|  |  |
| --- | --- |
| A picture containing logo  Description automatically generated  FLORIDA MODEL JAIL STANDARDS (FMJS)  FMJS Unannounced Inspection Packet | You must document compliance on the applicable Inspection Packet (**i.e., Part II – Jail & Medical Unannounced Checklist**).  Serious Violations are noted with BOLD italicized print.  Effective: 7/11/2024  In addition to inspecting and observing all jail facilities, inspectors must view written (paper or electronic) policies, procedures, or written documentations to ensure compliance with the Florida Model Jail Standards. |

**Annual** Choose an item. **Inspection**

Date: Click or tap to enter a date.

To: Click or tap here to enter text.

From: Click or tap here to enter text.

Subject: Click or tap here to enter text.

* **Introduction:**

Click or tap here to enter text.

* **Inspection Process:**

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* **Compliance Issues:**

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* **Conclusion:**

Click or tap here to enter text.

* **Limitation of Liability:**

The listed Inspector(s) have complied this report in accordance with the Florida Model Jail Standards. This report reflects the/their observations during the inspection process for compliance with the Florida Model Jail Standards. Pursuant to state law the jail must maintain the operation of the jail at the standards provided by the Florida Model Jail Standards. ***The Inspector(s) are not responsible for a facility or facilities continued compliance with the Florida Model Jail Standards after the date or dates of an inspection.***

***The ultimate responsibility for the continued compliance with the Florida Model Jail Standards (minimum Jail Standards) rest solely with the entity designated by statute (951.23) as the “Chief Correctional Officer.”*** The Chief Correctional Officer hereby agrees to **“release and hold harmless”**, the Inspector(s) to the extent allowed by law. To release the Inspector(s) from **“all liability, losses or damages”**, including Attorney Fees and cost of defense, which the Chief Correctional Officer, Officers, Employees or Agents may incur as a result of claims, demands, suits, causes or actions of any kind or nature arising out of, resulting to, or resulting from a Jail, Medical, or Youth Detention Facility Inspection.

Chapter 3 - Inspections of the Florida Model Jail Standards requires the ***“Officer-in-Charge”*** to compile a response to the Inspection Report and submit a copy ***with “corrective action (if applicable)”*** to the Agency’s Chairman of their County Commission within 14 days of completion. In addition, within 30 days of receipt of the Inspection Report, the Officer-in-Charge will submit a copy of the report to the Chairman of the Florida Model Jail Standards Committee; which includes: the Inspection Report(s), responses, corrective action(s), or any other documentation requested by the Florida Model Jail Standards Committee. All Florida Model Jail Standards Reports and related documentation shall become public records, and shall be subject to review under 119, Florida Statute.

