

NEBRASKA JAIL STANDARDS

Compliance Management Handbook for Jail Administrators

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*Nebraska Commission on
Law Enforcement and Criminal Justice
Jail Standards Division*

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STANDARDS MANAGEMENT CHECKLISTS

INTRODUCTION

This checklist provides Jail Managers with a systematic approach by which they can supervise the operation of their jail facilities to ensure that established practices that comply with Nebraska jail Standards are being maintained on an ongoing basis. In addition to being a supervisory tool, use of this checklist will serve as a reminder to the Jail Manager of practices at his/her facility that do not comply with Standards and encourage the development of a corrective plan of action. While use of these checklists will ensure those existing practices that comply with Standards are being maintained, they cannot cover every operational practice at every jail.

DIRECTIONS

The Standards Management Checklist has been divided into three sections to facilitate its use.

SECTION 1. The first section of the Standards Management Checklist Package contains monthly calendars for a year beginning *April 1998 and ending March 1999*. These calendars tell us what items on the checklists in Section 2 are to be completed for the month. The letters, (**W, M, Q, A**) indicate the checklist, and the numbers indicate which items of the checklist are to be completed. For example, if we look at the first entry for the month of **April 1998 (April 3)**, we see that this entry is **M1, 4, 7, 10**. This code tells us to turn to **Checklist M (Monthly)** in Section 2 and **complete items 1, 4, 7 and 10** as directed. *A blank calendar has been included in the appendix for future use.*

SECTION 2. Section 2 is made up of five checklists which have been organized and based upon how often each item in the list is to be completed, i.e., Daily, Weekly, Monthly, Quarterly and annually. Most of these items are based on specific requirements from Nebraska's Jail Standards for adult local detention facilities. Completion of the audits for each item and follow up measures to correct any identified problems will ensure on-going compliance. The bottom line for determining if a practice is being carried out is whether documentation is being kept on this practice. If documentation does not exist, you must assume, like the courts would in a liability situation, that the practice is not being carried out.

NOTE: We felt that it was not necessary to include the Daily Checklist Code on the timetables/**calendars** in Section 1. We encourage you to use this list on a daily basis until the daily check becomes routine.

STANDARDS MANAGEMENT CHECKLISTS (Continued)

SECTION 3. Section 3 contains materials which will help you organize and plan the correction any major deficiencies that may be identified through the use of the checklists. These materials include *Problems and Priorities Charts* and *Action Agendas*. Instructions and examples of each are also included. It is also a good idea to include the major steps of your *Action Agenda* on the timetables/calendars in Section 1 as a reminder.

APPENDIX. The appendix contains checklists which are to be completed as instructed in Section 2. It is a good idea to use all of these checklists as masters from which copies are made as you use each.

I hope this material proves useful in your efforts to maintain compliance with Nebraska Minimum Jail Standards.

SECTION 1

CALENDARS/TIMETABLES

MANAGER=S CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____

Month April

Year 2002

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i> <i>Complete</i> <i>M1, 4, 7, 10</i>	<i>6</i>
<i>7</i>	<i>8</i> <i>Complete</i> <i>W1 - W7</i>	<i>9</i>	<i>10</i> <i>Complete</i> <i>Q1</i>	<i>11</i>	<i>12</i> <i>Complete</i> <i>A14</i>	<i>13</i>
<i>14</i>	<i>15</i> <i>Complete</i> <i>M3, 5, 6</i>	<i>16</i> <i>Complete</i> <i>A 15</i>	<i>17</i> <i>Complete</i> <i>M18, 20</i>	<i>18</i>	<i>19</i> <i>Complete</i> <i>W1 - W7</i>	<i>20</i>
<i>21</i>	<i>22</i> <i>Complete</i> <i>M9</i>	<i>23</i>	<i>24</i> <i>Complete</i> <i>W1 - W7</i>	<i>25</i> <i>Complete</i> <i>Q11, 12</i>	<i>26</i>	<i>27</i>
<i>28</i>	<i>29</i> <i>Complete</i> <i>Q13, 17</i>	<i>30</i> <i>Complete</i> <i>M2, 8</i>				

MANAGER=S

CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____

Month May
Year 2002

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
			1	2 <i>Complete W1 - W7</i>	3	4
5	6 <i>Complete Q19, 21</i>	7 <i>Complete M1, 4, 7, 10</i>	8	9 <i>Complete W1 - W7</i>	10 <i>Complete Q22, 26</i>	11
12	13 <i>Complete M9</i>	14	15 <i>Complete M3, 5, 6</i>	16 <i>Complete W1 - W7</i>	17	18
19	20	21 <i>Complete Q23</i>	22 <i>Complete W1 - W7</i>	23	24 <i>Complete M2, 8</i>	25
26	27	28 <i>Complete W1 - W7</i>	29	30 <i>Complete Q24, 25</i>	31 <i>Complete A1</i>	

MANAGER-S CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____

Month June

Year 2002

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
						1
2	3 <i>Complete</i> <i>Q14, 16</i>	4 <i>Complete</i> <i>W1 - W7</i>	5	6 <i>Complete</i> <i>M1, 4, 7, 10</i>	7 <i>Complete</i> <i>A17</i>	8
9	10	11 <i>Complete</i> <i>M3, 5, 6</i>	12 <i>Complete</i> <i>Q9, 10</i>	13	14 <i>Complete</i> <i>W1 - W7</i>	15
16	17 <i>Complete</i> <i>M2, 8, 9</i>	18	19 <i>Complete</i> <i>W1 - W7</i>	20 <i>complete</i> <i>Q2 - Q8</i>	21 <i>Complete</i> <i>Q27 - Q29</i>	22
23	24 <i>Complete</i> <i>W1 - W7</i>	25 <i>Complete</i> <i>A18</i>	26	27	28	29

MANAGER-S CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____ Month July
 Year 2002

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
	<i>1</i>	<i>2</i>	<i>3</i> <i>Complete</i> <i>Q1</i>	<i>4</i>	<i>5</i> <i>Complete</i> <i>W1 - W7</i>	<i>6</i>
<i>7</i>	<i>8</i> <i>Complete</i> <i>A1</i>	<i>9</i>	<i>10</i> <i>Complete</i> <i>W1 - W7</i>	<i>11</i> <i>Complete</i> <i>M1, 4, 7, 10</i>	<i>12</i>	<i>13</i>
<i>14</i>	<i>15</i>	<i>16</i> <i>Complete</i> <i>W1 - W7</i>	<i>17</i>	<i>18</i> <i>Complete</i> <i>M3, 5, 6</i>	<i>19</i> <i>Complete</i> <i>Q18, 20</i>	<i>20</i>
<i>21</i>	<i>22</i> <i>Complete</i> <i>M9</i>	<i>23</i>	<i>24</i> <i>Complete</i> <i>A2</i>	<i>25</i> <i>Complete</i> <i>W1 - W7</i>	<i>26</i>	<i>27</i>
<i>28</i>	<i>29</i> <i>Complete</i> <i>Q11, 12, 13,</i> <i>17</i>	<i>30</i> <i>Complete</i> <i>M2, 8</i>	<i>31</i> <i>Complete</i> <i>M1, 4, 7, 10</i>			

MANAGER'S CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____ Month August
 Year 2002

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
				1	2 <i>Complete W1 - W7</i>	3
4	5 <i>Complete Q9, 10</i>	6	7 <i>Complete M3, 5, 6</i>	8 <i>Complete W1 - W7</i>	9	10
11	12	13 <i>Complete Q19, 21, 22, 26</i>	14	15 <i>Complete W1 - W7</i>	16 <i>Complete A3</i>	17
18	19 <i>Complete M9</i>	20 <i>Complete W1 - W7</i>	21	22 <i>Complete Q23, 24</i>	23	24
25	26	27 <i>Complete M2, 8</i>	28	29 <i>Complete W1 - W7</i>	30 <i>Complete Q26</i>	31

MANAGER-S CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____

Month September
Year 2002

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>1</i>	<i>2</i>	<i>3</i> <i>Complete</i> <i>W1 - W7</i>	<i>4</i>	<i>5</i> <i>Complete</i> <i>M1, 4, 7, 10</i>	<i>6</i> <i>Complete</i> <i>A4</i>	<i>7</i>
<i>8</i>	<i>9</i>	<i>10</i> <i>Complete</i> <i>M3, 5, 6</i>	<i>11</i> <i>Complete</i> <i>W1 - W7</i>	<i>12</i>	<i>13</i> <i>Complete</i> <i>Q2 - Q8</i>	<i>14</i>
<i>15</i>	<i>16</i>	<i>17</i> <i>Complete</i> <i>Q27, 28</i>	<i>18</i> <i>Complete</i> <i>Q29</i>	<i>19</i> <i>Complete</i> <i>W1 - W7</i>	<i>20</i> <i>Complete</i> <i>M9</i>	<i>21</i>
<i>22</i>	<i>23</i>	<i>24</i> <i>Complete</i> <i>Q14 - Q16</i>	<i>25</i>	<i>26</i> <i>Complete</i> <i>M2, 8</i>	<i>27</i> <i>Complete</i> <i>W1 - W7</i>	<i>28</i>
<i>29</i>	<i>30</i>					

MANAGER-S

CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____

Month October
Year 2002

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
		<i>1</i> <i>Complete</i> <i>A5</i>	<i>2</i>	<i>3</i> <i>Complete</i> <i>W1 - W7</i>	<i>4</i>	<i>5</i>
<i>6</i>	<i>7</i> <i>Complete</i> <i>Q1</i>	<i>8</i>	<i>9</i> <i>Complete</i> <i>W1 - W7</i>	<i>10</i>	<i>11</i> <i>Complete</i> <i>M1, 4, 7, 10</i>	<i>12</i>
<i>13</i>	<i>14</i>	<i>15</i> <i>Complete</i> <i>W1 - W7</i>	<i>16</i> <i>Complete</i> <i>M3, 5, 6</i>	<i>17</i> <i>Complete</i> <i>Q18, 20</i>	<i>18</i>	<i>19</i>
<i>20</i>	<i>21</i> <i>Complete</i> <i>M9</i>	<i>22</i>	<i>23</i>	<i>24</i> <i>Complete</i> <i>W1 - W7</i>	<i>25</i> <i>Complete</i> <i>Q11, 12, 13,</i> <i>17</i>	<i>26</i>
<i>27</i>	<i>28</i> <i>Complete</i> <i>M2</i>	<i>29</i> <i>Complete</i> <i>W1 - W7</i>	<i>30</i>	<i>31</i> <i>Complete</i> <i>M1, 4, 7, 10</i>	 <i>Complete</i> <i>Q9, 10</i>	

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

MANAGER-S CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____ Month November
Year 2002

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
					1	2
3	4 <i>Complete Q23 - Q25</i>	5	6 <i>Complete W1 - W7</i>	7 <i>Complete A6</i>	8	9
10	11	12 <i>Complete M3, 5, 6</i>	13	14 <i>Complete W1 - W7</i>	15	16
17	18	19 <i>Complete Q19, 21, 22, 26</i>	20	21 <i>Complete A7</i>	22 <i>Complete W1 - W7</i>	23
24	25	26	27	28	29	30

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
	<i>Complete M9</i>	<i>Complete W1 - W7</i>	<i>Complete M2, 8</i>			

