READY-TO-EAT FOOD with their bare hands if:
  - (1) The permit holder obtains prior approval from the regulatory authority;
  - (2) Written procedures are maintained in the food establishment and made available to the regulatory authority upon request that include:
    - (a) For each bare hand contact procedure, a listing of the specific READY-TO-EAT FOODS that are touched by bare hands,
    - (b) Diagrams and other information showing that handwashing

facilities, installed, located, equipped, and maintained as specified under §§ 5-203.11, 5-204.11, 5-205.11, 6-301.11, 6-301.12, and 6-301.14, are in an easily accessible location and in close proximity to the workstation where the bare hand contact procedure is conducted;

- (3) A written EMPLOYEE health policy that details how the FOOD ESTABLISHMENT complies with §§ 2-201.11, 2-201.12, and 2-201.13 including:
  - (a) Documentation that FOOD EMPLOYEES and CONDITIONAL EMPLOYEES acknowledge that they are informed to report information about their health and activities as they relate to gastrointestinal symptoms and diseases that are transmittable through FOOD as specified under ¶ 2-201.11(A),
  - (b) Documentation that FOOD EMPLOYEES and CONDITIONAL EMPLOYEES acknowledge their responsibilities as specified under ¶ 2-201.11(E) and (F), and
  - (c) Documentation that the PERSON IN CHARGE acknowledges the responsibilities as specified under ¶¶ 2-201.11(B), (C) and (D), and §§ 2-201.12 and 2-201.13;
- (4) Documentation that FOOD EMPLOYEES acknowledge that they have received training in:
  - (a) The RISKS of contacting the specific READY-TO-EAT FOODS with bare hands,
  - (b) Proper handwashing as specified under § 2-301.12,
  - (c) When to wash their hands as specified under § 2-301.14,
  - (d) Where to wash their hands as specified under § 2-301.15,
  - (e) Proper fingernail maintenance as specified under § 2-302.11,
  - (f) Prohibition of jewelry as specified under § 2-303.11, and
  - (g) Good hygienic practices as specified under §§ 2-401.11 and 2-401.12;
- (5) Documentation that hands are washed before FOOD preparation and as necessary to prevent cross contamination by FOOD EMPLOYEES as specified under §§ 2-301.11, 2-301.12, 2-301.14, and 2-301.15 during all hours of operation when the specific READY-TO-EAT FOODS are prepared;
- (6) Documentation that FOOD EMPLOYEES contacting READY-TO-EAT

FOOD with bare hands use two or more of the following control measures to provide additional safeguards to HAZARDS associated with bare hand contact:

- (a) Double handwashing,
  - (b) Nail brushes,
  - (c) A hand antiseptic after handwashing as specified under § 2-301.16,
  - (d) Incentive programs such as paid sick leave that assist or encourage food employees not to work when they are ill, or
  - (e) Other control measures approved by the regulatory authority; and
- (7) Documentation that corrective action is taken when Subparagraphs (E)(1) - (6) of this section are not followed.

**2022 FDA Food Code: 3-305.11 Food Storage**

- (A) Except as specified in (b) and (c) of this section, food shall be protected from contamination by storing the food:
  - (1) In a clean, dry location;
  - (2) Where it is not exposed to splash, dust, or other contamination; and
  - (3) At least 15 cm (6 inches) above the floor.
- (B) Food in packages and working containers may be stored less than 15 cm (6 inches) above the floor on case lot handling equipment as specified under § 4-204.122.
- (C) Pressurized beverage containers, cased food in waterproof containers such as bottles or cans, and milk containers in plastic crates may be stored on a floor that is clean and not exposed to floor moisture.

**2022 FDA Food Code: 3-305.12 Food Storage, Prohibited Areas**

Food may not be stored:

- (A) In locker rooms;
- (B) In toilet rooms;
- (C) In dressing rooms;
- (D) In garbage rooms;
- (E) In mechanical rooms;

- (F) Under sewer lines that are not shielded to intercept potential drips;
- (G) Under leaking water lines, including leaking automatic fire sprinkler heads, or under lines on which water has condensed;
- (H) Under open stairwells; or
- (I) Under other sources of contamination.

**2022 FDA Food Code: 3-4**

**2022 FDA Food Code: 3-5**

**2022 FDA Food Code: 4-1**

**2022 FDA Food Code: 4-2**

**2022 FDA Food Code: 4-204.16 Beverage Tubing, Separation**

Except for cold plates that are constructed integrally with an ice storage bin, beverage tubing and cold-plate beverage cooling devices may not be installed in contact with stored ice.