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Team Leader

# Part I: Facility Identification

**To be completed by the agency and provided to the inspector(s).**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Agency/Facility:** | | |  | | | | | | | | | | | | | | |
| **Facility Type:** | | | **Choose an item.** | | | | | | | | | | | | | | |
| **Physical Address:** | | |  | | | | | | | | | | | | | | |
| **Mailing Address (if applicable):** | | |  | | | | | | | | | | | | | | |
| **City:** |  | | **County:** | | |  | | | | | **Phone:** | | |  | | | |
|  | | | | | | | | | | | | | | | | | |
| **Agency Head:** | | | |  | | | | | | | | | | | | | |
| **Facility Administrator:** | | | |  | | | | | | | | | | | | | |
| **Chairperson – County Commission:** | | | |  | | | | | | | | | | | | | |
| **Chairperson or Mayor – City Council:** | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Date and Time of Inspection:** | | | |  | | | | | | | | | | | | | |
| **Population on Date of Inspection:** | | | |  | | | | | | | | | | | | | |
| **Date of FMJS Manual:** | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Date of Last Inspection:** | | | |  | | | | | | | | | | | | | |
| **Average Daily Population for the Preceding 12 Month Period:** | | | | | | | | | |  | | | | | | | |
| **Maximum Rated Capacity:** | | |  | | | | | | | | | | | | | | |
| **Housing:** | | **a.** | **Number of Housing Locations:** | | | | | | | | |  | | | | | |
|  | | **b.** | **Number of Beds:** | | | | | | | | |  | | |  | | |
|  | | **c.** | **Single Occupancy Cells:** | | | | | | | | |  | | | **SQ. FT.** | | |
|  | | **d.** | **Multiple Occupancy Cells:** | | | | | | | | |  | | | **SQ. FT.** | | |
|  | | **e.** | **Number of Dormitories:** | | | | | | | | |  | | | **SQ. FT.** | | |
| **Provide Listing of all Housing Locations:** | | | | | | | | | | | | | | | | | |
| **Date Facility was Constructed:** | | |  | | | | | | | | | | | | | | |
| **Date of Last Renovation:** | | |  | | | | | | | | | | | | | | |
| **Number of Satellite Facilities?** | | |  | | | | | | | | | | | | | | |
| **List Names of Satellite Facilities?** | | |  | | | | | | | | | | | | | | |
| **Address of Satellite Facilities?** | | |  | | | | | | | | | | | | | | |
| **Distance from the Main Facility?** | | |  | | | | | | | | | | | | | | |
| **Are there any plans for new construction?** | | | | | | | **Yes** |  | | | | | **No** | | | |  |
| ***If yes, please provide details (attach additional sheets as needed).*** | | | | | | | | | | | | | | | | | |
| **Is the facility under any court order?** | | | | | | | **Yes** |  | | | | | **No** | | | |  |
| ***If yes, please provide details (attach additional sheets as needed).*** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Facility Staff:** | | | | |  | | | | **Male** | | | | | | | **Female** | |
|  | | | | | **Certified Staff** | | | |  | | | | | | |  | |
|  | | | | | **Non-Certified Staff** | | | |  | | | | | | |  | |
|  | | | | | **TOTALS** | | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health Services Provided by:** | **Agency Staff** | | **Contracted** | | |
| **Health Services Administrator:** |  | | | | |
|  | | | | | |
| **Health Services Staff:** | | **(# of) Full Time** | | **(# of) Part Time** | **Total** |
| **Physicians** | |  | |  |  |
| **ARPN/PA** | |  | |  |  |
| **RN** | |  | |  |  |
| **LPN** | |  | |  |  |
| **CNA/MA/EMT** | |  | |  |  |
| **All Other Staff** | |  | |  |  |
|  | | | | | |

|  |  |
| --- | --- |
| **Name of Inspector:** | **Agency Name:** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **Medical Inspector(s):** | **Agency Name:** |
| **1.** | |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **4.** |  |
| **5.** |  |

**This is the end of Part I: Facility Identification. The remainder of this packet will be completed by the FMJS Inspector.**

