

*Appendix A*

### Inspection Form

Please fill in sections that apply to the facility you are inspecting

Facilities:	Inspection Date:
-------------	------------------

Facility Capacity:	Last Inspection Date:
--------------------	-----------------------

Address:	Telephone Number:
	FAX Number:

Facility Administrator	Staff Interviewed
------------------------	-------------------

Facility Type:	Jail <input type="checkbox"/>	Lockup/Temporary Holding <input type="checkbox"/>	Court Holding <input type="checkbox"/>	Juvenile Hall <input type="checkbox"/>
	Juvenile Camp <input type="checkbox"/>			

Inspection Team Leads: Members:
------------------------------------

Member Post-Inspection Summary
--------------------------------

Use Back of page for Inspection Notes

**Appendix A**

<b>AREA INSPECTED/REVIEWED</b> (please mark)
---

<u>Quality of Life</u>	<u>Programs</u>	<u>Interviews</u>
<input type="checkbox"/> Physical Plant	<input type="checkbox"/> Educational	<input type="checkbox"/> Inmates
<input type="checkbox"/> Meals/Nutrition	<input type="checkbox"/> Vocational	<input type="checkbox"/> Facility Manager
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Community Service	<input type="checkbox"/> Medical
<input type="checkbox"/> Physical/Dental	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> School Staff
<input type="checkbox"/> Religious Services	<input type="checkbox"/> Victim Awareness	<input type="checkbox"/> Mental Health Staff
<input type="checkbox"/> Visiting	<input type="checkbox"/> Gang Awareness	<input type="checkbox"/> Line Staff
<input type="checkbox"/> Volunteer Activity	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Food Service Staff
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**General Information**

- 1-1      **What is the actual (current) capacity of the facility?**
  
- 1-2      **Has the facilities rated capacity been exceeded since the last inspection?**
  
- 1-3      **What is the inmate classification system? Describe below.**

**Since the last inspection indicate the following:**

- Number of suicides \_\_\_\_\_
  - Number of attempted suicides \_\_\_\_\_
  - Number of deaths from other causes \_\_\_\_\_
  - Number of escapes \_\_\_\_\_
- Special    **Percentage of Inmates on Psyc Meds** \_\_\_\_\_
- Date of last fire/emergency drill:**      (Date) \_\_\_\_\_

**Local Inspections**

- 1-4      **Fire Inspection Conducted:**      (Date) \_\_\_\_\_
- 1-5      **Medical/Mental Health:**      (Date) \_\_\_\_\_
- 1-6      **Environmental Health:**      (Date) \_\_\_\_\_
- 1-7      **Nutritional Health**      (Date) \_\_\_\_\_
- 1-8      **Corrections Standard Authority** (Date) \_\_\_\_\_
- 1-9      **Other (Describe)**      (Date) \_\_\_\_\_

Use Back of page for Inspection Notes

## *Appendix A*

### **Staffing**

- 2-1 Is the staff adequate to monitor the inmates?
- 2-2 Does the staff communicate in a language the inmates understand?
- 2-3 Is the staff a diverse or uniform group of personnel?
- 2-4 What are your impressions of the staff/inmate interaction?

### **Condition of the Grounds (lawns, recreation areas, blacktop, asphalt, other)**

2-5

### **Exterior of Buildings ( general condition, paint, roof, drains/gutters, other)**

- 2-6 Are cleaning fluids and chemicals labeled and safely stored?
- 2-7 Is a weapons locker present?
- 2-8 Is there recreation and sports equipment available?
- 2-9 Are the hallways clear? Are the doors propped open or are they closed?
- 2-10 Holding areas (cells/rooms)-[if present]- Is there access to drinking water and a toilet?
- 2-11 Are there individual cells/rooms or dormitories?
- 2-12 Beds- Type of bed and is it off the floor?
- 2-13 Is the lighting adequate?
- 2-14 What is your impression of the temperature?

### **Orientation of Inmates**

- 2-15 **Are inmates** briefed or instructed as to the facility rules and procedures?
- 2-16 Are the rules and grievance procedures posted?
- 2-17 Are the rules and grievance procedures understood by the inmates?
- 2-18 How many inmates did you interview? (enter number) \_\_\_\_\_

Use Back of page for Inspection Notes

## ***Appendix A***

### **Meals/Nutrition**

- 3-1 **The kitchen area-** Is it clean? Are knives and chemicals locked?
- 3-2 Have inmates working in the kitchen been trained?
- 3-3 Have the inmates had medical clearance/review before assignment?
- 3-4 Are meals served in the cell, dayroom or in a central cafeteria?
- 3-5 What is the length of time allowed for eating?