MANAGER=S

CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____

Month December
year 2002

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
1	2	3	4 Complete Q2 - Q8	5 Complete A8	6 Complete W1 - W7	7
8	9 Complete Q27	10	11 Complete W1 - W7	12 Complete M1, 4, 7, 10	13	14
15	16 Complete Q29	17	18 Complete W1 - W7	19	20 Complete M3, 5, 6	21
22	23 Complete W1 - W7	24 Complete M9	25	26 Complete Q14 - Q16	27	28

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
29	30 Complete M2 - 8	31 Complete A9				

MANAGER-S CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____

Month January
Year 2003

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
			1	2	3 <i>Complete W1 - W7</i>	4
5	6	7 <i>Complete M1, 4, 7, 10</i>	8	9 <i>Complete W1 - W7</i>	10 <i>Complete Q18-20</i>	11
12	13 <i>Complete Q1</i>	14	15 <i>Complete W1 - W7</i>	16	17 <i>Complete M3, 5, 6</i>	18
19	20	21 <i>Complete</i>	22	23 <i>Complete</i>	24 <i>Complete</i>	25

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
		<i>M9</i>		<i>W1 - W7</i>	<i>A10</i>	
<i>26</i>	<i>27</i> <i>Complete M2, 8</i>	<i>28</i>	<i>29</i> <i>Complete W1 - W7</i>	<i>30</i> <i>Complete Q11, 12, 13, 17</i>	<i>31</i> <i>Complete A1</i>	

MANAGER-S CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____

Month *February*
year *2003*

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
						<i>1</i>
<i>2</i>	<i>3</i> <i>Complete M1, 4, 7, 10</i>	<i>4</i>	<i>5</i> <i>Complete W1 - W7</i>	<i>6</i>	<i>7</i> <i>Complete Q9, 10</i>	<i>8</i>
<i>9</i>	<i>10</i> <i>Complete W1 - W7</i>	<i>11</i>	<i>12</i>	<i>13</i> <i>Complete M3, 5, 6</i>	<i>14</i> <i>Complete Q23 Q25</i>	<i>15</i>
<i>16</i>	<i>17</i> <i>Complete W1 - W7</i>	<i>18</i> <i>Complete M9</i>	<i>19</i>	<i>20</i> <i>Complete Q19, 21, 22,</i>	<i>21</i> <i>Complete A12</i>	<i>22</i>

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
				26		
23	24 <i>Complete</i> <i>M32, 8</i>	25	26 <i>Complete</i> <i>W1 - W7</i>	27	28	

MANAGER=S

CHECKLIST CALENDAR/TIMETABLE

NAME OF FACILITY: _____

Month March
Year 2003

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
		<i>Complete</i> <i>M1, 4, 7 10</i>		<i>Complete</i> <i>A-13</i>	<i>Complete</i> <i>W1 - W7</i>	1
2	3 <i>Complete</i> <i>M3, 5, 6</i>	4	5 <i>Complete</i> <i>W1 - W7</i>	6	7 <i>Complete</i> <i>Q2 - Q8</i>	8
9	10 <i>Complete</i> <i>Q27-Q29</i>	11	12 <i>Complete</i> <i>M9</i>	13	14 <i>Complete</i> <i>W1 - W7</i>	15
16	17 <i>Complete</i>	18	19 <i>Complete</i>	20	21 <i>Complete</i>	22

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
	<i>M2, 8,</i>		<i>W1 - W7</i>		<i>Q14 - Q16</i>	
<i>23</i>	<i>24</i> <i>Complete W1 - W7</i>	<i>25</i>	<i>26</i>	<i>27</i>	<i>28</i>	<i>29</i>

SECTION 2

CHECKLISTS

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST D DAILY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
D1 Read the daily jail log and evaluate the entries. Is the required information being recorded by each shift in the log? Minimum information should include the following:			
a. Are trained personnel on duty during each shift, including female staff, to supervise female inmates? (Standards Chapter 2-003.02, 003.02A)			
b. Are time and results of all inmate head counts being conducted and recorded? (Standards Chapter 6-002.01)			
c. Are the times and names of all inmates admitted and released being recorded?			
d. Are the times and results of all security and sanitation inspections conducted by staff being recorded? (Standards Chapter 6-003.02A, 10-003, 10-003.01)			
e. Are the times and results of staff observations and cell checks of general population inmates (at least hourly) being recorded? (Standards Chapter 2-003.02B, 6-003.03)			
f. Are the times and results of staff observations and cell checks of high risk inmates, maximum security, mental health and intoxicated inmates being recorded? (Should be observed more frequently than once an hour.)			
g. Are the times that meals are served and a description of items provided being recorded? (Standards Chapter 11-002)			
h. Are the times of jail activities and programs taking place being recorded, (i.e., visitation, recreation, religious services, counseling and GED)? (Standards Chapter 7-003.02, 8-002 and 003, 9-003 through			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST D DAILY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
003.03)			
i. Are the dates and times that inmate medication was dispensed and the name of the staff member assigned being recorded? (Standards Chapter 10-002.03A through 002.03D)			
j. Are entries on shift activities, routine or unusual incidents or occurrences being recorded?			
k. Are the date, times and names of all visitors , including counselors, physicians and attorneys, as well as the name of the inmate seen, being recorded? (Standards Chapter 3-002.06)			
l. Are notations being made pertaining to problems, disturbances or use of emergency or restraint equipment?			
m. Is the assignment of inmates to disciplinary isolation, administration segregation and safety cells being done with the approval of the facility administrator ? (Standards Chapter 6-002.02)			
n. Was information recorded in the logs regarding activities within the disciplinary or administrative segregation housing units?			
o. Has the classification status of inmates housed in safety cells been reviewed by the facility administrator and recorded in the log? Are the assignment and housing of inmates in safety cells meeting the requirements of the Nebraska Mental Health Act? (Standards Chapter 6-002.02A, 002.02B, 002.02C)			
p. Was a routine cleaning and inspection of the kitchen conducted and recorded by food service staff?			
q. Were individual cells inspected for properly working equipment and fixtures prior to the assignment of an inmate? (Standards Chapter 6-003.02B)			
r. Were inmate telephone calls allowed with the			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST D DAILY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
necessary documentation completed? (Standards Chapter 9-004 through 004.05)			
s. Were inmate requests for medical attention collected by staff and acted upon properly? Was information provided to the proper medical authority? Were medical emergencies acted upon in an appropriate manner? (Standards Chapter 10-002.02, 002.08)			
D2 Review the Daily Population Report completed by staff for the previous day. Is the data complete and correct? If your records are not automated or computerized, enter data from the daily population report form onto the monthly population report.			
Follow up on missing entries. Remember, if you lack the documentation, you must assume the activity did not occur. For example, no entries were made in the log regarding exercise and recreation, find out why. If exercise was not held because of an emergency, make sure your staff documents the reasons and justification.			

ADDITIONAL COMMENTS

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST W WEEKLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
W1 Conduct a security inspection of the facility including the control center or dispatch area to ensure that all security devices, doors, equipment and perimeters are being maintained properly by staff. During this inspection examine the following items:			
a. Are all security perimeter entrances being kept locked at all times? Is staff supervising all entrances and exits to the jail? Are security doors being protected and maintained by staff? (Standards Chapter 6-003.01)			
b. Are interior security doors kept locked and are locks in proper operating condition? (Standards Chapter 6-003.02)			
c. Are windows and bars intact and secure? (Standards Chapter 6-003.02A)			
d. Are all masonry, plating and frames intact and secure?			
e. Are all ventilation and access covers secure?			
f. Are protective screens intact and free of damage?			
g. Are security fences, lighting and cameras in good condition and operating properly?			
h. Is the outdoor exercise area checked for contraband prior to the admittance of inmates?			
I. Are all other security devices, surveillance and communication equipment, barriers and glazing in good working order and free of damage?			
Log the results of your weekly inspection in the daily log and take the necessary action to correct problems discovered.			
W2 Check the facility's arsenal to ensure that it is secure. (Standards Chapter 6-005.01)			
a. Are all firearms, chemical agents, ammunition,			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST W WEEKLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
restraint equipment and other weapons stored in a secure depository ?			
b. Is access to the arsenal clearly limited to staff and supervised by designated employees?			
W3 Observe inmates entering and exiting the jail security perimeter. Are they being pat/strip searched by staff according to policy? (Standards Chapter 6-006.03E)			
W4 Observe inmate workers leaving and entering work areas such as the kitchen, sallyport, laundry, janitorial and delivery areas. Are they being searched by staff? (Standards Chapter 6-006.02B)			
W5 Check to make certain that staff are collecting inmate requests for medical attention daily. Review at least three completed requests to ensure that they are being forwarded to the medical staff. (Standards Chapter 10-002.01, 002.02, 002.08)			
a. Are medical requests reviewed by the facility's physician or nurse to determine the appropriate response/treatment?			
b. Are inmates known to be seriously ill or injured being examined and treated by a physician or nurse immediately?			
W6 Review the daily jail logs for housekeeping activities.			
a. Are inmate work assignments for facility housekeeping and maintenance being performed? (Standards Chapter 8-004.03)			
b. Are inmates supervised by staff and are these activities recorded in the jail log?			
c. Are housekeeping and cleaning schedules conflicting with available inmate programs? (Standards Chapter 8-004.04)			
W7 Conduct a weekly sanitation inspection of the jail			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST W WEEKLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
including the food service and preparation areas. Record this inspection in the jail log and take corrective action if needed. The following items should be examined during the inspection:			
a. Are adequate cleaning supplies and implements available? (Standards Chapter 10-003)			
b. Are surfaces free of dust?			
c. Are floors clean and free of debris and hazardous objects?			
d. Are walls clean?			
e. Are any areas in need of repair or painting?			
f. Are trash receptacles clean and emptied daily?			
g. Are cells clean and orderly?			
h. Are toilets, wash basins, sinks and showers clean?			
i. Is toilet paper provided? (Standards Chapter 10-003.03B)			
j. Is soap being provided and are inmates maintaining good personal hygiene? (Standards Chapter 10-003.03C)			
k. Inspect linen, bedding, towels and inmate clothing . Are they in good condition and being cleaned regularly? (Standards chapter 10-003.04E)			
l. Is facility staff adhering to acceptable hygiene practices ? (Standards Chapter 10-003.01)			
m. Are inmate showers in good working order and available to inmates daily? (Standards Chapter 10-003.03A)			
W8 Review documentation concerning kitchen utensils . Is staff performing inventories at the beginning and			

**NEBRASKA COUNTY JAIL
STANDARDS MANAGEMENT CHECKLIST W
WEEKLY CHECKLIST**

REQUIREMENT	Y	N	COMMENTS
completion of each shift in which meals are served?			