**2022 FDA Food Code: 4-204.19 Can Openers on Vending Machines**

Cutting or piercing parts of can openers on vending machines shall be protected from manual contact, dust, insects, rodents, and other contamination

**2022 FDA Food Code: 4-204.113 Warewashing Machine, Data Plate Operating Specifications**

A warewashing machine shall be provided with an easily accessible and readable data plate affixed to the machine by the manufacturer that indicates the machine's design and operation specifications including the:

- (A) Temperatures required for washing, rinsing, and sanitizing;
- (B) Pressure required for the freshwater sanitizing rinse unless the machine is designed to use only a pumped sanitizing rinse; and
- (C) Conveyor speed for conveyor machines or cycle time for stationary rack machines.

**2022 FDA Food Code: 4-204.114 Warewashing Machines, Internal Baffles**

Warewashing machine wash and rinse tanks shall be equipped with baffles, curtains, or other means to minimize internal cross contamination of the solutions in wash and rinse tanks.

**2022 FDA Food Code: 4-204.115 Warewashing Machines, Temperature Measuring Devices**



A warewashing machine shall be equipped with a temperature measuring device that indicates the temperature of the water:

- (A) In each wash and rinse tank; and
- (B) As the water enters the hot water sanitizing final rinse manifold or in the chemical sanitizing solution tank.

**2022 FDA Food Code: 4-204.116 Manual Warewashing Equipment, Heaters and Baskets**

If hot water is used for sanitization in manual warewashing operations, the sanitizing compartment of the sink shall be:

- (A) Designed with an integral heating device that is capable of maintaining water at a temperature not less than 77oc (171of); pf and
- (B) Provided with a rack or basket to allow complete.

**2022 FDA Food Code: 4-204.117 Warewashing Machines, Automatic Dispensing of Detergents and Sanitizers**

A warewashing machine that is installed after adoption of this code by the regulatory authority, shall be equipped to:

- (A) Automatically dispense detergents and sanitizers; and
- (B) Incorporate a visual means to verify that detergents and sanitizers are delivered or a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the respective washing and sanitizing cycles.

**2022 FDA Food Code: 4-204.118 Warewashing Machines, Flow Pressure Device**

- (A) Warewashing machines that provide a fresh hot water sanitizing rinse shall be equipped with a pressure gauge or similar device such as a transducer that measures and displays the water pressure in the supply line immediately before entering the warewashing machine; and
- (B) If the flow pressure measuring device is upstream of the fresh hot water sanitizing rinse control valve, the device shall be mounted in a 6.4 millimeter or one-fourth inch iron pipe size (IPS) valve.
- (C) Paragraphs (a) and (b) of this section do not apply to a machine that uses only a pumped or recirculated sanitizing rinse.

**2022 FDA Food Code: 4-204.119 Warewashing Sinks and Drainboards, Self-Draining**

Sinks and drainboards of WAREWASHING sinks and machines shall be self-draining.

**2022 FDA Food Code: 4-301.12 Manual Warewashing, Sink Compartment**

## Requirements

- (A) Except as specified in ¶ (c) of this section, a sink with at least 3 compartments shall be provided for manually washing, rinsing, and sanitizing equipment and utensils. pf
- (B) Sink compartments shall be large enough to accommodate immersion of the largest equipment and utensils. if equipment or utensils are too large for the warewashing sink, a warewashing machine or alternative equipment as specified in ¶ (c) of this section shall be used. pf
- (C) Alternative manual warewashing equipment may be used when there are special cleaning needs or constraints, and its use is approved. alternative manual warewashing equipment may include:
  - (1) High-pressure detergent sprayers;
  - (2) Low- or line-pressure spray detergent foamers;
  - (3) Other task-specific cleaning equipment;
  - (4) Brushes or other implements;
  - (5) 2-compartment sinks as specified under ¶¶ (d) and (e) of this section; or
  - (6) Receptacles that substitute for the compartments of a multicompartment sink.
- (D) Before a 2-compartment sink is used:
  - (1) The permit holder shall have its use approved; and
  - (2) The permit holder shall limit the number of kitchenware items cleaned and sanitized in the 2-compartment sink, and shall limit warewashing to batch operations for cleaning kitchenware such as between cutting one type of raw meat and another or cleanup at the end of a shift, and shall:
    - (a) Make up the cleaning and sanitizing solutions immediately before use and drain them immediately after use, and
    - (b) Use a detergent-sanitizer to sanitize and apply the detergent-sanitizer in accordance with the manufacturer's label instructions and as specified under § 4-501.115, or
    - (c) Use a hot water sanitization immersion step as specified under ¶ 4-603.16(c).
- (E) A 2-compartment sink may not be used for warewashing operations where cleaning and sanitizing solutions are used for a continuous or intermittent flow of kitchenware or tableware in an ongoing warewashing process.

