



Sheriff Dewey Hatcher
Dixie Co. Sheriff's Office
386 N.E. 255th Street
Cross City Fl. 32628

April 27, 2011

Dear Sheriff Hatcher

Enclosed is my original copy of the Florida model Jail Standards Inspection report conducted on 04-26-2011 at your Jail.

While on tour of the jail I spoke with several Officers and they were very knowledgeable and answered questions freely. The inmates that I spoke with seemed to be content with the treatment given at your facility. The continued painting and plumbing repairs looked great. I can tell that your staff has spent a great deal of time keeping the jail up.

There were no major or minor violations found at your facility. I was very impressed with the new security procedures that have been implemented since my last visit.

During the inspection, the Dixie County Jail was found to be in full compliance with the Florida Model Jail Standards. Although you should credit your entire jail staff with this success, the leadership displayed by Major Ridgeway, should be noted and commended.

Again thank you and your staff for the assistance and hospitality they showed during this inspection. If I can be of further assistance to you in the future, or if you have any questions, please contact me at 850-584-4333.

Sincerely,

A handwritten signature in cursive script that reads "Scott B. Welch".

Lt. Scott B. Welch

APPENDIX C

FLORIDA MODEL JAIL STANDARDS
ANNUAL FACILITY INSPECTION REPORT

Part I – Facility Identification

Name of Facility: Dixie County Jail

Facility Type: Detention

Mailing Address: 386 N E 255 Street

City: Cross City County: Dixie Phone: 352-498-1231

Agency Head: Dewey Hatcher Facility Administrator: Major David Ridgeway

Chairperson – County Commission: Mark Hatch

Chairperson or Mayor – City Council: Mayor Dot Smith

Date and time of Inspection: 04-26-2011 @ 0930 hours

Inspector(s) and Agency:

(Please attach additional sheets as needed and ensure all participating inspectors are listed.)

1. Lt. Scott B. Welch

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

Population on date of inspection: 70

Date of Last Inspection: 08-18-2010

Average Daily Population for the Preceding 12 Month Period: 61

Maximum Rated Capacity: 120

Housing:	a. Number of Beds:	<u>121</u>
	b. Single Occupancy Cells:	<u>9</u>
	c. Multiple Occupancy Cells:	<u>12</u>
	d. Number of Dormitories:	<u>7</u>

Date Facility was Constructed: 1993
 Date of Last Renovation: ongoing

Are there any plans for new construction? Yes No
 If yes, please provide details: (Attach additional sheets as needed)

Is the facility under any court order? Yes No
 If yes, please provide details: (Attach additional sheets as needed)

		Male	Female
Facility Staff:	Certified Staff	<u>17</u>	<u>13</u>
	Non-Certified Staff	<u>0</u>	<u>0</u>
	TOTALS	<u>17</u>	<u>13</u>

**FLORIDA MODEL JAIL STANDARDS
ANNUAL FACILITY INSPECTION REPORT**

Part II - Standards' Assessment

Note: A "Yes" response indicates compliancy with the applicable standard. Non-compliance of any bold printed questions shall be considered serious violations.

GENERAL PROVISIONS

	YES	NO	N/A
1. Are inmates held no longer than eight (8) hours in holding cells without documentation justifying the extension and including 15 minute documented checks? Sec. 2.01 (f) (1) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all policies and procedures formally reviewed at least annually and updated as needed? Sec. 2.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are appropriate Inspection Reports, Corrective Action Plans, Responses, and all other reports and/or documents related to previous facility inspections up to date and on file? Sec. 2.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are personnel trained in CPR and first aid care on duty at all times as required by FSS 943? Sec. 20.7 (a) (5) and 7.08.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there written procedures addressing:			
a. The detection, prevention, reduction or punishment of sexual abuse inmates. Sec. 2.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The safety and treatment needs of inmates who have been a victim of a sexual act. Sec. 2.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The discipline and prosecution of any person who perpetrate sexual acts upon inmates. 2.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is new employee orientation and annual refresher training being provided to staff covering required topics in section 2.17 (a)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are inmates being provided information required in section 2.17 (b)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