ADDITIONAL COMMENTS

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST M MONTHLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
M1 Review files and records to insure that accurate and up-to-date information is being maintained. (Standards Chapter 3-002)			
a. Are the standardized admission and release forms being completed on all persons admitted and released? (Standards Chapter 3-002.01)			
b. Are they being completed by trained jail staff? (Standards chapter 4-002.02)			
c. Are the appropriate copies being forwarded to the office of Jail Standards? (Standards Chapter 3-002.01)			
M2 Inspect all weapons, ammunition, chemical agents, mechanical restraints and other security devices assigned to the jail arsenal.			
a. Is each item being maintained in proper working condition? (Standards Chapter 6-005.01A)			
b. Is the inventory log up to date and accurate? (Standards Chapter 6-005.01B)			
M3 Observe and review staff use of the check out/in system for the issuance of jail keys, tools and security equipment .			
a. Are keys not in use being stored in a secure depository? (Standards chapter 6-005.02B)			
b. Are all keys labeled to correspond with their respective locks?			
c. Are proper records being maintained for the issuance of keys ? (Standards Chapter 6-005.02A)			
d. Are emergency keys readily accessible? (Standards Chapter 6-005.02C)			
M4 Review the classification records and procedures carried out by your designated staff on five inmates housed during the past month. Examine the documentation and evaluate the following items.			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST M MONTHLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
a. Was initial classification completed within 15 days of admittance? (Standards Chapter 5-002)			
b. Were classification decisions based upon meaningful and verifiable information gathered through criminal justice agencies, medical records, local sources and interviews? (Standards Chapter 5-002.01)			
c. Was classification information appropriately used to determine custody categories, housing assignments and eligibility or needs for available programs and activities? (Standards Chapter 5-002.01)			
d. Were classification decisions reviewed periodically? (Standards Chapter 5-002.02)			
e. Was the classification status of inmates in administrative segregation reviewed at least once every 30 days ? (Standards Chapter 6-002.02D)			
f. If reclassification on a particular inmate was completed as a result of a disciplinary sanction, was documentation of limited due process rights pertaining to classification kept? This should include:			
C Written notice of the inmate's classification status;			
C A written statement of reason for the classification status,			
C Written notice of the inmate's ability to appeal the classification decision within 10 days .			
M5 Observe your staff carrying out procedures related to inmate mail .			
a. Are inmates allowed to send and receive any amount of mail ? (Standards Chapter 9-002.01)			
b. Are inmates allowed to send and receive mail from any persons or organizations, except where clear and convincing evidence justifies a restriction? (Standards			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST M MONTHLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
Chapter 9-002.02)			
c. Are inmates being allowed to send and receive confidential mail from their attorney , the courts , government officials and the Jail Standards Board ? (Standards Chapter 9-002.03)			
d. Is confidential mail only being opened in the presence of the inmate? (Standards Chapter 9-002.03A)			
e. Is personal mail being inspected for contraband? If money was found, was it credited to the inmate's account? If contraband was discovered, was it removed and the disposition properly documented? (Standards Chapter 9-002.04, 002.04A, 002.04B)			
f. If disciplinary action was taken against an inmate due to the illegal content of his/her mail, was it proven that they had prior knowledge of the contents? (Standards Chapter 9-002.04C)			
g. Personal mail is not being read or rejected , except where there is clear and convincing evidence that justified such action? (Standards Chapter 9-002.05)			
h. Is mail being delivered as is, unaltered and uncensored? If mail is to be rejected, is it returned to the sender or placed in the inmate's property? Is the justification for rejection being documented? (Standards Chapter 9-002.05A, 002.05B)			
i. Are indigent inmates being supplied with sufficient material and postage for a reasonable amount of correspondence? (Standards Chapter 9-002.06)			
j. Is incoming mail being delivered within 24 hours of receipt, and is outgoing mail being delivered to the postal service on the first business day? (Standards Chapter 9-002.07)			
M6 Inspect the first-aid kits located within your facility. Do they need any new supplies or updating? Record your inspection on the daily log. (Standards Chapter 10-002.04)			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST M MONTHLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
M7 Check records to ensure that inmates who needed medical treatment were examined by a physician or nurse . (Standards Chapter 10-002.01, 002.02, 002.08)			
Were medications properly dispensed by staff?			
If scheduled, were sick calls conducted during the month?			
Had the visiting medical staff recorded the sick call on the daily log?			
M8 Review the medical records of at least 3 inmates who have been housed at the jail for the past three weeks. If these inmates required medical attention, check for the following items:			
a. Have accurate records been maintained as to the medical attention received, medications verified and dispensed or other pertinent medical information? Chapter 10-002.03B, 002.10)			
b. Were inmates with medical restrictions prevented from activities and duties which may aggravate their condition? (Standards Chapter 10-002.06)			
c. Were inmates permitted to retain their own personal physician and dentist concerning their medical conditions? (Standards Chapter 10-002.11)			
M9 Review inmate housing assignments during the last month. Were mandatory separation requirements followed?			
a. Were females housed separately from and out of sight of males ? (Standards Chapter 5-003.01A)			
b. Were inmates under the age of 18 housed separately from and out of sight and sound of adults? (Standards Chapter 5-003.01B)			
c. Were intoxicated inmates housed separately from the general population? (Standards Chapter 5-003.01C)			
M10 Were recommended housing separations made throughout			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST M MONTHLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
the month? (These separations need to be considered based on several factors including classification, behavior , supervision needs and housing availability).			
a. Were felons housed separate from misdemeanor prisoners?			
b. Were pretrial inmates housed separate from sentenced ?			
c. Were those charged with crimes of violence housed separately from other inmates?			
d. Were prisoners with histories of violence housed separately from other inmates?			
e. Were weaker , more vulnerable prisoners housed separately from other prisoners?			
M11 Meals served to inmates should provide for at least 2,500 calories daily. Are menus reviewed and documented by a licensed dietician at least monthly?			

ADDITIONAL COMMENTS

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST Q QUARTERLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
Q1 Review jail personnel training records and shift schedules to make sure that at least one staff person on each shift has been trained and certified in cardio-pulmonary resuscitation and first-aid. (Standards Chapter 10-002.08)			
Q2 Review the files on five inmates released within the past three months. Are the files complete? At a minimum, documentation contained in the files should include the following:			
a. Standardized inmate admission and release forms , with copies properly forwarded to the office of Jail Standards (Standards Chapter 3-002.01)			
b. Court documents , orders and records (Standards Chapter 4-002.01);			
c. NCIC/NCIS and/or FBI criminal history records (Standards Chapter 5-002.01);			
d. Positive identification made, fingerprint cards and photograph of inmate (Standards Chapter 3-002.01, 003.01);			
e. An itemized, signed inventory of all inmate property and money received, stored and returned (Standards Chapter 3-002.02, 4-002.04, 002.04A, 002.04B, 002.04C, 003.02);			
f. An itemized account of every debit and credit with all transactions thoroughly documented (Standards Chapter 3-002.02A);			
g. Inmate classification records , (Standards Chapter 3-002.08);			
h. Disciplinary reports, grievances and incident reports (Standards Chapter 3-002.04);			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST Q QUARTERLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
I. Inmate visitation records, when not in a permanent log book (Standards Chapter 3-002.06);			
j. Records on inmate program participation;			
k. Intake medical screening (Standards Chapter 3-002.03);			
l. Documentation of all initial phone calls (Standards Chapter 3-002.05);			
m. Pertinent information, staff observations of unusual, self destructive or suicidal behavior, documented and follow-up actions taken;			
Q3 Review medical files on inmates released during the past three months (on site or located in the physicians office). Do these files contain the following documentation?			
a. Inmate health history if gathered by facility staff or attending physician;			
b. Any subsequent health appraisals and data collected (Standards Chapter 10-002.10);			
c. All medical findings diagnoses and treatment (Standards Chapter 10-002.10);			
d. Release of information, implied consent and refusal forms if used;			
e. Prescribed medication and their administration (Standards Chapter 10-002.03, 002.03E);			
f. Place, date and time of examinations, sick call, treatments or any health encounter;			
g. Health service reports (i.e., dental, psychiatric and other consultations);			
h. Signature and title of each health service provider;			
I. Discharge summary of hospitalization ;			
j. Other pertinent medical documentation (i.e.,			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST Q QUARTERLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
laboratory tests, x-rays and diagnostic studies).			
Now check the same five inmates= regular jail files to ensure they do not contain medical records other than the Intake Medical Screening or completed request for medical assistance forms and a copy of dispensed medications. (Detailed medical records should be contained in a separate medical file when stored at the jail).			
Q4 Review procedures for the storage of medications . Is the storage area secure and under the supervision of staff ? Are related procedures being followed? Any changes or improvements needed? (Standards chapter 10-002.03E)			
Q5 Review procedure for contacting medical and dental authorities. Are names, addresses and telephone numbers readily available to jail staff at all times? (Standards Chapter 10-002.09)			
Q6 Review the food service records maintained at the jail. Do they reflect the following information? (Standards Chapter 3-002.07)			
a. Were three meals served each day during appropriate intervals and was at least one a hot meal? (Standards Chapter 11-002)			
b. Are meals palatable and served at the proper temperature ? (Standards Chapter 11-003)			
c. Do meals served meet the dietary allowances as prescribed by the National Academy of Sciences? (Standards Chapter 11-004 thru 004.05)			
d. Are religious and medical diets being provided with these being properly documented? (Standards Chapter 11-005, 006);			
e. Is food being stored and prepared in an area that meets the guidelines of the Food Service Sanitation Manual issued by the U.S. Food and Drug			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST Q QUARTERLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
Administration or the State of Nebraska Department of Health? (Standards Chapter 11-010)			
Q7 Review the process and criteria established to select inmate workers :			
a. Were inmate workers appointed or selected by staff during the past three months based on this criteria and process?			
b. Are any changes needed in the selection process?			
c. Are inmate workers being trained properly in the tasks to which they are assigned?			
d. Are the inmate workers being properly briefed on the rules and regulations governing their behavior and duties?			
e. Had a determination been made, before selection, that the inmate workers are physically fit to perform the assigned work? (Standards Chapter 10-002.06)			
f. Are work assignments preventing inmates= participation in other programs and activities? (Standards Chapter 8-004.04)			
Q8 Review jail medication records and compare them to the physician's written prescription instructions.			
a. Is medication being administered as directed by the doctor? (Standards Chapter 10-002.03B);			
b. Is all required information being recorded in the medication records of the inmate? (Standards Chapter 10-002.10)			
c. date/time administered;			
c. type of medication;			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST Q QUARTERLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
C administering officer's signature;			
C dosage given;			
C signature of inmate receiving medication.			
Q9 Meet with your Program Coordinator and evaluate the extent and need for inmate programs and services .			
Are you satisfied with the delivery of programs and services to inmates during the past quarter?			
Were counseling services available in the following areas? (Standards chapter 8-002)			
a. Religious (Standards chapter 8-002.02)			
b. Education/Vocational (Chapter 8-003.01)			
c. Mental Health (Chapter 8-002.01)			
d. Substance abuse (Chapter 8-002.01)			
e. Crisis intervention (Chapter 8-002.01)			
f. Health/Welfare (Chapter 8-002.01)			
g. Family (Chapter 8-002.01)			
Q10 Review inmate requests for religious services. Did staff provide inmates with access to these services? (Standards Chapter 8-002)			
Q11 Review the jail library program			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST Q QUARTERLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
a. Are the library materials available to inmates on a daily basis? (Standards Chapter 7-002.02)			
b. Does the library contain a reasonable selection of books including fiction, non-fiction, educational, current magazines and a local/daily newspaper ? (Standards Chapter 7-002.1A thru 002.1C)			
c. Were inmates provided with library service by local, city, county and/or state libraries during the past quarter?			
d. Are staff checking inmates= cells to see if library materials are being abused?			
Q12 Evaluate the jail law library . It should contain at the minimum (Standards Chapters 12-006 thru 006.05);			
a. A leading law dictionary ;			
b. Nebraska Revised Statutes ;			
c. Rules of the U.S. District Court;			
d. Rules of the State District Court in your jurisdiction;			
e. A list of all legal representatives in the county;			
f. Nebraska Minimum Jail Standards .			
Make sure that inmates have access or have the opportunity to purchase legal materials , supplies, reference books and services. Additionally, are indigent inmates being provided sufficient legal research materials and supplies needed for the preparation of legal documents? Enlist the help of defense counsel in the event that certain legal materials are difficult to locate or obtain through normal sources. (Standards Chapter 12-006)			
Q13 Review the jail exercise program and facilities.			
a. Is the area designated for exercise sufficient in size to			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST Q QUARTERLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
allow for a moderate amount of physical exercise? (Standards Chapter 7-003.02)			
b. Is the exercise area and equipment sufficient for the number of inmates using the facilities? (Standards Chapter 7-003.03)			
c. Is the exercise program available to all inmates for one hour a day, five days a week? (Standards Chapter 7-003.01)			
Q14 Review the jail laundry service and clothing and linen exchange. (Standards Chapter 10-003.04E)			
a. Is inmate clothing being washed twice weekly?			
b. Are blankets being washed at least once every three months?			
c. Are towels and wash cloths laundered at least once weekly?			
d. Is bed linen washed at least once weekly?			
Q15 Have you met with or given a report to the local County and District judges of the extent and availability of inmate programs and services within the jail?			
Q16 Review files of a few inmates who have participated in various temporary release programs during the past quarter. Were proper procedures carried out by staff regarding these inmates?			
a. Were staff following the orders of the judicial authority in providing opportunities for education release? (Standards Chapter 8-003.02)			
b. Were staff following the orders of the judicial authority in providing opportunities for work release? (Standards Chapter 8-004.01)			
c. Did staff review the facility release program rules and regulations with the inmates who have an approved			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST Q QUARTERLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
release?			
d. Did staff review and record information contained in the court order?			
e. Is it documented that the inmates were supervised or checked on an irregular basis, while released?			
f. Were proper reports, petitions and notifications filed with the court and the probation office when required?			
Q17 Using the Admission Checklist Q-17 in the appendix, observe and evaluate staff carrying out the admissions process on one or two inmates being admitted to ensure that proper admission procedures are being carried out.			
Q18 Observe staff releasing one or two inmates. Verify that the following procedures are being carried out:			
a. Are positive identification of inmates being made prior to release? (Standards Chapter 4-003.01)			
b. Are staff verifying the reason and the authority to release?			
c. Are staff completing the release section of the admission form?			
d. Are staff checking holds , warrants and detainers ?			
e. Are staff providing prisoners with receipts, court papers, citations, etc...?			
f. Are inmates signing and receiving an inventory list for the personal property, money and valuables being returned? (Standards Chapter 8-003.02)			
Q19 Using the Inmate Disciplinary Process Checklist Q-19 in the appendix, review documentation maintained on disciplinary procedures carried out by staff against two or three inmates during the past quarter. Were proper procedures carried out by staff?			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST Q QUARTERLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
Q20 Check to make sure that Inmate Rules and Regulations are posted and/or available in the areas accessible to inmates.			
Q21 Using the special Inmate Management Checklist Q-21 in the appendix, determine if staff are meeting general requirements for special management inmates.			
Q22 Do you recall if there was an incident in the jail during the past three months which resulted in physical harm to a staff member or inmate? Check to see if you received a written report documenting the incident. If not, find out why and get a written report . Evaluate reports and determine if:			
a. Staff acted within the scope of established policy and procedures ?			
b. Were staff actions reasonable and justified ? (Standards Chapter 6-003.03B)			
c. Were necessary amounts of force used? (Standards Chapter 6-003.03A)			
d. Was medical attention provided in a timely fashion?			
e. Was the incident referred to the proper law enforcement authority or facility disciplinary committee ? (Standards Chapter 13-003.010)			
f. Were staff exhibiting any need for additional or specific training ?			
Q23 Do you recall if there was an incident at the jail during the past three months where weapons or restraint devices were used?			
Did you receive a written report documenting the justification for its use? If not, find out why and get a written report of the incident. Evaluate reports based on the criteria listed in Q-22.			
Q24 Analyze incident reports filed during the last 3 months.			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST Q QUARTERLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
Does data tend to indicate certain trends are developing? For instance:			
a. assaults increasing;			
b. possession of contraband;			
c. disciplinary misconduct reports;			
d. actions by staff;			
e. associate any problems with recent policy change or lack thereof;			
f. associate any problems with training or lack thereof.			
Q25 Review inmate population data for the past quarter. Are any trends developing indicating needed changes or special arrangements?			
a. infirm or disabled inmates;			
b. crowding;			
c. language differences/need for interpreters;			
d. increase in female or juvenile inmates;			
e. counseling programs;			
f. educational programs.			
Q26 Review files of juveniles placed in detention during the last quarter to insure that the following procedures were followed:			
a. Was the juvenile admission form used only for those individuals actually housed in a jail cell?			
b. Were juveniles (under 18) housed only when charged as an adult with a felony ?			
c. Were juveniles (under 16) housed separately from adults with adequate sight and sound barriers? (Standards Chapter 5-003.01B)			