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| CHAPTER 4 – GENERAL PROVISIONS | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | ***Is there an established zero tolerance policy addressing the following?***   1. The detection, prevention, elimination, and responding to sexual abuse/harassment, sexual activity, and staff sexual misconduct of inmates; 2. To address the safety and treatment needs of inmates who have been a victim of a sexual act; 3. To discipline and prosecution of any person who perpetrates sexual acts upon inmates.   Comments: | | | | | | 4.12 | |  | | |  | |  | | | |
| 2 | | | | | ***Are inmates provided education -- required as part of inmate orientation on the following information?***   1. ***Methods inmates can use to protect themselves from becoming victims, while incarcerated;*** 2. ***Treatment options available to victims of sexual abuse;*** 3. ***Methods of reporting incidents of sexual abuse; and*** 4. ***A written copy of information summarizing these topics, i.e., pamphlet, inmate handbook, etc.***   Comments: | | | | | | 4.12 (b)  (1-4) | |  | | |  | |  | | | |
| CHAPTER 6 – ADMISSION, CLASSIFICATION AND RELEASE | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | ***Are body cavity searches only conducted by licensed medical personnel?***  Comments: | | | | 6.3 (b) | | |  | | |  | |  | | | |
| 4 | | | | | | | ***When a body cavity search is conducted, is a complete report written and submitted to the Officer-In-Charge or designee?***  Comments: | | | | 6.3 (c) | | |  | | |  | |  | | | |
| 5 | | | | | | | ***Unless medically cleared, persons who are unconscious, seriously ill, or seriously injured are not admitted to the facility?***  Comments: | | | | 6.5 | | |  | | |  | |  | | | |
| 6 | | | | | | | ***Are there written procedures for legally releasing inmates and positive identification is made of all inmates prior to release?***  Comments: | | | | 6.18 | | |  | | |  | |  | | | |
| CHAPTER 7 - HOUSING | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | ***Inmates held longer than 24 hours, are they issued clothing and have reasonable access to personal comfort items, such as soap, clean towels, comb, toothbrush, and toothpaste? Are female inmates provided necessary feminine hygiene products, including tampons, moisturizing soap that is not lye-based, and any other health care products, the correctional facility deems appropriate?***  Comments: | | | | 7.6 (b)  (1-2) | | |  | | |  | |  | | | |
| CHAPTER 8 – FOOD | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | ***Do all aspects of food service operations conform to acceptable standards of Chapter 64E-11, Florida Administrative Code?***  Comments: | | | | 8.1 | | |  | | |  | |  | | | |
| 9 | | | | | | | ***Employees or inmates are not allowed to work in any food service area if known to have a communicable disease, open wound, sore or respiratory infection.***  Comments: | | | | 8.2 | | |  | | |  | |  | | | |
| 10 | | | | | | | ***Is food prepared or supervised by an employee trained in culinary services and holding a Professional Food Manager Certification as required by Chapter 64E-11, Florida Administrative Code?***  Comments: | | | | 8.4 | | |  | | |  | |  | | | |
| 11 | | | | | | | ***Are inmates given three substantial, wholesome, and nutritious meal daily? Is a hot meal served at least once daily?***  Comments: | | | | 8.5 | | |  | | |  | |  | | | |
| 12 | | | | | | | ***Do no more than 14 hours may elapse between the evening meal and morning meal?***  Comments: | | | | 8.5 | | |  | | |  | |  | | | |
| 13 | | | | | | | ***Are modified diets prepared and served when ordered by a physician or designee?***  Comments: | | | | 8.6 (b) | | |  | | |  | |  | | | |
| 14 | | | | | | | ***Food is not used as a disciplinary measure; however, an inmate may be placed on a SPECIAL MANAGEMENT MEAL program, approved by a physician, or other qualified medical staff member.***  Comments: | | | | 8.6 (e) | | |  | | |  | |  | | | |
| 15 | | | | | | | ***Does the Officer-in-Charge or designee inspect the food service area on a regular basis at least once a week? Is the inspection documented and corrective action taken on deficiencies found? Are inspections maintained for one (1) year?***  Comments: | | | | 8.7 | | |  | | |  | |  | | | |
| 16 | | | | | | | ***Is a separate storage area maintained for cleaning compounds, soaps, waxes, insecticides, and is kept locked?***  Comments: | | | | 8.9 | | |  | | |  | |  | | | |