ADMISSION, CLASSIFICATION, AND RELEASE

	YES	NO	N/A
8. Does the facility comply with Title II of the Americans with Disabilities Act? Sec. 2.18			
9. During the classification process, is each inmate given or provided access to a copy of the Rules and Regulations of the facility? Sec. 4.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all established rules, regulations and legal procedures met and any questions clearly resolved as to inmate admissions? Sec. 4.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is each inmate searched by a certified staff member upon admission, subject to F.S.S. 901.211? Sec. 4.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. During the admission and booking process, are inmates examined for contraband and permitted to bathe? Sec. 4.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are body cavity searches only conducted by licensed medical personnel? Sec. 4.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. When a body cavity search is conducted, is a complete report written and given to the Officer-in-Charge? Sec. 4.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Unless medically cleared, unconscious, seriously ill, or seriously injured persons are not admitted to the facility? Sec. 4.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are male staff present to admit male inmates and female staff present to admit female inmates? Sec. 4.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is a female correctional officer on duty at all times when female inmates are housed? Sec. 4.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are inmate admission records compiled and maintained on each inmate and contain: Sec. 407			
a. Full name and known alias	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Age, date of birth, sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Date admitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Height	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Weight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Specific reason for custody	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Name of attorney, if known	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Signature of person(s) delivering and receiving inmate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Written inventory of items taken from inmate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
k. Current or last known address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Next of kin of inmate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Marital status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Religion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all persons booked into the facility photographed and fingerprinted? Sec. 4.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is inmate personal property safeguarded and receipts signed by staff and inmate? Sec. 4.07 (j)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. During the admission process, are inmates given access to a telephone to call attorney, family members or others? Sec. 4.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. As soon as practical following the admission, are inmates classified? Sec. 4.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is classification criteria incorporated into the inmate rules and regulations as to housing, programs and privileges? Sec. 4.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are personal records maintained and kept confidential from other inmates and contain:			
a. Legal authority for commitment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. All information contained in the booking record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Classification information and progress reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sustained disciplinary reports including investigation and disposition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All absences from the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Photographs, when taken	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Record of any detainer or other civil or criminal process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Personal property records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Date and terms or conditions of release, the authority for release and signature of the releasing employee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is the classification process a uniform process for all inmates? Sec. 4.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the classification process follow an inmate throughout his/her incarceration? Sec. 4.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is there written procedures for legally releasing inmates and positive identification? Sec. 4.16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. At the time of release, does the inmate sign for the return of	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

his/her property and is the receipt countersigned by an employee? Sec. 4.17

Comments: (Attach additional sheets as needed)

HOUSING

	YES	NO	N/A
29. Do housing areas conform to applicable standards in Section 12 of F.M.J.S. Sec. 5.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Are dangerous felons housed separate from misdemeanants? Sec. 5.03(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does close supervision of special inmates include regular, documented physical sight checks by correctional officers or medical personnel at intervals not to exceed 15 minutes? Sec. 5.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Until such time as the health authority determines in writing, inmates identified as suicidal are not housed in single cells unless they are directly observed 24 hours per day with documented 15 minute checks. Sec. 5.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Is special housing for medical reasons provided to inmates upon orders of the health authority? Sec. 5.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Are persons brought to the facility for detoxification reasons housed in an area designed for that use and are held only so long to meet statutory requirements? Sec. 5.05	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Are inmates assigned housing based upon classification with special attention paid to a demonstrated history of, or exhibit aggressiveness towards other inmates? Sec. 5.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Inmates are not subjected to discrimination except that males and females are housed separately? Sec. 5.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Do all sinks provide cold and either hot or tempered running water? Sec. 5.08 (c) (5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Do all showers provide tempered running water, under pressure, that is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit? Sec. 5.08 (c) (5) and 1.46.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Are cells adequately ventilated and illuminated? Sec. 5.08 (b) (4) (5) (c) (1) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Are accommodations for reading and writing available for use during non-sleeping hours? Sec. 5.08 (c) (6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is each inmate provided reasonable access to toothpaste, toothbrush, shaving equipment, a comb, soap and a clean towel upon admission and thereafter, if indigent? Sec. 5.08 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
42. Are female inmates provided necessary hygiene items? Sec. 5.08 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Is hair grooming services made available for inmates? Sec. 5.08 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Are inmates required to bathe at least twice weekly? Sec. 5.08 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Are drinking cups provided unless bubblers or fountains are available? Sec. 5.08 (h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Are inmates in general population allowed to bathe daily? Sec. 5.08 (i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Are sink, toilet, water fountains, and floor drains kept in good repair? Sec. 5.08 (j)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Are utility closets, pipe chases, and corridors kept clean and free of clutter? Sec. 5.08 (k)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Is inmate property stored in an orderly manner? Sec. 5.08 (l)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