NEBRASKA COUNTY JAIL STANDARDS MANAGEMENT CHECKLIST Q QUARTERLY CHECKLIST

REQUIREMENT	Y	N	COMMENTS
d. Were juveniles (under 18) charged with misdemeanors discharged from secure detention within 6 hours?			
e. Are status offenders being diverted from detention?			
f. Are persons under 14 being diverted from secure detention except when ordered by a local judge? (Standards Chapter 5-003.01C)			
Q27 Review inmate grievances that have been filed in the last quarter and evaluate for the following requirements:			
a. Are inmates being permitted to file grievances?			
b. Does the person authorized or designated to investigate grievances receive them without unreasonable delay?			
c. Are grievances being promptly investigated with the investigation results being provided to the inmate and recorded in the facility records?			
d. Are inmates being provided with a prompt response concerning the disposition and recommendations?			
Q28 Review the Food Service Sanitation information contained in the State of Nebraska Department manual. Review this information with kitchen staff and complete Checklist Q28 in the appendix.			
Q29 To prepare for the annual inspection conducted by the State Fire Marshal's Office, complete Life Safety Checklist Q-29 in the appendix and develop plans for corrective action should deficiencies be detected. If possible, enlist the aid of a Deputy State Fire Marshal to provide assistance in his unofficial assessment of the facility's compliance with established life safety codes.			

ADDITIONAL COMMENTS

**NEBRASKA COUNTY JAIL
STANDARDS MANAGEMENT CHECKLIST A
ANNUAL CHECKLIST**

REQUIREMENT	Y	N	COMMENTS
A1 Conduct an annual review of the jail policies and procedures with the appropriate jail staff.			
a. Are any revisions or updates necessary?			
b. Do staff feel that written procedures are clearly stated and reflect what is actually occurring?			
c. Do written policies and procedures cover all areas identified by Nebraska Minimum Jail Standards? (Standards Chapter 1-007)			
A2 Have all jail staff received 18 (eighteen) hours of in-service training for this year? Examine personnel training records to make sure. (Standards Chapter 2-003.06)			
A3 Review personnel records of all new staff hired during the past twelve months. Have they received the training and examinations as required? (Standards Chapter 2)			
a. Proof of high school education or equivalent (004.01D);			
b. Possess U.S. Citizenship (004.01A);			
c. Proof of minimum age (004.01B);			
d. Fingerprints taken for background check (004.01C);			
e. Physical examination by a licensed physician			
f. 80 hours of initial training - Jail Management and Operations (003.02);			
g. Facility orientation training for new employees (003.01 through 003.01G)			
A4 Review training records of jail personnel authorized to use weapons or chemical agents . Have they received training and qualified in their use in the last twelve months?			

**NEBRASKA COUNTY JAIL
STANDARDS MANAGEMENT CHECKLIST A
ANNUAL CHECKLIST**

REQUIREMENT	Y	N	COMMENTS
(Standards Chapter 2-003.10)			
A5 Review jail staff in-service training topics to insure that they received training during the last twelve months in Emergency Procedures. (Chapter 2-003.11)			
A6 Complete an annual Life Safety code inspection of the jail facility with a representative from the State Fire Marshals office. (Standards Chapter 6-004.03)			
Does the jail comply?			
Is documentation of compliance maintained by the facility administrator?			
A7 Review your in-service training curriculum for jail personnel and make changes where needed. Remember, changes must be made in training when changes are made in policy and procedures.			
A8 Review documentation and observe staff carrying out inmate visitation procedures. (Standards Chapter 9-003 through 003.03) Does the visitation schedule provide the following:			
a. Does it provide each inmate in the detention facility an opportunity to visit at least 2 hours weekly with family and friends? (Chapter 9-003.02B)			
b. Does it provide for special visits outside the regular visitation schedule for lawyers, clergy and professional counselors? (Chapter 9-003.01B)			
c. Are visitation rules and regulations posted in the visiting area?			
d. Are staff documenting all visits? (9-003.03)			
e. If you are allowing contact personal visits , are staff supervising the visits?			
f. Are staff searching all inmates after contact visits?			
g. Are members of the clergy, physicians, lawyers,			

**NEBRASKA COUNTY JAIL
STANDARDS MANAGEMENT CHECKLIST A
ANNUAL CHECKLIST**

REQUIREMENT	Y	N	COMMENTS
probation/parole officers, mental health and addiction therapists allowed to visit at any reasonable hour ? What hours have been set as reasonable? (Chapter 9-003.01A)			
h. Is a confidential consultation area provided for legal representatives? (Chapter 9-003.01C)			
A9 Do you maintain documentation showing that the jail physician has reviewed and approved all policies and procedures regarding the delivery of medical services at your jail?			
A10 Review your written contracts for medical services with the jail physician or health care providers. Do the contracts need to be revised or amended?			
A11 Review your written contract for emergency dental care for inmates. Are changes needed?			
A12 Review your jail's commissary services. Should changes be made in any of the following?			
a. Items that can be purchased through the commissary;			
b. If profit is made, are proceeds put into an inmate benefit fund ? Is this fund being used to purchase exercise equipment, recreation and educational material?			
c. Does accounting of funds conform to acceptable accounting practices ?			
d. Are inmates required to sign for all purchases made and deduction from their account? (Chapter 002.02C)			
e. Are indigent inmates provided limited items (not required).			
A13 Review the educational opportunities at your jail. (Standards Chapter 8-003)			
At a minimum, is a GED program available?			

**NEBRASKA COUNTY JAIL
STANDARDS MANAGEMENT CHECKLIST A
ANNUAL CHECKLIST**

REQUIREMENT	Y	N	COMMENTS
Do you have sufficient equipment, materials and funds to support the program?			
A14 Review your contract with the licensed pest control service. (Standards Chapter 10-003.02)			
Does this contract need to be amended or renewed?			
Have you received good service, inspections and reports from this provider?			
A15 Inspect furnishings and allowable personal property in the jail. Are they a flame-retardant type which do not emit toxic fumes when burned?			
Are the jail mattresses clean, in good condition and fire retardant.(Chapter 10-003.04A)			
A16 Inventory the jail linen and bedding supply.			
Is the supply in good condition and adequate for your jail population?			
Are inmates being provided with:			
a. A clean sheet ? (Standards Chapter 10-003.04B)			
b. A clean towel ? (Standards Chapter 10-003.04C)			
c. A clean blanket ? (Standards Chapter 10-003.04D)			
A17 Using the Existing Facility Assessment Checklist A-17 in the appendix, evaluate the physical plant to address the overall condition, its viability for continued use and/or to develop a basis for improvements and renovation.			
A18 Using the Security and Control Checklist A-18 in the appendix, audit the security elements within the facility. Try to identify any areas that require improvements, installation or upgrading. Try to perform this audit prior to completion of the budget proposals. Many of these items may require additional funds.			