| 17 | | | | | | | ***Is there a procedure to keep an accurate accounting of all cutlery equipment, specifically, knives, sharps, etc.?***  Comments: | | | | 8.13 | | |  | | |  | |  | | | |
| CHAPTER 9 – MEDICAL | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | ***Is there an agreement with the Health Authority licensed in the State of Florida for the provision of medical care and services? Is there an agreement with one or more health care providers to provide emergency services at the facility or at a location designated by the health authority?***  Comments: | | | | | | | 9.1, 9.18 | |  | | |  | | |  | |
| 19 | | | | ***Are there standard operating procedures for the medical section of the detention facility that are reviewed annually and updated annually by the Health Authority? The operating procedures will cover, at a minimum, the following:***   1. Receiving medical screening; 2. Health appraisal; 3. Physical examination; 4. Necessary medical, dental, and mental health services; 5. Emergency medical and dental services; 6. Notification of next of kin in cases of life threatening illness, or injury, or death, (NOTE: All such notifications shall be in accordance with the parent agency’s policies and procedures); 7. Prenatal care; 8. Delousing procedures to be implemented as designated by the Health Authority; 9. Detoxification procedures under medical supervision; 10. A procedure by the Health Authority proscribing standards for review of health appraisals and identification of problems to be reviewed by a physician, advanced registered nurse practitioner, or physical assistant; 11. A policy and procedure for a Comprehensive Quality Improvement Program that defines an ongoing effort and dedicated resources to monitor and evaluate the quality and appropriateness of patient care objectively and systemically, to pursue opportunities to improve patient care, and to resolve identified problems.   Comments: | | | | | | | 9.2  (a-k) | |  | | |  | | |  | |
| 20 | | | ***Does the facility have an agreement or understanding with one or more health care providers to provide regular and emergency services within the facility or at a designated location?***  Comments: | | | | | | 9.6 | | | |  | | | |  | |  | | |
| 21 | | | ***Is staff trained in the delivery of emergency first aid care and CPR on duty in the facility at all times.***  Comments: | | | | | | 9.8 | | | |  | | | |  | |  | | |
| 22 | | | ***Are first aid supplies, as designated by the Health Authority, readily available to medical or security staff in the facility at all times?***  Comments: | | | | | | 9.8 | | | |  | | | |  | |  | | |
| 23 | | | ***Does the Health Authority or designee inspect all first aid supplies monthly?***  Comments: | | | | | | 9.8 | | | |  | | | |  | |  | | |
| 24 | | | ***Does the facility’s standard operating procedures for the proper management of pharmaceuticals include:***   1. Adherence to federal and state regulations governing controlled substances; 2. Maximum security storage and perpetual inventory of all controlled substances, syringes, needles, sharps, and other instruments defined by the health authority.   Comments: | | | | | | 9.11  (a-b) | | | |  | | | |  | |  | | |
| 25 | | | ***b. The training, determination of competency, and initial and annual validation required under section 464.2035, Florida Statutes, must be conducted by a registered nurse licensed under this chapter or a physician licensed under Chapter 458 or Chapter 459.***  Comments: | | | | | | 9.12(b) | | | |  | | | |  | |  | | |
| 26 | | | | ***Unless authorized in writing by the Health Authority, are inmates determined by medical to have suicidal tendencies assigned to quarters that have close supervision or direct observation.***  Comments: | | | | | | | | 9.16 | |  | | |  | | |  | | | |
| 27 | | | | ***Each detention system shall have an agreement with one or more health care providers to provide emergency services at the facility or at a location designated by the health care provider.*** | | | | | | | | 9.18 | |  | | |  | | |  | | | |
| 28 | | | | ***Are copies of licenses or certification credentials of facility medical staff kept on file at a central location within the facility?***  Comments: | | | | | | | | 9.19 | |  | | |  | | |  | | | |
| 29 | | | | ***Does the facility have a written procedure whereby an inmate shall be tested for infectious disease consistent with the Centers for Disease Control guidelines and the Florida Department of Health?***  Comments: | | | | | | | | 9.20 | |  | | |  | | |  | | | |