FOOD SERVICES

	YES	NO	N/A
50. Do Food Service operations conform to acceptable standards of H.R.S. Rule 64E-11? Sec. 6.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. <i>Employees or inmates are not allowed to work in any food service area if known to have a communicable disease, open wound, sore or respiratory infection. Sec. 6.02</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Are clean outer garments worn by food service workers and a high degree of personal hygiene maintained? Sec. 6.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Is food prepared or supervised by an employee trained in culinary services and holding a Professional Food Manager certification as required by Chapter 64E-11 F.A.C.? Sec. 6.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Are inmates given three wholesome, nutritious meals per day? Sec. 6.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Do no more than 14 hours pass between the evening meal and the morning meal? Sec. 6.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. <i>Are modified diets prepared and served when ordered by a physician or designee? Sec. 6.05 (b)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Are records of meals maintained for one (1) year? Sec. 6.05 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Food is not used as a disciplinary measure; however, an inmate may be placed upon a SPECIAL MANAGEMENT MEAL program approved by a physician or qualified medical staff member. Sec. 6.05 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Does the Officer-in-Charge or designee make weekly, documented inspections of the food service area and take corrective action, documenting the same? Are these reports maintained for one (1) year? Sec. 6.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Are food supplies not in use maintained in a clean, well ventilated room, free from vermin? Sec. 6.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. <i>Is a separate storage area maintained for cleaning compounds, soaps, waxes, insecticides and is kept locked? Sec. 6.07</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Is delivery of food supervised by an employee, using common sanitary measures? Sec. 6.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. If drinking cups are allowed in the cell, are inmates allowed to exchange or clean them once a day? Sec. 6.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | YES | NO | N/A |
|-----|---|-------------------------------------|--------------------------|-------------------------------------|
| 64. | Is food service equipment kept clean and in good repair? Sec. 6.09 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. | <i>Is there a procedure to account for cutlery equipment? Sec. 6.11</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments: (Attach additional sheets as needed)

CLOTHING AND BEDDING

	YES	NO	N/A
66. Are inmates provided a fire retardant mattress and pillow that meets Florida Fire Marshal's Standards and is in good repair, a pillow case, sheets, and blanket as needed? Sec. 8.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Are linens laundered at least once per week? Sec. 8.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Do inmates have the opportunity to have clothing laundered at least twice per week? Sec. 8.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Are uniforms and linens washed prior to re-issue? Sec. 8.02 and 8.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. If clothing is issued, do inmates held beyond first appearance receive an issue? Sec. 8.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. When an inmate has no funds and needs shoes, are they provided? Sec. 8.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Are inmates, who are on work status, issued clothing and footwear appropriate to their job? Sec. 8.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Are inmates deprived of clothing and bed linens only to protect them from inflicting injury to themselves or others? Sec. 8.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. If clothing and linens are taken from an inmate, is a record maintained identifying the reason and length of time for such deprivation? Sec. 8.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