SECTION 3

INSTRUCTIONS/EXAMPLES OF USE OF PROBLEM CHART AND ACTION AGENDA

INSTRUCTIONS/EXAMPLES OF USE OF PROBLEM CHART AND ACTION AGENDA

All the materials found in this document can be used to help you improve your management practices. In addition to the use of these materials, I strongly encourage you to make use of the Problem Solving Guide found in Section E, Appendix A of NICs= Small Jail Resource Manual, which provides an approach for identifying and solving problems.

USE OF MANAGERS= SYSTEM

Use of this system involves several distinct steps which will help you to manage any corrective action plans needed. These steps are:

1. Problem Identification Through Use of Checklist
2. Recording Problems/Setting Priorities
3. Developing Action Agendas
4. Implementing Action Agenda to Correct Problem

1. Problem Identification Through Checklist Use

The heart of this managers= system is the series of Checklists found in Section 2. These Checklists are based on Nebraska Minimum Jail Standards and have been organized according to frequency of use, i.e., daily, weekly, monthly. When properly used, these checklists provide tasks and routines which help you supervise and maintain standards compliance practices at your facility. In addition, they will also serve to identify and remind you of existing problems that need to be addressed.

2. Recording Identified Problems and Setting Priorities

The next step is to record major problems identified through the Checklist onto the **Problems & Priorities Chart** provided in this section. Fill in each item on the Chart for each specific problem or general problem area which you have identified. You may decide to group problems into large statements or handle each one separately. The decision is yours.

Be sure to record how the problem was identified. Record the date that the problem was put on the chart and describe the problem as briefly as you can. Next, assign a code to each problem. This code should be the letter and number of the checklist item that identified the problem. **EXAMPLE:** M7 would be item seven from the monthly checklist. This will be useful on later charts.

The final step, when you have displayed all of the major problems, is to **SET PRIORITIES**. Sit down with your staff and review all of the problems listed. Determine which ones are to be considered a top priority and which would be considered lower priority. Assign priority ranking (1 for first priority, 2 for second priority, etc.) in the appropriate column to each problem.

3. Develop Action Agenda

The Action Agenda Chart provides a mechanism for developing specific approaches to solving problems. This process is called action planning and is described in more detail in NICs= Small Jail

Resource Manual, Section D.

The first step is to record the problem and its code on the chart. Start with your first-priority problem. After you record the problem, identify specific tasks which will be needed to solve the problem.

After you have identified specific tasks which address the problem, assign each task to a staff person and set a deadline for completion of the task. Keep track of progress by recording the code and completion date on Managers= Checklist Calendar/Timetable in Section 1. This will remind you to check progress on an on-going basis. Also record the completion date on the Action Agenda Chart.

4. Implementing the Action Agenda

The key step in this entire process is to solve problems. All the preceding steps help you to identify problems, formulate solutions and organize your task. If you and your staff fail to act on the problems you identified, you will compromise the integrity of the process.

Be sure that the specific tasks assigned to staff are reasonable. Assignments should be clear and concise; deadlines should be enforced. As a manager, you must be sure that problems you identify are solved.

Use these charts to check progress. Make sure to involve your staff in the process of solving problems. Make sure you and your staff can see the results of the efforts being made.

CHART: PROBLEMS AND PRIORITIES

PRIORITY RANKING	SOURCE OF IDENTIFICATION	DATE IDENTIFIED	DESCRIPTION OF PROBLEM	CODE NUMBER

SAMPLE OF COMPLETED CHART

PAGE ___ OF ___ PAGES

CHART: PROBLEMS AND PRIORITIES

PRIORITY RANKING	SOURCE OF IDENTIFICATION	DATE IDENTIFIED	DESCRIPTION OF PROBLEM	CODE NUMBER
<i>2</i>	<i>Audit Checklist</i>	<i>2/15/96</i>	<i>No personnel policies</i>	<i>A1</i>
<i>1</i>	<i>Jail Inspector and Audit</i>	<i>1/17/96</i>	<i>No written emergency plans and procedures</i>	<i>A2</i>
<i>3</i>	<i>Audit Checklist</i>	<i>2/15/96</i>	<i>Need to develop volunteer resources</i>	<i>A3</i>

CHART: PROBLEMS AND PRIORITIES

PRIORITY RANKING	SOURCE OF IDENTIFICATION	DATE IDENTIFIED	DESCRIPTION OF PROBLEM	CODE NUMBER
2	<i>Audit Checklist</i>	2/15/96	<i>No personnel policies</i>	A1
1	<i>Jail Inspector and Audit</i>	1/17/96	<i>No written emergency plans and procedures</i>	A2
3	<i>Audit Checklist</i>	2/15/96	<i>Need to develop volunteer resources</i>	A3
1	<i>Inmate Complaints</i>	3/2/96	<i>Plumbing does not work properly in cell area</i>	A4
1	<i>Jail Inspector</i>	1/17/96	<i>Fire escape routes not adequate (inmate egress)</i>	A5
2	<i>Defense Attorney</i>	1/27/96	<i>Inmate access to attorneys poor - scheduling</i>	A6
1	<i>Staff Observation</i>	1/12/96	<i>Locking system in maximum security is unreliable</i>	A7
3	<i>Audit Checklist</i>	2/15/96	<i>Booking form needs to be revised</i>	A8

CHART: ACTION AGENDA

CODE NUMBER	PROBLEM NAME	SPECIFIC TASKS	ASSIGNED TO	DEADLINE	DATE OF COMPLETION

CHART: ACTION AGENDA					
CODE NUMBER	PROBLEM NAME	SPECIFIC TASKS	ASSIGNED TO	DEADLINE	DATE OF COMPLETION
<i>A2</i>	<i>Emergency Plans</i>	<i>1. Research standards</i>	<i>Joe M.</i>	<i>2-15-96</i>	<i>2-13-96</i>
		<i>2. Draft plans</i>	<i>Joe M.</i>	<i>3-1-96</i>	<i>3-5-96</i>
		<i>3. Review draft</i>	<i>Ralph, Peter</i>	<i>3-15-96</i>	<i>3-15-96</i>
		<i>4. Rewrite plans</i>	<i>Joe M</i>	<i>4-1-96</i>	<i>3-28-96</i>
		<i>5. Circulate for staff Review and comment</i>	<i>Peter</i>	<i>4-15-96</i>	<i>4-11-96</i>
		<i>6. Final rewrite</i>	<i>Joe M.</i>	<i>5-1-96</i>	<i>5-10-96</i>
		<i>7. Develop and implement training</i>	<i>George S.</i>	<i>9-1-96</i>	
		<i>8. Conduct drills</i>	<i>John</i>	<i>9-12-96</i>	
<i>A4</i>	<i>Plumbing Problem</i>	<i>1. Get estimates from plumbers</i>	<i>Ralph</i>	<i>4-1-96</i>	<i>4-3-96</i>
		<i>2. Ask Board for \$</i>	<i>John</i>	<i>4-21-96</i>	<i>4-21-96</i>
		<i>3. Advertise</i>	<i>George S.</i>	<i>5-1-96</i>	<i>5-5-96</i>
<i>CONTINUED</i>					

APPENDIX

ADMISSIONS CHECKLIST Q-17

REQUIREMENT	Y	N	COMMENTS
1. Did the booking officer verify the identity of the arresting officer ? (Chapter 4-002.01)			
2. Were the committal papers of correct type and content with the legality of the admission verifiable? (Chapter 4-002.01)			
3. Was the arresting officer required to remain present until all pertinent information was recorded and custody of the prisoner accepted? (Chapter 4-002.01A)			
4. Was the Medical Receiving Screening form completed? (Chapter 4-002.07)			
5. If serious illness and injuries were found, did staff refuse admission and refer arresting officer to local physician for clearance? (Chapter 4-002.01B)			
6. Were pat searches performed? (Chapter 6-006.02A)			
7. Was the Nebraska Admission and Release Record properly completed? (Chapter 4-002.01)			
8. Was the inmate-s personal property removed, inventoried and documented on the form correctly: (Chapter 4-002.04)			
9. Were the inmates required to verify the property inventory list with his/her signature? (Chapter 4-002.04A)			
10. Were proper steps taken for inmate identification and initial classification ? (Chapter 4-002.01, Chapter 5-002)			
A. Fingerprints			
B. Photographs			
C. Teletype issues or received			
D. Warrants and criminal history check			

ADMISSIONS CHECKLIST Q-17

REQUIREMENT	Y	N	COMMENTS
through NCIC/NCIS			
11. Were entries made on the admission forms noting the inmate's need for special treatment or services (mental illness, substance abuse, violence, housing)?			
12. Are telephone calls made by newly admitted inmates for the purpose of bail or legal representation being noted on the appropriate form? (Chapter 4-002.05)			
13. Had pre-arraignment bail amounts been verified and the prisoner informed?			
14. If arrestee could not make bail and was strip searched before admittance, was it completed and documented in accordance with individualized, reasonable suspicion requirements? (Chapter 6-006.03)			
15. Was the issuance of jail clothing and property to new admissions documented?			
16. Was the inmate issued an inmate handbook and a verification form signed stating that he/she had read and understands the content? (Chapter 4-002.08)			
17. Was initial housing assignment documented?			

ADDITIONAL COMMENTS

Review five cases during the past quarter where staff have implemented disciplinary procedures. Did your staff complete the following procedures?

INMATE DISCIPLINARY PROCESS CHECKLIST Q-19			
REQUIREMENT	Y	N	COMMENTS
1. Did the staff person reporting the infraction or offense complete a written disciplinary report which included? (Chapter 13-003.03A)			
a. description of the incident and immediate action taken to restore order and security (Chapter 13-003.03B5 and 003.03B7);			
b. specific rules violated (13-003.03B1);			
c. a formal statement of the charges (13-003.03B2);			
d. unusual inmate behavior (13-003.03B3);			
e. staff or inmate witnesses (13-003.03B4);			
f. disposition of any physical evidence (13-003.03B6);			
g. reporting staff member's signature, date and time of report (13-003.03B8);			
2. If the inmate was charged with a minor rule infraction , did staff adhere to the following procedures? (Chapter 13-003.02A)			
a. The inmate was informed of the specific charges contained in the incident report by the Facility Administrator or jail commander;			
b. The inmate was given an opportunity to explain or deny the charge within 72 hours of the incident;			
c. The inmate was notified of the findings , the nature of the report, the placement in his/her file and of the final action taken ;			
d. There were provisions for the inmate to appeal			

INMATE DISCIPLINARY PROCESS CHECKLIST Q-19

REQUIREMENT	Y	N	COMMENTS
the disciplinary decision to the next highest in command.			
3. In the case of a minor rule violation , was the maximum penalty limited to one or more of the following? (Standards Chapter 13-003.02B)			
a. verbal and/or written reprimand (13-003.02B1);			
b. temporary loss of privileges (13-003.02B2);			
c. deadlocked in their cell for 96 hours (13-003.02B3);			
d. extra cleaning/work assignments (13-003.02B4).			
4. Were proceedings against the inmates charged with a major rule infraction handled formally and in accordance with the following due process? (Standards Chapter 13-003.03)			
a. Inmates received a written statement of the charges against them at least 24 hours before a hearing was held.(13-00303C)			
b. An investigation of the reported major rule infraction and the inmate's 24 hour notice was initiated within 48 hours of the reported incident.			
c. A hearing was held by an impartial person or panel (not directly involved in the incident) within 3 days of the notice.(13-003.03C)			
d. The inmate was present at the hearing or there was documentation of waiver, refusal or removal when justified by the inmate's behavior.(13-003.03D)			
e. The accused inmates were allowed to call witnesses and present documentary evidence in their defense. Were there any			