**2022 FDA Food Code: 4-301.13 Drainboards**

Drainboards, utensil racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation shall be provided for necessary utensil holding before cleaning and after sanitizing.

**2022 FDA Food Code: 4-301.14 Ventilation Hood Systems, Adequacy**

Ventilation hood systems and devices shall be sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings.

**2022 FDA Food Code: 4-302.12 Food Temperature Measuring Devices**

- (A) Food temperature measuring devices shall be provided and readily accessible for use in ensuring attainment and maintenance of food temperatures as specified under chapter 3.
- (B) A temperature measuring device with a suitable small-diameter probe that is designed to measure the temperature of thin masses shall be provided and readily accessible to accurately measure the temperature in thin foods such as meat patties and fish filets.

**2022 FDA Food Code: 4-302.13 Temperature Measuring Devices, Manual and Mechanical Warewashing**

- (A) In manual warewashing operations, a temperature measuring device shall be provided and readily accessible for frequently measuring the washing and sanitizing temperatures.
- (B) In hot water mechanical warewashing operations, an irreversible registering temperature indicator shall be provided and readily accessible for measuring the utensil surface temperature.

**2022 FDA Food Code: 4-302.14 Sanitizing Solutions, Testing Devices**

A test kit or other device that accurately measures the concentration in mg/l of sanitizing solutions shall be provided.

**2022 FDA Food Code: 4-501.11 Good Repair and Proper Adjustment**

- (A) Equipment shall be maintained in a state of repair and condition that meets the requirements specified under parts 4-1 and 4-2.
- (B) Equipment components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.
- (C) Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate food when the container is opened.

### **2022 FDA Food Code: 4-501.12 Cutting Surfaces**

Surfaces such as cutting blocks and boards that are subject to scratching and scoring shall be resurfaced if they can no longer be effectively cleaned and sanitized, or discarded if they are not capable of being resurfaced.

### **2022 FDA Food Code: 4-501.14 Warewashing Equipment, Cleaning Frequency**

A warewashing machine; the compartments of sinks, basins, or other receptacles used for washing and rinsing equipment, utensils, or raw foods, or laundering wiping cloths; and drainboards or other equipment used to substitute for drainboards as specified under § 4-301.13 shall be cleaned:

- (A) Before use;
- (B) Throughout the day at a frequency necessary to prevent recontamination of equipment and utensils and to ensure that the equipment performs its intended function; and
- (C) If used, at least every 24 hours.

### **2022 FDA Food Code: 4-501.15 Warewashing Machines, Manufacturers' Operating Instructions**

- (A) A warewashing machine and its auxiliary components shall be operated in accordance with the machine's data plate and other manufacturer's instructions.
- (B) A warewashing machine's conveyor speed or automatic cycle times shall be maintained accurately timed in accordance with manufacturer's specifications.

### **2022 FDA Food Code: 4-501.16 Warewashing Sinks, Use Limitation**

- (A) A warewashing sink may not be used for handwashing as specified under § 2-301.15.
- (B) If a warewashing sink is used to wash wiping cloths, wash produce, or thaw food, the sink shall be cleaned as specified under § 4-501.14 before and after each time it is used to wash wiping cloths or wash produce or thaw food. Sinks used to wash or thaw food shall be sanitized as specified under part 4-7 before and after using the sink to wash produce or thaw food.

### **2022 FDA Food Code: 4-501.17 Warewashing Equipment, Cleaning Agents**

When used for warewashing, the wash compartment of a sink, mechanical warewasher, or wash receptacle of alternative manual warewashing equipment as specified in ¶ 4-301.12(c), shall contain a wash solution of soap, detergent, acid cleaner, alkaline cleaner, degreaser, abrasive cleaner, or other cleaning agent according to the cleaning agent manufacturer's label instructions.

**2022 FDA Food Code: 4-501.18 Warewashing Equipment, Clean Solutions**

The wash, rinse, and sanitize solutions shall be maintained clean.