PROGRAMS

	YES	NO	N/A
75. Does at least one employee in each facility act as a liaison between the facility and community groups that offer needed programs and services? Sec. 9.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Are all representatives of outside agencies and volunteers familiar with facility rules and regulations and have agreed in writing to comply? Sec. 9.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. If correspondence is denied, is the inmate given a written reason for the denial? Sec. 9.03 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Is incoming privileged mail opened only in the presence of the inmate? Sec. 9.03 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Is outgoing privileged mail held no longer than 72 hours pending verification of being properly addressed and it is not opened? Sec. 9.03 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Is inmate mail, incoming and outgoing, handled without delay and received only through the facility? Sec. 9.03 (h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Are indigent inmates provided with stamps and writing materials? Sec. 9.03 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Are there no list of correspondents and no limit on incoming mail that may be received? Sec. 9.03 (i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Are rules and regulations pertaining to conduct at visitation and the hours of visitation posted for inmates and visitors? Sec. 9.04(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Does each inmate in general population have the opportunity for visitation for at least two hours per week? Sec. 9.04 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Are all visitors required to register recording name, address, and relationship to the inmate? Sec. 9.04 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Non-sentenced inmates are not required to work more than is necessary to maintain cleanliness and order in their housing and living areas. Sec. 9.05(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Inmates are not required to work more than 10 hours per day, but may do so if voluntary. Sec. 9.05 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Do working inmates have supervision in keeping with their custody status, while outside the secure facility? Sec. 9.05 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Are inmate workers checked by staff to ensure security and accountability? Sec. 9.05 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
90. Do inmates working voluntarily for charitable or nonprofit organizations have prior written authorization from the Officer-in-Charge? Sec. 9.05 (f) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Prior to being assigned to a work program, is an inmate first medically cleared by the health authority in accordance with the Americans with Disabilities Act? Sec. 9.05 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Is outdoor exercise, weather permitting, allowed for a minimum of three (3) hours per week? Sec. 9.06 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Is space and staffing sufficient to allow for group or individual activities? Sec. 9.06 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Does each inmate have reasonable access to a telephone at reasonable times? Sec. 9.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. At a minimum, do pro-se inmates, have reasonable access to legal material to assist them in filing any type of action cognizable in Florida courts? Sec. 9.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Do all inmates, regardless of gender, have equal access to programs, privileges, exercise, visitation, and work release opportunities? Sec. 9.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

PRIVILEGES

	YES	NO	N/A
98. If a commissary has been established, has an inmate welfare fund also been established? Sec. 10.01 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. If inmates are allowed to have cash, has a limit been set in writing and all monies found on an inmate in excess of that amount confiscated and placed in the inmate welfare fund? Sec. 10.01 (a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100. Does the commissary shopping list clearly show prices and any special condition of sale? Sec. 10.01 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. If valuable items are sold through the commissary, are they marked for identification and added to the inmate's property list? Sec. 10.01 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Commissary prices do not exceed the fair market value for comparable products sold in the community? Sec. 10.01 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Are profits from the commissary used for the overall inmate welfare? Sec. 10.01 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. When funds from the welfare fund are expended, is it with the final approval of the Officer-In-Charge or designee? Sec. 10.01 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Is an annual audit of the commissary conducted by a disinterested party? Sec. 10.01 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. Are commissary transactions and inventory records kept current? Sec. 10.01 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. Is reading material available to inmates held beyond first appearance? Sec. 10.02 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

SECURITY AND CONTROL

	YES	NO	N/A
108. Are emergency plans written for the following: (Sec. 11.01)			
a. Alarms systems and notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Transmission of alarm to fire department, EMS, or other law enforcement agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Response to alarms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Isolation and control of fire or disturbance areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Emergency response equipment, its use and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Release and evacuation activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Prevention of escape during evacuation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fire fighting and medical emergency plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The chain-of-command to be followed during an emergency and specific staff duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Inspection schedules of hazardous areas and review of fire plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Documentation required following an emergency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Are fire drills and evacuation drills held quarterly and the records of such maintained? Sec. 11.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Are security inspections held weekly and the results recorded and maintained by the Officer-in-Charge or designee? Sec. 11.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Are all housing areas and other areas used by inmates checked daily and the results recorded and maintained? Sec. 11.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Are deficiencies noted in the above, recorded and corrected, including time and date of correction? Are these records maintained? Sec. 11.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Is the facility in compliance with FAC 694-54 as to fire safety and prevention? Sec. 11.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Is a key control system in place, including the following: Sec. 11.05			
a. Location of all locks and keys in the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
b. Complete inventory of all keys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Written report of security problems with locks and keys (e.g., broken, missing, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Absolute control of keys by staff, not inmates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Location of emergency keys away from facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A system ensuring that missing keys are immediately identified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Is one full "lock down" count conducted daily? Sec. 11.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. Are all inmates visually checked every hour between 11:00 p.m. and 6:00 a.m. and the results recorded and maintained? Sec. 11.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Is there a tool control system to ensure that tools are kept from inmates? Sec. 11.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. If tools are brought into the facility, are they accounted for at all times? Sec. 11.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. Does the facility have an identification system to ensure that staff, visitors, and inmates are positively identified to prevent bypassing of security measures? Sec. 11.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. Are firearms and ammunition allowed in the secure facility under only emergency conditions and then the Officer-in-Charge or designee must authorize it? Sec. 11.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. If staff uses oleoresin capsicum, are they trained in its use? Sec. 11.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. If staff uses electronic weapons, are they trained in its use? Sec. 11.09	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
123. Are weapon depositories maintained at the secure entrance of the facility? Sec. 11.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. Are hazardous or incendiary chemicals kept in a secure area and used only under the supervision of an employee? Sec. 11.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. Restraints are not used as punishment. Sec. 11.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. When moving "high risk" inmates in or out of a housing area, are two certified staff members present? Sec. 11.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127. Does each floor of a detention housing facility have a correctional officer present? Sec. 11.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
128.	Does each housing area and floor of a detention facility have a secondary means of egress or fire exit? Sec. 11.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129.	<i>Are correctional officers posted to allow them to respond promptly to calls for help? Sec. 11.14</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130.	Inmates are never allowed to supervise or in any way exercise control over other inmates. Sec. 11.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131.	<i>Is sufficient staff maintained so that at all times the inmates are within hearing distance of officers? Sec. 11.16</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