INMATE DISCIPLINARY PROCESS CHECKLIST Q-19

REQUIREMENT	Y	N	COMMENTS
limitations on this for safety, security or threats to correctional interests? (Chapter 13-003.03E)			
f. Accused inmates were assisted by a staff member in preparing and presenting his or her case.(See conditions in13-003.03F)			
g. When charges are sustained, did the person(s) conducting the hearing document their findings , the evidence relied on, impose the appropriate sanction and provide the inmate with a copy of the hearing decision? (Chapter 13-003.03G)			
h. the inmate had an opportunity to appeal the decision within ten (10) days to the jail administrator who considered the following:			
1) if there was substantial compliance with facility policy and procedures on inmate discipline (13-003.03H);			
2) if the decision was based on substantial evidence ;			
3) if the sanction imposed was proportionate to the rule violation.			
5. In cases where a guilty verdict was reached, was the disciplinary record maintained in the inmate-s file and where a finding of not guilty was made, was the disciplinary record removed from the inmate file? (Chapter 13-003.01C)			
6. In a case where the inmate charged with a rule violation was posing a threat to the security or safety of the facility , did the supervisor make a decision for pre-hearing detention before placing the inmate in lock-down? (13-003.01E)			
7. Were inmates charged with a major rule violation			

INMATE DISCIPLINARY PROCESS CHECKLIST Q-19

REQUIREMENT	Y	N	COMMENTS
who did not pose an immediate threat to the security and safety of the facility, placed in disciplinary detention only after a hearing ?			
8. Was the length of segregation for inmates in disciplinary isolation limited to a maximum of fifteen (15) consecutive days or thirty (30) days out of the forty-five (45) day period. (Chapter 6-002.02E)			
9. In applying sanctions for major rule violations , was inmate subject to one or more of the following sanctions? (Chapter 13-003.04)			
1. reprimand (13-003.04A);			
2. loss of privileges (13-003.04B);			
3. dead-lock in their cell (13-003.04C);			
4. confined in disciplinary segregation (13-003.04D);			
5. restitution for destruction of property (13-003.04E);			
6. good time credits (13-003.04F)			
7. extra cleaning duties/ work assignments (13-003.04G)			

ADDITIONAL COMMENTS

SPECIAL INMATE MANAGEMENT CHECKLIST Q-21

REQUIREMENT	Y	N	COMMENTS
1. Were inmates placed in segregation for administrative, protective custody or disciplinary reasons, allowed:			
a. access to medical care and selected programs ;			
b. the same meals as prepared for the general population (Chapter 11-009);			
c. normal facility clothing and bedding except for his/her own protection (Chapter 6-002.02A);			
d. to maintain the same level of personal hygiene given to other inmates;			
e. to exercise , receive mail, reading material and legal material .			
2. Was documentation kept to show that anything that could be used for self-injury was removed from the inmates who were self-destructive or suicide prone ?			
3. Were cases of administrative segregation or Protective Custody reviewed by the facility administrator at least every thirty (30) days? (Chapter 6-002.02D)			
4. Was the classification status of inmates housed in safety cells reviewed at least every twenty-four (24) hours? (Chapter 6-002.02C)			
5. Do written policy and procedure provide for administrative segregation for inmates with serious behavior problems and for inmates requiring protective custody?			
6. Do written policy and procedure specify that, behavior permitting, inmates housed in administrative segregation are afforded living			

SPECIAL INMATE MANAGEMENT CHECKLIST Q-21

REQUIREMENT	Y	N	COMMENTS
conditions and privileges approximating those available to the general inmate population unless exceptions are justified by clear and substantiated evidence?			
7. Do written classification policy and procedure specify the review process that is used to release inmates from administrative segregation to the general inmate population?			
8. Do written policy and procedure provide for disciplinary detention for inmates who require separation from the general inmate population for serious violations of facility rules and regulations?			
9. Do written policy and procedure provide that staff members in the disciplinary detention and administrative segregation units maintain a permanent activities log ?			
10. If permanent special housing units are maintained, do written policy and procedure provide that all staff members who work with inmates in disciplinary detention and administrative segregation receive pre-service training in the management and supervision of special inmates ?			

ADDITIONAL COMMENTS

FOOD SERVICE SANITATION CHECKLIST Q-28

REQUIREMENT	Y	N	COMMENTS
1. Is the food clean and not spoiled? No home canned foods? Milk products pasteurized? Eggs clean and without cracks?			
2. Is food in original container ? If not, is it properly labeled and containers covered?			
3., 4. & 6. Is potentially hazardous food below 45 degrees F or above 140 degrees F?			
Frozen foods 0 degrees F or below? Are large quantities of food rapidly chilled?			
Internal temperature of cooked foods at least:			
C Poultry, stuffed meats, stuffing with meat 165 degrees ;			
C Pork 150 degrees ;			
C Rare beef 130 degrees ;			
C All others 140 degrees ;			
C Reheated foods 165 degrees ;			
C Foods thawed in a refrigerator at 45 degrees or below or under running water at 70 degrees or below, or in a microwave and/or as part of the cooking process.			
5. Are the thermometers numerically scaled, stem type, accurate to +/- 2 degrees F, available and used?			
7. Are condiments in individual portions not reserved if opened or damaged?			

FOOD SERVICE SANITATION CHECKLIST Q-28

REQUIREMENT	Y	N	COMMENTS
8. Is food protected from dirt, water, insects, rodents, coughs, sneezes, overhead dripping or condensation?			
9. Is ice intended for human consumption used only for that purpose? Are tongs or other dispensing utensils used?			
10. Are food dispensing utensils used and kept in food with handles out, or stored clean and dry or in running water?			
11. Is anyone with a disease of communicable form restricted from working with food or food contact surfaces?			
12. Are employees= hands clean and fingernails trimmed? Are they restricted from eating or smoking in the food service area ?			
13. Do employees wear clean clothes and hair restraints ?			
14. Food contact surfaces smooth, without hard to clean crevices and cracks and not under exposed water or sewer pipes (with the exception of automatic fire protection sprinklers).			
15. Are non-food contact surfaces smooth, washable and accessible for cleaning?			
16. Are dishwashers installed and maintained according to manufacture-s instructions?			
17. Are the thermometers on machines accurate to +/- 2 degrees F?			
18. Are equipment and utensils scraped, re-washed free of large food particles and dirt?			
19. Are the wash and rinse water at proper temperatures and clean?			

FOOD SERVICE SANITATION CHECKLIST Q-28

REQUIREMENT	Y	N	COMMENTS
20. Is the sanitation concentration correct? (50 ppm) Are test kits available and used?			
21. Are washing cloths for tableware dry, clean and used for no other purpose?			
Are washing cloths for food contact surfaces clean and kept in a sanitizing rinse and used for no other purpose?			
Are washing cloths for non-food-contact surfaces clean and kept in a sanitizing rinse and used for no other purpose?			
22. & 23. Are food and non-food contact surfaces of equipment and utensils clean and free of detergents and abrasives?			
24. Are clean drinking glasses stored inverted?			
Is clean tableware not touched where it will come into contact with food or the users= mouth?			
Is silverware dispensed to the users handle out, or pre-wrapped?			
25. & 26. Are single service items stored at least 6" off the ground , dispensed and handled so food and users contact areas are not touched?			
27. Is the water safe and drinkable?			
Is the water both hot and cold, under pressure?			
28. Is the sewage disposed of according to law?			
29. Is the plumbing installed and working?			
30. Without backflow to drinkable water?			
31. Are toilet and lavatories the number required by			

FOOD SERVICE SANITATION CHECKLIST Q-28

REQUIREMENT	Y	N	COMMENTS
law?			
Accessible to employees at all times?			
Designed (toilets and urinals) to be easily cleaned?			
32. Is there toilet tissue, hand cleanser, hand towels or an air dryer?			
Does women's restroom have at least one covered waste basket ?			
Are all the fixtures clean and in good repair?			
33. & 34. Are there enough garbage containers and are they clean?			
Are they covered? Do they prevent insect and rodents from getting in?			
Are the outside garbage containers large enough and covered?			
35. Is the outside of the area protected from insects, birds and rodents from getting in?			
Are insects (flies, cockroaches) minimized?			
36. Are the floors smooth, clean and in good repair?			
Carpet is prohibited in food preparation areas.			
37. Are walls, ceilings and attached equipment light in color, smooth, non-absorbent and easily cleaned.			
Are dustless cleaning methods used?			
38. Are the proper footage of candle light provided?			
Are glass lights prevented from falling into food preparation areas?			
39. Are the rooms and equipment properly ventilated to prevent excessive heat, steam, condensation,			

FOOD SERVICE SANITATION CHECKLIST Q-28

REQUIREMENT	Y	N	COMMENTS
vapors, smoke, etc?			
Are intake and exhaust air ducts maintained?			
40. Are dressing rooms and lockers provided and clean?			
41. Are only the necessary toxic items stored on the premises?			
Are they stored apart from other materials?			
Are they used so they do not leave a toxic residue?			
42. Are the premises maintained free of litter and unnecessary articles?			
43. Are sleeping quarters, laundry and food service areas separate and separated by a solid partition?			
Only laundry items necessary for food preparation in the food area?			
44. Are clean linens stored to protect from contamination?			
Are soiled linens stored in non-absorbent containers or washable bags?			

ADDITIONAL COMMENTS

LIFE SAFETY CHECKLIST

CHECKLIST Q-29

FIRE SAFETY BULLETIN ON PENAL INSTITUTIONS

A recent study conducted by the NFPA showed that 85 per cent of the fires in penal institutions were incendiary in nature. Most of these fires were started by inmates using smoking materials, such as matches, cigarette lighters, cigarettes, etc. Of the fires studied, 73 per cent involved the ignition of clothing, mattresses, bed clothes, and padded wall coverings. Most of the prison fires indicated that although correctional officers have acted promptly and with the best intentions, in many cases at great personal risk, often their responses show that they have not been properly trained to respond to a fire. Delayed discovery or lack of automatic extinguishing equipment was shown to be a factor in almost every incident studied.

The following checklist has been developed to assist you, the corrections official, to evaluate the level of life safety in your facility. Ask yourself each of the following questions and check the appropriate block.

LIFE SAFETY CHECK LIST

A **NO** answer to any of the following questions indicates an area that requires your attention since it points out a deficiency which may affect life safety in your institution. If you have any questions concerning this check list or deficiencies pointed out by the use of the check list, contact your local fire marshal, fire department, or state fire marshal for assistance.

Means of Egress (See NFPA No. 101, Life Safety Code)

LIFE SAFETY CHECKLIST CHECKLIST Q-29			
REQUIREMENT	Y	N	COMMENTS
1. Are there two remote paths of exit travel from each cell block or area?			
2. Are reliable means provided to permit the prompt release of inmates from locked areas?			
3. Is prompt release of inmates guaranteed by adequate correctional personnel continuously on duty with keys readily available?			
4. Is more than one set of keys readily available in case of loss or breakage during a fire emergency?			