**2022 FDA Food Code: 4-501.19 Manual Warewashing Equipment, Wash Solution Temperature**

The temperature of the wash solution in manual warewashing equipment shall be maintained at not less than 43oC (110oF) or the temperature specified on the cleaning agent manufacturer's label instructions.

**2022 FDA Food Code: 4-501.110 Mechanical Warewashing Equipment, Wash Solution Temperature.**

- (A) The temperature of the wash solution in spray type warewashers that use hot water to SANITIZE may not be less than:
  - (1) For a stationary rack, single temperature machine, 74oC (165oF);
  - (2) For a stationary rack, dual temperature machine, 66oC (150oF);
  - (3) For a single tank, conveyor, dual temperature machine, 71oC (160oF);  
or
  - (4) For a multi-tank, conveyor, multitemperature machine, 66oC (150oF).
- (B) The temperature of the wash solution in spray-type warewashers that use chemicals to SANITIZE may not be less than 49oC (120oF).

**2022 FDA Food Code: 4-501.111 Manual Warewashing Equipment, Hot Water Sanitization Temperatures.**

If immersion in hot water is used for SANITIZING in a manual operation, the temperature of the water shall be maintained at 77oC (171oF) or above.

**2022 FDA Food Code: 4-501.112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures.**

- (A) Temperature of the fresh hot water SANITIZING rinse as it enters the manifold may not be more than 90oC (194oF), or less than:
  - (1) For a stationary rack, single temperature machine, 74oC (165oF); Pf or
  - (2) For all other machines, 82oC (180oF).
- (B) The maximum temperature specified under ¶ (A) of this section, does not apply to the high pressure and temperature systems with wand-type, hand-held, spraying devices used for the in-place cleaning and SANITIZING of EQUIPMENT such as meat saws.

**2022 FDA Food Code: 4-501.113 Mechanical Warewashing Equipment, Sanitization**

**Pressure.**

The flow pressure of the fresh hot water SANITIZING rinse in a WAREWASHING machine, as measured in the water line immediately downstream or upstream from the fresh hot water SANITIZING rinse control valve, shall be within the range specified on the machine manufacturer’s data plate and may not be less than 35 kilopascals (5 pounds per square inch) or more than 200 kilopascals (30 pounds per square inch).

**2022 FDA Food Code: 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization - Temperature, pH, Concentration, and Hardness.**

A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under ¶4-703.11(C) shall meet the criteria specified under §7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, P and shall be used as follows:

- (A) A chlorine solution shall have a minimum temperature based on the concentration and PH of the solution as listed in the following chart;

CONCENTRATION RANGE (MG/L)	MINIMUM TEMPERATURE PH 10 OR LESS °C (°F)	MINIMUM TEMPERATURE PH 8 OR LESS °C (°F)
25 – 49	49 (120)	49 (120)
50 – 99	38 (100)	24 (75)
100	13 (55)	13 (55)

- (B) An iodine solution shall have a:
  - (1) Minimum temperature of 20°C (68°F),
  - (2) PH of 5.0 or less or a PH no higher than the level for which the manufacturer specifies the solution is effective, and
  - (3) Concentration between 12.5 MG/L and 25 MG/L;
- (C) A quaternary ammonium compound solution shall:
  - (1) Have a minimum temperature of 24oC (75oF),
  - (2) Have a concentration as specified under § 7-204.11 and as indicated by the manufacturer's use directions included in the labeling, and
  - (3) Be used only in water with 500 MG/L hardness or less or in water having a hardness no greater than specified by the EPA-registered label use instructions;
- (D) If another solution of a chemical specified under (A) - (C) of this section is used, the PERMIT HOLDER shall demonstrate to the REGULATORY AUTHORITY that the solution achieves SANITIZATION, and the use of the

solution shall be APPROVED;

- (E) If a chemical SANITIZER other than chlorine, iodine, or a quaternary ammonium compound is used, it shall be applied in accordance with the EPA-registered label use instructions; and
- (F) If a chemical SANITIZER is generated by a device located on-site at the FOOD ESTABLISHMENT it shall be used as specified in (A) - (D) of this section and shall be produced by a device that:
  - (1) Complies with regulation as specified in §§ 2(q)(1) and 12 of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA),
  - (2) Complies with 40 CFR 152.500 Requirement for Devices and 40 CFR 156.10 Labeling Requirements,
  - (3) Displays the EPA device manufacturing facility registration number on the device, and
  - (4) Is operated and maintained in accordance with manufacturer's instructions

**2022 FDA Food Code: 4-501.116 Warewashing Equipment, Determining Chemical Sanitizer Concentration.**

Concentration of the SANITIZING solution shall be accurately determined by using a test kit or other device.