| 30 | | | | ***Do pregnant females receive timely and appropriate prenatal care by a qualified practitioner that includes medical examinations, advice on appropriate levels of activity and safety precautions, nutritional guidance, and counseling?***  Comments: | | | | | | | | 9.22 | |  | | |  | | |  | | | |
| 31 | | | | ***Is all medication, bulk over-the-counter, and individual prescriptions, needles, and syringes kept in a locked area at all times except when being issued? Is there a maximum-security storage and perpetual inventory system of accountability for all controlled substances, syringes, needles, and other sharp instruments? Are narcotics kept behind a double lock?***  Comments: | | | | | | | | 9.29 | |  | | |  | |  | | | | |
| CHAPTER 10 – CLOTHING AND BEDDING | | | | | | | | | | | | | | | | | | | | | | |
| 32 | | | | | | ***Are inmates shall be furnished a bed, fire retardant mattress, mattress cover sheet, sheet, pillow, pillowcase, and a towel or equivalent set of linens as determined by the agency.\*? Does the mattress meet Florida State Fire Marshal’s Fire Safety Standards?***    Comments: | | | | | 10.1, 10.4 | | |  | | |  | | |  | | |
| CHAPTER 11 - PROGRAMS | | | | | | | | | | | | | | | | | | | | | | |
| 33 | | | | | | ***Prior to being assigned to a work program, is the inmate first medically cleared by the health authority in accordance with the Americans with Disabilities Act?***  Comments: | | | | | 11.5 (g) | | |  | | |  | | |  | | |
| CHAPTER 12 - PRIVILEGES | | | | | | | | | | | | | | | | | | | | | | |
| 34 | | | | | | ***When funds from the inmate welfare fund are expended, is it with the final approval of the Officer-In-Charge or designee?***  Comments: | | | | | 12.1 (d) | | |  | | |  | | |  | | |
| 35 | | | | | | ***Is an audit of the fiscal management of the commissary conducted by a disinterested party on an annual basis?***  Comments: | | | | | 12.1 (e) | | |  | | |  | | |  | | |
| CHAPTER 13 – SECURITY AND CONTROL | | | | | | | | | | | | | | | | | | | | | |
| 36 | | | | | ***Are emergency plans written for emergencies, to include fire, riot, hostage situations, escape, medical emergency, and natural disaster.***  ***The plans shall provide for the following:***   1. Alarm systems and notification; 2. Transmission of alarm to:    1. Fire department    2. Emergency Medical Services (EMS)    3. Or other law enforcement officials. 3. Response to alarms; 4. Isolation of fire or disturbance areas and the control of mobilization area; 5. Specific equipment such as fire extinguishers and fire hoses to be located at specific appropriate places within the institution and inspection and preventative maintenance schedule for such equipment; 6. Release and evacuation activity; 7. Prevention of escape during evacuation; 8. Firefighting plans, the rendering of prompt medical aid, or the assistance of law enforcement agencies in quelling riots or disturbances; 9. The chain of command to be followed in all such emergencies, including the specific responsibilities of staff and inmates; 10. Inspection schedules of hazardous areas and review of fire plans; 11. Documentation in the event of any such emergencies; 12. Fire exit drills and emergency evacuation drills shall be held with sufficient frequency to familiarize correctional personnel with proper procedures. Such drills shall be conducted for each shift of personnel, each calendar quarter. The actual movement o inmates to holding areas outside the building is not required. The drills shall be recorded and records shall be maintained in the facility. 13. Regular Inspections – Security inspection procedures shall be carefully defined and shall cover every part o the detention facility. A general inspection of the facility will be made by the Officer-in-Charge or designee at least once each week. All cells, cell blocks, and other quarters within the detention facility shall be checked daily by correctional officers. Inspections and deficiencies shall be recorded and records hall be maintained in the facility. In addition, the person notified of a deficiency or requested to take corrective action and the date and time of the corrective action taken shall be entered record.\* 14. Each facility shall meet applicable fire safety and prevention standards promulgated by the state Fire Marshal for correctional facilities pursuant the rules of the State Fire Marshal, Chapter 69A-54, Florida Administrative Code.\*   Comments: | | | | 13.1  (a-o) | | | | |  | |  | | |  | | |