LIFE SAFETY CHECKLIST

CHECKLIST Q-29

REQUIREMENT	Y	N	COMMENTS																					
5. Are keys readily accessible in the central control to the designated employees? (Chapter 6-005.02C)																								
6. Is travel distance to exits within the limits specified by the Life Safety Code?																								
<p>Examples of Maximum Travel Distances</p> <table border="1"> <thead> <tr> <th data-bbox="162 730 470 766">Area</th> <th data-bbox="470 730 673 808">Non Sprinklered</th> <th data-bbox="673 730 844 766">Sprinklered</th> </tr> </thead> <tbody> <tr> <td data-bbox="162 850 470 886">Cell Block/Dormitory</td> <td data-bbox="470 850 673 886">100 ft.</td> <td data-bbox="673 850 844 886">150 ft.</td> </tr> <tr> <td data-bbox="162 892 470 928">Work Area</td> <td data-bbox="470 892 673 928">100 ft.</td> <td data-bbox="673 892 844 928">150 ft.</td> </tr> <tr> <td data-bbox="162 934 470 970">High Hazard Areas</td> <td data-bbox="470 934 673 970">75 ft.</td> <td data-bbox="673 934 844 970">75 ft.</td> </tr> <tr> <td data-bbox="162 976 470 1012">Dining, Recreation Areas</td> <td data-bbox="470 976 673 1012">150 ft.</td> <td data-bbox="673 976 844 1012">200 ft.</td> </tr> <tr> <td data-bbox="162 1018 470 1054">Infirmary-Hospital</td> <td data-bbox="470 1018 673 1054">100 ft.</td> <td data-bbox="673 1018 844 1054">150 ft.</td> </tr> <tr> <td data-bbox="162 1060 470 1096">Office Areas</td> <td data-bbox="470 1060 673 1096">200 ft.</td> <td data-bbox="673 1060 844 1096">300 ft.</td> </tr> </tbody> </table>			Area	Non Sprinklered	Sprinklered	Cell Block/Dormitory	100 ft.	150 ft.	Work Area	100 ft.	150 ft.	High Hazard Areas	75 ft.	75 ft.	Dining, Recreation Areas	150 ft.	200 ft.	Infirmary-Hospital	100 ft.	150 ft.	Office Areas	200 ft.	300 ft.	
Area	Non Sprinklered	Sprinklered																						
Cell Block/Dormitory	100 ft.	150 ft.																						
Work Area	100 ft.	150 ft.																						
High Hazard Areas	75 ft.	75 ft.																						
Dining, Recreation Areas	150 ft.	200 ft.																						
Infirmary-Hospital	100 ft.	150 ft.																						
Office Areas	200 ft.	300 ft.																						
7. Are proper exits provided?																								
8. Is the capacity of the exits adequate?																								
9. Are the exit ways continuously illuminated ?																								
10. Is emergency lighting provided?																								
11. Are the exits and paths to them clearly marked ?																								
12. Are exits kept clear and maintained in usable condition?																								
13. Are evacuation plans showing means of egress posted in areas where staff and inmates can familiarize themselves with them?																								
PROTECTION FEATURES																								
1. Are vertical openings (e.g., stairs, elevators, dumbwaiters, and shafts) enclosed to prevent the spread of smoke, heat and fire?																								
2. Are hazardous areas (e.g., boiler room, laundries,																								

LIFE SAFETY CHECKLIST

CHECKLIST Q-29

REQUIREMENT	Y	N	COMMENTS
kitchens, storage rooms, paint shops, and trash rooms) protected by proper enclosure or automatic extinguishing equipment to prevent the spread of fire?			
INTERIOR FINISH 1. Are any of the following used as interior finish in your facility?			
plywood			
paneling (wood, plastic or laminate)			
foamed plastics			
fiberboard			
2. If any of the above materials are in use, do you know what the fire performance of these materials are (i.e., flame spread and smoke developed indexes)?			
3. Has any action been taken to alleviate the hazard created by materials which have been shown to have poor fire performance ?			
FURNISHINGS AND CONTENTS 1. Are the furnishings in use noncombustible?			
C furnishings padded with foamed plastics or foamed rubber .			
C foamed plastic or foamed rubber padding on walls, ceilings or floor.			
C ma ttr ess es con stru			

LIFE SAFETY CHECKLIST

CHECKLIST Q-29

REQUIREMENT	Y	N	COMMENTS
<p>cted, in whole or in part, of foamed plastics or foamed rubber.</p>			
<p>2. If any of the above furnishings are used, do you know the fire performance of the materials?</p>			
<p>3. Has any action been taken to alleviate the hazard created by materials which have been shown to have poor fire performance?</p>			
<p>FIRE DETECTION AND EXTINGUISHING EQUIPMENT</p> <p>1. Are portable fire extinguishers of the proper type and number provided?</p>			
<p>2. Have fire extinguishers been tested and certified?</p>			
<p>3. Is your facility protected by a complete heat</p>			

LIFE SAFETY CHECKLIST

CHECKLIST Q-29

REQUIREMENT	Y	N	COMMENTS
detection or smoke detection system?			
4. Is your facility protected by a complete automatic sprinkler system ?			
5. Are detection and/or sprinkler systems tested on a regular basis ?			
6. Is the fire detection and/or sprinkler system alarm connected directly to the local fire department ?			
7. Are fire hose stations for use by correctional officers provided and readily accessible?			
8. Have all personnel been trained in the proper use of all fire protection and fire extinguishing equipment?			
9. Has the jail emergency lighting and electrical system been tested and results properly recorded?			
10. Have the portable air packs been tested to insure proper operating ability. Has the air tank pressure been checked?			
IGNITION CONTROL			
1. Are special, supervised areas provided for smoking?			
2. Is inmate access to smoking materials and matches controlled ?			
3. Is the use of extension cords prohibited ?			
OPERATIONAL FEATURES			
1. Does each building have a written fire emergency plan detailing staff action during a fire emergency? (Chapter 6-004)			
2. Does each shift practice the fire emergency plan at least quarterly?			

LIFE SAFETY CHECKLIST

CHECKLIST Q-29

REQUIREMENT	Y	N	COMMENTS
3. Are all employees briefed on the fire emergency plan?			
4. After each practiced fire emergency drill, is a critique performed in order to evaluate and update the fire emergency plan? (Chapter 6-004.01)			
5. Does your emergency plan provide for immediate release of inmates to a secure yard or other area in case of fire?			
6. Is there a reliable method of notifying correctional officers that a fire emergency is in progress?			
7. Have inmates been instructed on emergency procedures in case of fire?			
8. Have inmates been given fire safety briefings?			
9. Has the local fire department been involved in the formulation of your fire emergency plan?			
10. Has the local fire department been briefed on building conditions, contents and fire fighting facilities within the complex?			
11. Have you provided the opportunity for and assisted the local fire department in the pre-fire planning of the facility?			
12. Are all employees trained in the execution of emergency procedures ? (Chapter 6-004.02)			
<p>A AYES answer to the above questions indicates that the probability of a disastrous fire occurring is significantly reduced. It does not, however, mean that a fire will not occur. It is important that once an acceptable level of fire safety is achieved, it is maintained at the desired level.</p>			

ADDITIONAL COMMENTS

Checklist A. This checklist is provided to assist managers in gathering information about the existing jail. Use the checklist as a guide in addressing the condition of the existing facility, its viability for continued use, and its potential for renovation/expansion.

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17			
REQUIREMENT	Y	N	COMMENTS
INTAKE AND RELEASE			
1. Is there a secure sallyport available to receive prisoners into the intake area?			
2. Are spaces provided in intake that are secure and adequate to accommodate the projected demand for the following functions:			
C temporary holding/detoxification			
C booking			
C fingerprinting/photographing			
C body search/shower			
C property storage/clothing issue			
C m e d i c a l e x a m i n a t i o n			

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
Ⓒ interviewing (confidential)			
Ⓒ booking storage			
Ⓒ housekeeping (janitor's closet)			
Ⓒ staff operations (office area)			
3. Is the intake area located within the security perimeter but apart from inmate housing?			
4. Are the following building elements in the Intake Area in good condition and secure ?			
Ⓒ exterior walls			
Ⓒ windows			
Ⓒ interior partitions			
Ⓒ doors			
Ⓒ ceilings			
Ⓒ fixtures/equipment			
- electrical			
- plumbing			
- security			
Ⓒ	e q u i p m e n t / f u		

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
r n i t u r e			
5. What is the viability of expanding this area to provide sufficient space or to rearrange existing interior space to make this area more functional?			
6. What is the cost to upgrade the intake area			Low _____ High _
INMATE HOUSING			
1. Are there enough beds available to meet projected capacity of the facility?			
2. Are cells sufficient in size to provide at least 60 sq. ft. of floor space per inmate?			
3. Are segregation and isolation cells sufficient in size to provide 70 sq. ft. of floor space and are they designed for single occupancy? (If a dayroom is available, cells can be 60 sq. ft.)			
4. Do multiple occupancy cells provide at least 45 sq. ft. of floor space per inmate at the cells rated capacity?			
5. Can bunks be removed or walls be relocated to provide cells adequate in size?			
6. Do dormitory areas have a maximum capacity of 48 and provide at least 70 sq. ft. of space per inmate?			
7. Do dormitories provide:			

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
C toilets (1:8 occupants)			
C wash basin (1:8 occupants)			
C shower (1:12 occupants)			
C drinking fountain (1:2 occupants)			
C mirror (1:12 occupants)			
C bunks for rated capacity?			
8. Are dayroom areas which provide at least 35 sq. ft. per inmate available for each living unit?			
9. Does each living unit have access to natural light through 3 sq. ft. of clear glazed windows in each cell or the equivalent in the dayroom?(security grade)			
10. If no, can secure windows be installed or existing windows be upgraded?			
11. Are the following fixtures/equipment available and in good condition in each cell ?			
C bunk			
C toilet			
C lavatory with hot/cold running water			
C adequate artificial lighting (20 ft. candles)			
C table,			

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
chair (optional)			
☐ clothes hook/shelf space (optional)			
☐ mirror			
12. Are the following fixtures/equipment available and in good, secure condition in each dayroom ?			
☐ exterior walls			
☐ interior partitions			
☐ doors/locks			
☐ floors			
☐ windows (security grade)			
☐ ceiling			
☐ fixtures/equipment			
14. Are living units arranged so that adequate visual surveillance can be maintained?			
15. Are sufficient separate living areas provided to meet the projected capacity of the various classifications to be housed?			
16. What is the viability of expanding inmate housing areas or rearranging interior space to make this area more functional?			
17. What is the cost to upgrade the Inmate Housing Area?			Low_____ High_____
PROGRAMS			
1. Are spaces available that are secure and adequate to accommodate the projected demand of the following functions?			