SANITATION

	YES	NO	N/A
132. Are water supplies adequate and in good repair? Sec. 12.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. Does food service comply with Chapter 64E-11, Florida Administrative Code? Sec. 12.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. Is sewage and liquid waste disposed of into an approved public sewerage system? If not, does the disposal system meet the requirements of Chapter 10D-6, Florida Administrative Code? Sec. 12.03 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. Do all plumbing fixtures comply with Chapter 10D-9, Florida Administrative Code? Sec. 12.03 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136. Is drinking water accessible to all inmates? Sec. 12.03 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137. Are water fountains constructed and maintained accordingly? Sec. 12.03 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138. Are single service cups provided? Sec. 12.03 (c)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
139. Are plumbing fixtures (i.e., toilets, sinks, etc.) constructed and maintained accordingly? Sec. 12.03 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140. Are all mop sinks and curbed areas appropriately positioned? Sec. 12.03 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141. Are showers available to inmates at least twice weekly? Sec. 12.03 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142. Do showers have running tempered water (temperature not to exceed 120 degrees or less than 100 degrees Fahrenheit) under pressure? Sec. 12.03 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143. Does secure housing areas have at least one sink and one toilet in each cell? Sec. 12.03 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144. Do dormitories and multiple occupancy cells have at least one toilet and one sink for each eight (8) inmates or fraction thereof? (Note: Urinals may be substituted for ½ of the toilets in the male housing areas.) Sec. 12.03 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145. Is there at least one showerhead with tempered water for each 16 inmates or fraction thereof? Sec. 12.03 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146. Are all floor drains properly constructed and maintained? Sec. 12.03 (h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147. Are plumbing fixtures clean, sanitary, and properly maintained? Sec. 12.03 (i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
148. Is there a preventative maintenance program established? Sec. 12.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149. Is all inmate residential garbage, trash, and rubbish collected daily? Sec. 12.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150. Is storage facility garbage removed at least twice per week? Sec. 12.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151. Is wet garbage collected and stored in impervious, leak proof, fly tight containers? Sec. 12.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152. Are all containers, storage areas, and surrounding premises clean and free of vermin? Sec. 12.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153. If there is on-site disposal, does it comply with Chapter 17-7, Florida Administrative Code? Sec. 12.05	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
154. Are all floors, walls, ceilings, windows, door, and all appurtenances of the structure properly constructed, maintained, and clean? Sec. 12.06 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155. Are all walls, ceilings, and area partitions light colored? Sec. 12.06 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156. Is applicable lighting at least 20 foot candles and clean? Sec. 12.06 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157. Does bed spacing meet the following requirements? Sec. 12.06 (c)			
a. 12" from the floor (clear space)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 36" clear ceiling height (above mattress)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 27" between double bunks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 36" laterally <u>and</u> end-to-end	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 6' between inmates' heads if a solid barrier is not used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158. Are all facilities free of offensive odors and have adequate ventilation? Sec. 12.06 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159. If utilizing natural ventilation, does the opened window area equal one-tenth of the floor space in the inmate residential area? Sec. 12.06 (d) (1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160. If mechanical ventilation or cooling systems are used: Sec. 12.06 (d) (2)			
a. Are they clean?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Properly maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are dust filters removable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
d. Provide 10 cubic feet of fresh/ purified air per minute for each inmate? Sec. 12.06 (d) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161. Are all toilet rooms provided with direct openings to the outside or provided with mechanical ventilation to the outside? Sec. 12.06 (d) (3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
162. Does the facility have adequate heating (at least 60 degrees Fahrenheit at a point twenty (20) inches above the floor in inmate sleeping areas)? Sec. 12.06 (d) (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163. Where laundry facilities are provided, are they: Sec. 12.06 (4)			
a. Adequate to insure ample quantities of clean clothing, bed linens, and towels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Soundly constructed and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clean?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide adequate lighting and ventilation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Offer exterior ventilation for dryers and dry cleaning machines? Sec. 12.06(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164. Are beds and bedding kept in good repair, clean, and sanitized regularly? Sec. 12.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165. Are sheets and personal clothing washed weekly and properly stored? Sec. 12.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166. Are blankets cleaned quarterly and stored properly? Sec. 12.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167. Are inmates that are held longer than 24 hours provided clothing and personal comfort items? Sec. 12.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168. Are residential areas clean and containing no perishable foods? Sec. 12.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169. Are bath room facilities cleaned daily? Sec. 12.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170. Are cleaning supplies/facilities clean, well vented, and appropriately stored? Sec. 12.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171. Is the facility free of vermin? Sec. 12.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172. Are all openings sealed or screened? Sec. 12.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173. Are pesticides appropriately applied and stored? Sec. 12.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174. Are outdoor exercise facilities clean and well drained? Sec. 12.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
175.	If bath room facilities are provided, are they clean and properly maintained? Sec. 12.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176.	Are industrial facilities clean and well lit (30 ft. candles)? Sec. 12.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177.	If noise levels exceed an average of 90 dba in 8 hours in industrial facilities, is appropriate ear protection provided? Sec. 12.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178.	Are formal sanitation inspections conducted by the Officer-in-Charge or designee at least once each week? Sec. 12.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