**2022 FDA Food Code: 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils**

- (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch. pf
- (B) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations.
- (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.

**2022 FDA Food Code: 4-602.11 Equipment Food-Contact Surfaces and Utensils.**

- (A) Equipment food-contact surfaces and utensils shall be cleaned:
  - (1) Except as specified in (B) of this section, before each use with a different type of raw animal food such as beef, fish, lamb, pork, or poultry;
  - (2) Each time there is a change from working with raw FOODS to working with ready-to-eat foods;
  - (3) Between uses with raw fruits and vegetables and with time/temperature

control for safety food;

- (4) Before using or storing a food temperature measuring device;
  - (5) At any time during the operation when contamination may have occurred.
- (B) Subparagraph (A)(1) of this section does not apply if the food-contact surface or utensil is in contact with a succession of different types of raw meat and poultry each requiring a higher cooking temperature as specified under § 3-401.11 than the previous type.
- (C) Except as specified in (D) of this section, if used with time/temperature control for safety food, equipment food-contact surface and utensils shall be cleaned throughout the day at least every 4 hours.
- (D) Surfaces of utensils and equipment contacting time/temperature control for safety food may be cleaned less frequently than every 4 hours if:
- (1) In storage, containers of time/temperature control for safety food and their contents are maintained at temperatures specified under Chapter 3 and the containers are cleaned when they are empty;
  - (2) Utensils and equipment are used to prepare food in a refrigerated room or area that is maintained at one of the temperatures in the following chart and:
    - (a) The utensils and equipment are cleaned at the frequency in the following chart that corresponds to the temperature; and

TEMPERATURE	CLEANING FREQUENCY
5.0°C (41°F) or less	24 hours
>5.0°C - 7.2°C (>41°F - 45°F)	20 hours
>7.2°C - 10.0°C (>45°F - 50°F)	16 hours
>10.0°C - 12.8°C (>50°F - 55°F)	10 hours

- (b) The cleaning frequency based on the ambient temperature of the refrigerated room or area is documented in the food establishment.
- (3) Containers in serving situations such as salad bars, delis, and cafeteria lines hold ready-to-eat foods time/temperature control for safety food that is maintained at the temperatures specified under Chapter 3, are intermittently combined with additional supplies of the same food that is at the required temperature, and the containers are cleaned at least every 24 hours;



- (4) Temperature measuring devices are maintained in contact with food, such as when left in a container of deli food or in a roast, held at temperatures specified under Chapter 3;
  - (5) Equipment is used for storage of packaged or unpackaged food such as a reach-in refrigerator and the equipment is cleaned at a frequency necessary to preclude accumulation of soil residues;
  - (6) The cleaning schedule is approved based on consideration of:
    - (a) Characteristics of the equipment and its use,
    - (b) The type of food involved,
    - (c) The amount of food residue accumulation, and
    - (d) The temperature at which the food is maintained during the operation and the potential for the rapid and progressive multiplication of pathogenic or toxigenic microorganisms that are capable of causing foodborne disease; or
  - (7) In-use utensils are intermittently stored in a container of water in which the water is maintained at 57oC (135oF) or more and the utensils and container are cleaned at least every 24 hours or at a frequency necessary to preclude accumulation of soil residues.
- (E) Except when dry cleaning methods are used as specified under § 4-603.11, surfaces of utensils and equipment contacting food that is not time/temperature control for safety food shall be cleaned:
- (1) At any time when contamination may have occurred;
  - (2) At least every 24 hours for iced tea dispensers and consumer self-service utensils such as tongs, scoops, or ladles;
  - (3) Before restocking consumer self-service equipment and utensils such as condiment dispensers and display containers; and
  - (4) In equipment such as ice bins and beverage dispensing nozzles and enclosed components of equipment such as ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment:
    - (a) At a frequency specified by the manufacturer, or
    - (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold.

**2022 FDA Food Code: 4-602.12 Cooking and Baking Equipment**

- (A) The food-contact surfaces of cooking and baking equipment shall be cleaned

at least every 24 hours. this section does not apply to hot oil cooking and filtering equipment if it is cleaned as specified in subparagraph 4-602.11(d)(6).

- (B) Every 24 hours by using the manufacturer's recommended cleaning procedure.

**2022 FDA Food Code: 4-602.13 Nonfood-Contact Surfaces**

Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.