| 37 | | | | | A key control system will be designed to indicate the location of all keys and locks in the detention facility. The system will include:  ***e. A key control system, which provides a shadow board or other means of ensuring that staff can immediately identify missing keys.\**** | | | | 13.2 (e) | | | | |  | |  | | |  | | |
| 38 | | | | | ***Inmate counts shall be taken at the beginning of each shift daily and recorded in the detention facility log. At least one of the counts shall be a full lock-down county when all inmates are required to be immobilized and visually inspected. All inmates will be visually check every hour between 11:00 p.m. and 6:00 a.m. unless involved in an outside program that precludes a personal check.\****  Comments: | | | | 13.3 | | | | |  | |  | | |  | | |
| 39 | | | | | ***There shall be a tool control plan including the standard use of inventory shadow boards, etching, or color coding of facility tools to ensure that such tools are not used to breach the security of the facility.\****  Comments: | | | | 13.4 | | | | |  | |  | | |  | | |
| 40 | | | | | ***Tools brough into the facility for maintenance or repair shall be accounted for at all times.\****  Comments: | | | | 13.5 | | | | |  | |  | | |  | | |
| 41 | | | | | ***Each facility will have a personnel identification system, which will ensure that employees, visitors, and inmates are positively identified, and that security measures are not bypassed.\****  Comments: | | | | 13.6 | | | | |  | |  | | |  | | |
| 42 | | | | | ***No person will enter the secure area of the detention facility with firearms, ammunitions, except in emergencies, and then only when authorized by the Officer-in-Charge or designee.\****  Comments: | | | | 13.7 | | | | |  | |  | | |  | | |
| 43 | | | | | The following items are authorized to be carried and used inside detention facilities by certified correctional officers trained in its use, only if authorized by the policy and procedure directives for the detention facility:   1. ***The chemical agent oleoresin capsicum or other such suitable agents are authorized to be carried inside the detention facility by certified correctional officers trained in its use, only if authorized by the policy and procedure directive for the facility. A weapons depository will be established near the secure entrance of the facility. Under no circumstances will weapons or ammunition be placed in a desk drawer or other container, which has common access.\**** 2. ***Electronic Weapons are authorized to be used inside the detention facility by certified correctional officers trained in its use, only if authorized by the policy and procedure directive of the facility.\****   Comments: | | | | 13.8  (a-b) | | | | |  | |  | | |  | | |
| 44 | | | | | Restraint of Pregnant Inmates:   1. ***If restraints are used on a pregnant inmate pursuant to paragraph (a):*** 2. ***The type of restraint applied and the application of the restraint must be done in the least restrictive manner necessary; and*** 3. ***The corrections official shall make written findings within 10 days after the use of restraints as to the extraordinary circumstance that dictated the use of the restraints. These findings shall be kept on file by the department/correctional facility for at least 5 years.\****Comments: | | | | 13.11  (b) | | | | |  | |  | | |  | | |
| 45 | | | | | 1. ***Each correctional facility shall inform female inmates of the rules developed pursuant to paragraph (a) upon admission to the correctional facility, including the policies and practices int eh inmate handbook, and post the policies and practices in location in the correctional facility where such notices are commonly posted and will be seen by female inmates, including common housing areas and medical care facilities. \**** 2. ***Each county or municipal detention facility and each detention facility operated by a private entity shal adopt written policies and procedures relating to the use of restraints and the performance of invasive body searches on pregnant inmates.\****   Comments: | | | | 13.11  (e-f) | | | | |  | |  | | |  | | |