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
C indoor recreation			
C outdoor recreation (600 sq.ft.)			
C counseling			
C group programs			
C classes			
C library			
C program storage			
2. Are recreation and program areas easy to supervise?			
3. Are the following building elements in good condition and secure ?			
C exterior walls			
C interior partitions			
C exterior fences/barriers			
C doors			
C floors			
C ceilings			
C windows			
C fixtures/equipment			
- electrical			
- plumbing			
- security			
- equipment/furnishings			
4. What is the viability of expanding or converting existing space to better accommodate these			

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
functions?			
5. What is the cost to upgrade the Programs area?			Low _____ High _____
MEDICAL SERVICES			
1. Are spaces available that are secure and adequate to accommodate the projected demands of the following functions?			
C medical examinations/treatment			
C medications/first-aid supply storage			
C equipment storage			
C medical records storage			
C infirmary care (optional)			
C medical staff work space			
2. Are the following building elements in good condition and secure ?			
C exterior walls			
C interior partitions			
C doors			
C floors			
C windows (security grade)			
C ceilings			
C fixtures/equipment			
- electrical			
- plumbing			
- security			

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
- equipment/furniture			
3. What is the viability of expanding or converting existing space to accommodate this function?			
4. What is the cost to upgrade?			Low _____ High _____
ADMINISTRATION			
1. Are adequate spaces available for the following administrative functions?			
C public reception			
C public waiting			
C administrative work (offices, clerical)			
C conferences/training			
C records maintenance			
C staff multi-purpose			
C equipment/supplies storage			
2. Are the following building elements in good condition and secure ?			
C exterior walls			
C interior partitions			
C doors			
C floors			
C windows (security grade)			
C ceilings			
C fixtures/equipment			
- electrical			
- plumbing			

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
- security			
- equipment/furniture			
3. What is the viability of expanding this area to provide sufficient spaces or to rearrange existing interior space to make this area functional?			
4. What is the cost to upgrade?			Low _____ High _____
VISITATION			
1. Is adequate secure space available to accommodate the projected demand for visitation ?			
2. If visiting is non-contact , are there sufficient visiting stations to accommodate the project number of visitors?			
3. Do visiting areas provide sufficient acoustic privacy, visibility and seating ?			
4. Does the visiting area facilitate efforts to prevent the passage of contraband ?			
5. Are the following building elements in good condition and secure ?			
C walls			
C doors			
C floors			
C windows (security grade)			
C ceilings			
C fixtures/equipment			
- electrical			

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
C walls			
C doors			
C floors			
C ceilings			
C fixtures/equipment			
- electrical			
- security			
- equipment/furnishings			
4. What is the viability of expanding or renovating existing space to better accommodate the food service function?			
5. What is the cost to upgrade?			Low _____ High _____
FACILITY SUPPORT			
1. Is a separate entrance available for service delivery?			
2. Are spaces available to accommodate the following facility support functions ?			
C service delivery			
C refuse storage			
C laundry			
C mechanical			
C facility maintenance			
C general storage			
C secure parking			
3. Does the laundry area provide adequate space			

EXISTING FACILITIES ASSESSMENT

CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
and equipment for laundering, folding, laundry storage (clean and soiled) and supplies storage ?			
4. Is there restricted access to mechanical equipment areas?			
5. Are the following building elements in Facility Support areas in good condition?			
C walls			
C doors			
C floors			
C ceilings			
C fixtures/equipment			
- electrical			
- security			
- equipment/furnishings			
6. What is the viability of renovating or convening existing space to better accommodate these functions?			
7. What is the cost to upgrade?			Low _____ High _____
MASTER CONTROL			
1. Is there a secure , strategically located staff post from which movement and activities within the facility can be monitored and controlled ?			
2. Are Master Control and/or the staff posts located to provide maximum supervision capabilities?			
3. Are detection and surveillance devices available outside the living units to monitor			

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
movement and activities?			
4. Are two-way electronic audio communication systems capable of alerting staff located in living units and other areas of the facility?			
5. Are emergency and detection monitors and alarms available in Master Control to alert staff of potential problems?			
6. Are the following building elements in good, secure condition?			
C walls			
C doors			
C floors			
C ceilings			
C fixtures/equipment			
- electrical			
- security			
- fixtures/furnishings			
7. What is the viability of renovating or converting existing space to accommodate this function?			
7. What is the cost to upgrade?			Low _____ High _____
BUILDING SYSTEMS			
1. What is the condition of the following systems?	GOOD	FAIR	POOR

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
C Structure			
- roof			
- exterior walls			
- floors/columns			
- interior walls			
- foundation			
C Heating/ventilation/air conditioning			
C Electrical systems			
- lighting			
- piped utilities			
- communications			
- conveying/elevators			
- plumbing			
- fire safety systems			
- security systems			
2. What is the cost to upgrade:			
C structural			Low _____ High _____
C HVAC			Low _____ High _____
C electrical			Low _____ High _____
C plumbing			Low _____ High _____
C fire safety			Low _____ High _____
C security systems?			Low _____ High _____
3. Do appropriate adjacencies among the various spaces exist?			

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
4. Is the facility efficient to staff ?			
5. Are circulation paths efficient and do they provide appropriate security between functional areas?			
6. Does facility provide sufficient access to the handicapped?			
SITE ISSUES			
1. Are there expansion capabilities on the present site ?			
2. Is the present facility conveniently located in relation to courts, community resources, etc.?			
3. Is adequate parking available?			
4. Are site characteristics suitable for continued use/expansion (water tables, soil conditions, flood plain, etc.)			
5. Are there any zoning or other restrictions which could frustrate expansion or renovation ?			
LIFE SAFETY			
1. Is the construction class of the building rated non-combustible ?			
2. Is there a mechanism provided to permit the prompt release of inmates from locked areas?			
3. Are exit ways continuously illuminated ?			
4. Are paths for evacuation clearly marked with the adequate signage on the walls and arrows on the floors?			
5. Are exits kept clear and unobstructed and maintained in usable condition?			

EXISTING FACILITIES ASSESSMENT CHECKLIST A-17

REQUIREMENT	Y	N	COMMENTS
6. Is access to and egress from the stairwells free from obstructions ?			
7. Are vertical openings (e.g., stairs, elevators, dumbwaiters, and shafts) enclosed to prevent the spread of smoke, heat and fire?			
8. Are the following hazardous areas protected by proper enclosure to prevent the spread of fire?			
C boiler rooms			
C laundries			
C kitchens			
C storage rooms			
C paint shops			
C trash storage			

SECURITY AND CONTROL CHECKLIST A-18

REQUIREMENT	Y	N	COMMENTS
1. Is there a manual or written policy and procedure covering security and control ?			
Is the manual/policy and procedure made available to all personnel and reviewed and updated as needed?			
2. Does the facility maintain a control center to ensure order and security?			
3. Does the facility have a system for physically counting inmates ?			
Is present practice acceptable?			
4. Do written policy and procedure require all security perimeter entrances, control center doors, cell block doors , and all doors opening into a corridor to be kept locked except when used for admission or exit of employees, inmates, or visitors, and in emergencies?			
Is present practice acceptable?			
5. Do written policy and procedure specify that no correctional officer enter a high security cell block without backup assistance from another staff member?			
Is present practice acceptable?			
6. Does the facility have an audio communication system between the control center and inmate living areas ?			
7. Does the facility have a comprehensive emergency alarm system linked to the control center?			
8. Do written policy and procedure require at least weekly inspection of all security equipment ?			
Is present practice acceptable?			

SECURITY AND CONTROL CHECKLIST A-18

REQUIREMENT	Y	N	COMMENTS
9. Do written policy and procedure provide for continuous inspection and maintenance of all locks ?			
Is present practice acceptable?			
10. Do written policy and procedure provide for searches of facilities and inmates to control contraband ?			
Is present practice acceptable?			
11. Do written policy and procedure govern the availability, control, and use of firearms, ammunition, chemical agents , and related security devices, and ensure sufficient security equipment to meet facility needs?			
Is present practice acceptable?			
12. Do written policy and procedure provide that firearms, ammunition, chemical agents, and related security equipment are stored in a secure but readily accessible depository ?			
13. Do written policy and procedure require that firearms, ammunition, chemical agents, and related security equipment are inventoried at least monthly to determine their condition and expiration date?			
Is present practice acceptable?			
14. Does written policy require that in emergency situations personnel on duty use only weapons approved by the facility administrator?			
Is present practice acceptable?			
15. Do written policy and procedure provide that the facility maintain a written record of routine and emergency distributions of security equipment ?			

SECURITY AND CONTROL CHECKLIST A-18

REQUIREMENT	Y	N	COMMENTS
Is present practice acceptable?			
16. Do written policy and procedure require that personnel discharging firearms and using chemical agents submit written reports to the administrator or designated subordinate?			
Is present practice acceptable?			
17. Do written policy and procedure require that all persons injured in an incident in which a weapon is used, or exposed to a chemical agent, receive immediate medical examination and treatment ?			
Is present practice acceptable?			
18. Except in emergency situations, are weapons prohibited in areas to which inmates have access?			
19. Does the key control plan cover all elements as indicated in the audit of key control?			
Is present practice acceptable?			
20. Do written policy and procedure govern the control and use of all flammable, toxic, and caustic materials ?			
Is present practice acceptable?			
21. Are there written post orders for every correctional officer position in the facility?			
Are post orders reviewed and updated at least annually?			
22. Do written plans govern space arrangements and procedures to follow in the event of a group arrest that exceeds maximum capacity of the local detention facility?			
23. Are all facility personnel trained in the execution of all written emergency plans ?			

SECURITY AND CONTROL CHECKLIST A-18

REQUIREMENT	Y	N	COMMENTS
24. Does the facility have equipment necessary to maintain essential lights, power, and communications in an emergency?			
25. Is emergency equipment tested at least quarterly for effectiveness and repaired or replaced as necessary?			
26. Do written policy and procedure restrict the use of physical force by facility personnel to instances of justifiable self-protection, protection of others, protection of property , and prevention of escapes , and to only the degree necessary, and in accordance with appropriate statutory authority?			
Are written reports prepared following all uses of force and submitted to the facility administrator?			
27. Do written policy and procedure govern the use of restraint equipment ?			
Are written reports prepared following all uses of restraint equipment and submitted to the facility administrator?			
Is present practice acceptable?			
28. Do written policy and procedure govern the transportation of inmates outside the facility and from one jurisdiction to another?			
Is present practice acceptable?			
29. Are there pedestrian and vehicular sallyports between the inmate areas and access to the street?			
30. Does the facility have perimeter security which prevents access by the general public without appropriate authorization?			
31. Does written procedure specify how inmates proceed from one area of the facility to another during daytime and evening hours?			

SECURITY AND CONTROL CHECKLIST A-18

REQUIREMENT	Y	N	COMMENTS
Is present practice acceptable?			
32. Do written policy and procedure provide for around-the-clock supervision of inmates by trained correctional personnel?			
Is present practice acceptable?			
33. Are correctional officer posts located immediately adjacent to inmate living areas to permit officers to hear and respond promptly to calls for help?			
34. Do written policy and procedure require that each inmate classified as high or medium security is personally observed by a correctional officer at least every 30 minutes , but on an irregular schedule?			
Is present practice acceptable?			
35. Do written policy and procedure require that each inmate classified as minimum security is personally observed by a correctional officer at least every 60 minutes , but on an irregular schedule?			
Is present practice acceptable?			
36. If audio or visual electronic surveillance is used, is it located primarily in hallways , elevators, corridors , or at points on the security perimeter, such as entrances and exits ?			
37. Does the facility have sufficient staff to perform all functions relating to the security, control, custody and supervision of inmates?			
38. Do written policy and procedure require that all inmates are searched thoroughly whenever entering or leaving the security perimeter ?			
Is present practice acceptable?			
39. Do written policy and procedure dictate a program of visitation to all areas of the facility by the			

SECURITY AND CONTROL CHECKLIST A-18

REQUIREMENT	Y	N	COMMENTS
administrator at least weekly and by supervisors daily ?			
40. Does written policy prohibit inmates from supervising, controlling, or exerting or assuming any authority over other inmates?			
Is present practice acceptable?			
41. Does the facility administrator maintain a written record of the following:			
Personnel on duty?			
Inmate population count ?			
Admissions and releases of inmates?			
Shift activities ?			
Entry and exit of physicians, attorneys and other visitors?			
Unusual occurrences?			

ADDITIONAL COMMENTS

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

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Jail Planning and Construction Guide, Nebraska Jail Standards Division, Nebraska Commission on Law Enforcement and Criminal Justice, 1986.