**2022 FDA Food Code: 4-603.11 Dry Cleaning**

- (A) If used, dry cleaning methods such as brushing, scraping, and vacuuming shall contact only surfaces that are soiled with dry food residues that are not time/temperature control for safety food.
- (B) Cleaning equipment used in dry cleaning food-contact surfaces may not be used for any other purpose.

**2022 FDA Food Code: 4-603.12 Precleaning**

- (A) Food debris on equipment and utensils shall be scraped over a waste disposal unit or garbage receptacle or shall be removed in a warewashing machine with a prewash cycle.
- (B) If necessary for effective cleaning, utensils and equipment shall be preflushed, presoaked, or scrubbed with abrasives.

**2022 FDA Food Code: 4-603.13 Loading of Soiled Items, Warewashing Machines**

Soiled items to be cleaned in a warewashing machine shall be loaded into racks, trays, or baskets or onto conveyors in a position that:

- (A) Exposes the items to the unobstructed spray from all cycles; and
- (B) Allows the items to drain.

**2022 FDA Food Code: 4-603.14 Wet Cleaning**

- (A) Equipment food-contact surfaces and utensils shall be effectively washed to remove or completely loosen soils by using the manual or mechanical means necessary such as the application of detergents containing wetting agents and emulsifiers; acid, alkaline, or abrasive cleaners; hot water; brushes; scouring pads; high-pressure sprays; or ultrasonic devices.
- (B) The washing procedures selected shall be based on the type and purpose of the equipment or utensil, and on the type of soil to be removed.

**2022 FDA Food Code: 4-603.15 Washing, Procedures for Alternative Manual**

## Warewashing Equipment

If washing in sink compartments or a warewashing machine is impractical such as when the equipment is fixed or the utensils are too large, washing shall be done by using alternative manual warewashing equipment as specified in ¶ 4-301.12(c) in accordance with the following procedures:

- (A) Equipment shall be disassembled as necessary to allow access of the detergent solution to all parts;
- (B) Equipment components and utensils shall be scraped or rough cleaned to remove food particle accumulation; and
- (C) Equipment and utensils shall be washed as specified under ¶ 4-603.14(a).

## 2022 FDA Food Code: 4-603.16 Rinsing Procedures

Washed utensils and equipment shall be rinsed so that abrasives are removed, and cleaning chemicals are removed or diluted through the use of water or a detergent-sanitizer solution by using one of the following procedures:

- (A) Use of a distinct, separate water rinse after washing and before sanitizing if using:
  - (1) A 3-compartment sink,
  - (2) Alternative manual warewashing equipment equivalent to a 3-compartment sink as specified in ¶ 4-301.12(c), or
  - (3) A 3-step washing, rinsing, and sanitizing procedure in a warewashing system for cip equipment;
- (B) Use of a detergent-sanitizer as specified under § 4-501.115 if using:
  - (1) Alternative warewashing equipment as specified in ¶ 4-301.12(c) that is approved for use with a detergent-sanitizer, or
  - (2) A warewashing system for cip equipment;
- (C) Use of a nondistinct water rinse that is integrated in the hot water sanitization immersion step of a 2-compartment sink operation;
- (D) If using a warewashing machine that does not recycle the sanitizing solution as specified under ¶ (e) of this section, or alternative manual warewashing equipment such as sprayers, use of a nondistinct water rinse that is:
  - (1) Integrated in the application of the sanitizing solution, and
  - (2) Wasted immediately after each application; or
- (E) If using a warewashing machine that recycles the sanitizing solution for use

in the next wash cycle, use of a nondistinct water rinse that is integrated in the application of the sanitizing solution.

**2022 FDA Food Code: 4-701.10 Food-Contact Surfaces and Utensils**

Equipment food-contact surfaces and utensils shall be sanitized.

**2022 FDA Food Code: 4-702.11 Before Use After Cleaning**

Utensils and food-contact surfaces of equipment shall be sanitized before use after cleaning.