### **Personal Appearance of Inmates?**

- 3-6 **What is your impression** of the appearance of the inmates?  
(dirty, unkempt, well groomed, etc.)
- 3-7 Showers- frequency, privacy, maintenance of shower facility,  
and supervision by staff.
- 3-8 Are there any reported assaults by inmates on other inmates?
- 3-9 Condition of inmate clothing- (does the clothing fit; Is it appropriate  
for the weather, etc.)?

### **Programs**

- 3-10 (a)Exercise- is it inside or outside? (b)How frequently is exercise offered?
- 3-11 How much time is each inmate offered?
- 3-12 Do men get more exercise time than women?
- 3-13 Are there clergy available to the inmate upon request?
- 3-14 Is there access to religious services?
- 3-15 Are anger management and other applicable programs available?
- 3-16 Are medical services available?
- 3-17 **How frequently is medical staff onsite?**
- 3-18 How long do inmates have to wait to be treated?
- 3-19 Is a physician available by phone to come onsite?
- 3-20 Are mental health services available?
- 3-21 How often do the mental health staff come to the facility?
- 3-22 How long do the inmates have to wait to be seen?
- 3-23 What kind of vocational classes are available? (cooking, gardening, etc.)
- 3-24 Is there a program to involve community volunteers?
- 3-25 Is there a work program?
- 3-26 Other:

Use Back of page for Inspection Notes

## *Appendix A*

### **Discipline of Inmates**

- 4-1 How often is discipline enacted?
- 4-2 What is the range of discipline options?

### **Grievances**

- 4-3 What are the most common types of grievances filed by inmates?
- 4-4 Is there a record kept based on type and number?

### **Telephone**

- 4-5 Do inmates have access to telephones?

### **Correspondence**

- 4-6 **Is there** limited free postage for inmates without money?
- 4-7 Incoming/outgoing mail-Are inmates aware that their mail can be read by authorities?
- 4-8 Confidential correspondence- letter to attorneys, legislator, CSA etc.,
- 4-9 How is that handled?

### **Visiting**

- 4-10 **Is there adequate space** for visitors?
- 4-11 Are the visiting times convenient for families?
- 4-12 (accommodate a family's work schedule, etc.)
- 4-13 Are there special provisions for visits by attorneys and clergy?
- 4-14 Does the staff supervise the visits?
- 4-15 Do all inmates have access to visiting?
- 4-16 If not state reason.

### **Education Program**

- 4-17 **College level/high school level/basic literacy/other:**
- 4-18 State the name of school district providing educational services.
- 4-19 Teachers- State the number of full-time, part-time and substitute teachers.
- 4-20 State the number of inmates in the educational program.
- 4-21 What is the atmosphere in the classroom?
- 4-22 Are the supplies adequate? (books, paper, computers, etc.)
- 4-23 What kind of activities and coursework are assigned by the teachers?
- 4-24 What is the relationship between the educational staff and the facility staff?

Use Back of page for Inspection Notes

## *Appendix A*

### **Juveniles in Adult Facility**

- 5-1        What is the proximity to adult inmates?
- 5-2        Is staff available to supervise juveniles?
- 5-3        Is there constant auditory access to staff?
- 5-4        Is the juvenile provided a snack if requested?
- 5-5        Is there access to toilet facilities?
- 5-6        Is there access to drinking fountains or water?
- 5-7        Are there provisions to provide clothing or blankets to assure comfort?

### **Conditions of Secure Detention Outside a locked Enclosure (e.g. Cuffing Rail)**

- 5-8        Is there contact with other juveniles?
- 5-9        Is there constant supervision?
- 5-10       Any timed intervals of supervision? What are the time limits?
- 5-11       Is there access to toilet and washing facilities?
- 5-12       Is there access to a drinking fountain?

### **Conditions of a Non-secure Detention**

- 5-13       Is there constant supervision?
- 5-14       Are there males and females in the same room?

Use Back of page for Inspection Notes

## Appendix A

### General Observation for Kitchen Facilities

		Y/N
6-1	Is all food stored 6" off the Floor?	<u>y</u>
6-2	Is Raw food seperated from cooked?	<u>y</u>
6-3	Are prep areas for protein products and fruits / vegetables seperated?	<u>y</u>
6-4	Is there a thermometer on the refrigerator door? If yes __41__ ° F	<u>y</u>
6-5	Is frozen food frozen?	<u>y</u> zero degrees
6-6	Are employee uniforms clean?	<u>y</u>
6-7	Are plastic gloves available?	<u>y</u>
6-8	Is employee hair covered?	<u>y</u>
6-9	Are restrooms used as storage?	<u>n</u>
6-10	Are 3 hole sinks available and in use?	<u>y</u>
6-11	Are knives and chemicals in lock up?	<u>y</u>
6-12	Are Grade Cards posted in full view?	<u>n</u>
6-13	Are there "Fly fans" and are they in use use?	<u>y</u> Automatic on door open

Use Back of page for Inspection Notes