| 46 | | | | | ***Restrictive Housing of Pregnant Inmates:***   1. ***A pregnant inmate may not be involuntarily placed in restrictive housing, except as provided in paragraph (b) or paragraph (d).*** 2. ***A pregnant inmate may be involuntarily placed in restrictive housing if the corrections official makes an individualized determination that restrictive housing is necessary to protect the health and safety of the pregnant inmate or others or to preserve the security and order of the correctional facility and there are no less restrictive means available. After placing a pregnant inmate in restrictive housing, the corrections official must write a report that includes:*** 3. ***The individualized reason restrictive housing is necessary;*** 4. ***The reason less restrictive means are not available;*** 5. ***If a qualified healthcare professional at the facility objected to the placement; and*** 6. ***A copy of the report must be provided to the pregnant inmate within 12 hours after placing the inmate in restrictive housing.\****   Comments: | | | | 13.12  (a-b) | | | | |  | |  | | |  | | |
| 47 | | | | | | ***The presence of two officers certified in accordance with Chapter 943, Florida Statutes, or Department of Juvenile Justice requirements, is required when moving high risk inmates in or out of a “housing area.”\****  Comments: | | | 13.13 | | | | |  | | |  | | |  | | |
| 48 | | | | | | ***There shall be sufficient staff on duty so that at all times, inmates within the detention facility will be within sight or hearing distance of a correctional officer or juvenile detention office. This may be accomplished by means of electronic surveillance. Civilian staff that is not certified as correctional officers by the Criminal Justice Standards and Training Commission or as juvenile detention officers by the Department of Juvenile Justice shall not be included as staff for purposes of this subsection.***  Comments: | | | 13.17 | | | | |  | | |  | | |  | | |
| CHAPTER 14 - SANITATION | | | | | | | | | | | | | | | | | | | | | |
| 49 | | | | | ***Are formal sanitation inspections of the facility conducted by the officer-In-charge or designee at least once a week? Are deficiencies recorded and corrected?***  Comments: | | | | | 14.16 | | | |  | |  | | |  | | |
| CHAPTER 15 – ORDER AND DISCIPLINE | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | ***Is the time spent in disciplinary segregation proportionate to the offense committed, but in no event shall be greater than 30 days per incident?***  Comments: | | | | | 15.10 (c) | | | |  | |  | | |  | | |
| 51 | | | | | ***Is corporal punishment of any kind prohibited (Discipline shall not be arbitrary nor capricious, nor in the nature of retaliation or revenge)?***  Comments: | | | | | 15.12 | | | |  | |  | | |  | | |
| CHAPTER 20 – ADMISSION, CLASSIFICATION AND RELEASE OF JUVENILES | | | | | | | | | | | | | | | | | | | | | |
| **52** | | | | | ***Prior to admitting juveniles, are all appropriate and legal documents presented?***  ***Does the documentation remain part of the juvenile’s permanent file?***  ***Unless wanted in another jurisdiction as an adult, juveniles are not housed in an adult jail unless one of the following documents is present:***   1. Indicted juvenile. The arrest and booking report will be accompanied by the grand jury indictment 2. Waived juvenile. The arrest and booking report will be accompanied by a copy of the court order certifying that the juvenile has been waived for prosecution as an adult. 3. Direct filed juvenile. The arrest and booking report will be accompanied by a certificate of filing of direct information by the state attorney. 4. Adult sanctions were imposed by the court   Comments: | | | | | 20.3  (a-d) | | | |  | |  | | |  | | |
| **53** | | | | | ***If a juvenile is charged with a traffic offense involving death or injury, under no circumstances is the juvenile placed with adults?***  Comments: | | | | | 20.5 | | | |  | |  | | |  | | |
| **CHAPTER 21 – HOUSING OF JUVENILES** | | | | | | | | | | | | | | | | | | | | | | |
| 54 | | | | | | ***Are juveniles transferred for prosecution as an adult by direct file, waiver, or grand jury indictment or wanted by another jurisdiction for prosecution as an adult housed separately from adult inmates?***  Comments: | | | | | 21.1  (a) | | |  | | |  | | |  | | |
| 55 | | | | | | ***Does the facility have a housing areas designated for juveniles and have adequate staff to supervise and monitor the juveniles at all times? Are juveniles physically observed and documented checks conducted at intervals not exceeding 10 minutes?***  Comments: | | | | | 21.1  (b) | | |  | | |  | | |  | | |