**2022 FDA Food Code: 4-703.11 Hot Water and Chemical**

After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in:

- (A) Hot water manual operations by immersion for at least 30 seconds and as specified under § 4-501.111; P
- (B) Hot water mechanical operations by being cycled through equipment that is set up as specified under §§ 4-501.15, 4-501.112, and 4-501.113 and achieving a utensil surface temperature of 71oc (160of) as measured by an irreversible registering temperature indicator; p or
- (C) Chemical manual or mechanical operations, including the application of sanitizing chemicals by immersion, manual swabbing, brushing, or pressure spraying methods, using a solution as specified under §4-501.114. Contact times shall be consistent with those on EPA-registered label use instructions by providing:
  - (1) Except as specified under Subparagraph (C)(2) of this section, a contact time of at least 10 seconds for a chlorine solution specified under ¶ 4-501.114(A),
  - (2) A contact time of at least 7 seconds for a chlorine solution of 50 MG/L that has a PH of 10 or less and a temperature of at least 38oC (100oF) or a PH of 8 or less and a temperature of at least 24oC (75oF),
  - (3) A contact time of at least 30 seconds for other chemical SANITIZING solutions, or
  - (4) A contact time used in relationship with a combination of temperature, concentration, and PH that, when evaluated for efficacy, yields sanitization as defined in ¶ 1-201.10(B).

**2022 FDA Food Code: 4-801.11 Clean Linens**

Clean linens shall be free from food residues and other soiling matter.

**2022 FDA Food Code: 4-802.11 Specifications**

- (A) Linens that do not come in direct contact with food shall be laundered between operations if they become wet, sticky, or visibly soiled.
- (B) Cloth gloves used as specified in ¶ 3-304.15(d) shall be laundered before being used with a different type of raw animal food such as beef, fish, lamb, pork or poultry.
- (C) Linens that are used as specified under § 3-304.13 and cloth napkins shall be laundered between each use.
- (D) Wet wiping cloths shall be laundered daily.
- (E) Dry wiping cloths shall be laundered as necessary to prevent contamination of food and clean serving utensils.

**2022 FDA Food Code: 4-803.11 Storage of Soiled Linens**

Soiled linens shall be kept in clean, nonabsorbent receptacles or clean, washable laundry bags and stored and transported to prevent contamination of food, clean equipment, clean utensils, and single-service and single-use articles.

**2022 FDA Food Code: 4-803.12 Mechanical Washing**

- (A) Except as specified in (B) of this section, linens shall be mechanically washed.
- (B) In food establishments in which only wiping cloths are laundered as specified in ¶ 4-301.15(B), the wiping cloths may be laundered in a mechanical washer, sink designated only for laundering wiping cloths, or a warewashing or food preparation sink that is cleaned as specified under § 4-501.14.

**2022 FDA Food Code: 4-803.13 Use of Laundry Facilities**

- (A) Except as specified in (B) of this section, laundry facilities on the premises of a food establishment shall be used only for the washing and drying of items used in the operation of the establishment.
- (B) Separate laundry facilities located on the premises for the purpose of general laundering such as for institutions providing boarding and lodging may also be used for laundering food establishment items.

**2022 FDA Food Code: 4-901.11 Equipment and Utensils, Air-Drying Required**

After cleaning and SANITIZING, equipment and utensils:

- (A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface sanitizing solutions), before contact with food; and
- (B) May not be cloth dried except that utensils that have been air-dried may be

polished with cloths that are maintained clean and dry.

### **2022 FDA Food Code: 4-901.12 Wiping Cloths, Air-Drying Locations**

Wiping cloths laundered in a food establishment that does not have a mechanical clothes dryer as specified in ¶ 4-301.15(B) shall be air-dried in a location and in a manner that prevents contamination of food, equipment, utensils, linens, and single-service and single-use articles and the wiping cloths. This section does not apply if wiping cloths are stored after laundering in a sanitizing solution as specified under § 4-501.114.

### **2022 FDA Food Code: 4-902.11 Food-Contact Surfaces**

Lubricants as specified under § 7-205.11 shall be applied to food-contact surfaces that require lubrication in a manner that does not contaminate food-contact surfaces.

### **2022 FDA Food Code: 4-902.12 Equipment**

Equipment shall be reassembled so that food-contact surfaces are not contaminated.

### **2022 FDA Food Code: 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles**

- (A) Except as specified in (D) of this section, cleaned equipment and utensils, laundered linens, and single-service and single-use articles shall be stored:
  - (1) In a clean, dry location;
  - (2) Where they are not exposed to splash, dust, or other contamination; and
  - (3) At least 15 cm (6 inches) above the floor.
- (B) Clean equipment and utensils shall be stored as specified under (A) of this section and shall be stored:
  - (1) In a self-draining position that allows air drying; and
  - (2) Covered or inverted.
- (C) Single-service and single-use articles shall be stored as specified under (A) of this section and shall be kept in the original protective package or stored by using other means that afford protection from contamination until used.
- (D) Items that are kept in closed packages may be stored less than 15 cm (6 inches) above the floor on dollies, pallets, racks, and skids that are designed as specified under § 4-204.122.

### **2022 FDA Food Code: 4-903.12 Prohibitions**

- (A) Except as specified in (B) of this section, cleaned and sanitized equipment, utensils, laundered linens, and single-service and single-use articles may not

be stored:

- (1) In locker rooms;
  - (2) In toilet rooms;
  - (3) In garbage rooms;
  - (4) In mechanical rooms;
  - (5) Under sewer lines that are not shielded to intercept potential drips;
  - (6) Under leaking water lines including leaking automatic fire sprinkler heads or under lines on which water has condensed;
  - (7) Under open stairwells; or
  - (8) Under other sources of contamination.
- (B) Laundered linens and single-service and single-use articles that are packaged or in a facility such as a cabinet may be stored in a locker room.

**2022 FDA Food Code: 4-904.11 Kitchenware and Tableware**

- (A) Single-service and single-use articles and cleaned and sanitized utensils shall be handled, displayed, and dispensed so that contamination of food- and lip-contact surfaces is prevented.
- (B) Knives, forks, and spoons that are not prewrapped shall be presented so that only the handles are touched by employees and by consumers if consumer self-service is provided.
- (C) Except as specified under (B) of this section, single-service articles that are intended for food- or lip-contact shall be furnished for consumer self-service with the original individual wrapper intact or from an approved dispenser.

**2022 FDA Food Code: 4-904.12 Soiled and Clean Tableware**

Soiled tableware shall be removed from consumer eating and drinking areas and handled so that clean tableware is not contaminated.

**2022 FDA Food Code: 4-904.13 Preset Tableware**

- (A) Except as specified in (B) of this section, tableware that is preset shall be protected from contamination by being wrapped, covered, or inverted.
- (B) Preset tableware may be exposed if:
- (1) Unused settings are removed when a consumer is seated; or
  - (2) Settings not removed when a consumer is seated are cleaned and sanitized before further use.

**2022 FDA Food Code: 4-904.14 Rinsing Equipment and Utensils after Cleaning and Sanitizing**

After being cleaned and sanitized, equipment and utensils shall not be rinsed before air drying or use unless:

- (A) The rinse is applied directly from a potable water supply by a warewashing machine that is maintained and operated as specified under Subparts 4-204 and 4-501; and
- (B) The rinse is applied only after the equipment and utensils have been sanitized by the application of hot water or by the application of a chemical sanitizer solution whose epa-registered label use instructions call for rinsing off the sanitizer after it is applied in a commercial warewashing machine.

**2022 FDA Food Code: 5-501.110 Storing Refuse, Recyclables, and Returnables**

Refuse, recyclables, and returnables shall be stored in receptacles or waste handling units so that they are inaccessible to insects and rodents.

**2022 FDA Food Code: 5-501.111 Areas, Enclosures, and Receptacles, Good Repair**

Storage areas, enclosures, and receptacles for refuse, recyclables, and returnables shall be maintained in good repair.

**2022 FDA Food Code: 5-501.112 Outside Storage Prohibitions**

- (A) Except as specified in (b) of this section, refuse receptacles not meeting the requirements specified under 5-501.13(a) such as receptacles that are not rodent-resistant, unprotected plastic bags and paper bags, or baled units that contain materials with food residue may not be stored outside.
- (B) Cardboard or other packaging material that does not contain food residues and that is awaiting regularly scheduled delivery to a recycling or disposal site may be stored outside without being in a covered

**2022 FDA Food Code: 5-501.113 Covering Receptacles**

Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered:

- (A) Inside the food establishment if the receptacles and units:
  - (1) Contain food residue and are not in continuous use; or
  - (2) After they are filled; and
- (B) With tight-fitting lids or doors if kept outside the food establishment.

**2022 FDA Food Code: 5-501.114 Using Drain Plugs**



DRAINS in receptacles and waste handling units for refuse, recyclables, and returnables shall have drain plugs in place.

**2022 FDA Food Code: 5-501.116 Cleaning Receptacles**

- (A) Receptacles and waste handling units for refuse, recyclables, and returnables shall be thoroughly cleaned in a way that does not contaminate food, equipment, utensils, linens, or single-service and single-use articles, and wastewater shall be disposed of as specified under § 5-402.13.
- (B) Soiled receptacles and waste handling units for refuse, recyclables, and returnables shall be cleaned at a frequency necessary to prevent them from developing a buildup of soil or becoming attractants for insects and rodents.