ORDER AND DISCIPLINE

	YES	NO	N/A
179. Are rules and regulations governing the conduct of inmates and visitors posted and available to each inmate and all visitors? Sec. 13.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180. Does the facility have written procedures for steps to be taken for breaches of discipline by inmates or visitors? Sec. 13.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181. Are translations for disabled and/or non-English-speaking inmates provided? Sec. 13.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182. Does the Officer-in-Charge establish a disciplinary committee or a hearing officer for disciplinary infractions? Sec. 13.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183. Are staff members who are witnesses to a rule infraction prohibited from sitting on the disciplinary committee? Sec. 13.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184. When a disciplinary infraction occurs, is a written report completed and forwarded to the Officer-in-Charge or designee? Sec. 13.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
185. Does the report contain at a minimum: Sec. 13.05			
a. Date of infraction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Place and time of infraction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Date of report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Specific rules violated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Details of the incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Actions taken by employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Names of witnesses (as security allows)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
186. Does the Officer-in-Charge or designee cause an investigation of the alleged infraction(s) and forward the report to the disciplinary hearing officer or committee? Sec. 13.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
187. Are inmates, accused of violating rules, notified in writing of the charges brought against them and given at least 24 hours advanced notification of impending disciplinary action? Sec. 13.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
188. Are disciplinary hearings held within seven working days (excluding holidays) after the incident? Sec. 13.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
189.	If a continuance is permitted, is documentation provided justifying the extension and is the hearing held within the maximum time of ten (10) days? Sec. 13.08 (a) (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
190.	Does the committee or hearing officer determine that the inmate understands the charges and the possible actions that can result? Sec. 13.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
191.	Does the committee chairperson, or majority, or hearing officer have authority to call for witnesses, evidence, and/or documents? Sec. 13.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
192.	Are reasons for not calling witnesses or restricting information documented by the committee or hearing officer? Sec. 13.09 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
193.	When an inmate is unable to defend himself due to language or literacy problems, does the committee or hearing officer offer staff assistance to the inmate? Sec. 13.09 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
194.	Are charged inmates allowed to be present at the hearing unless, a written waiver is obtained, the inmate refuses or security is threatened? Sec. 13.10 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
195.	If an inmate is not present, does the committee or hearing officer record the reason? Sec. 13.10 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
196.	Does the inmate receive a written decision from the committee or hearing officer? Sec. 13.10 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
197.	Does the inmate have the right to appeal the decision to the Officer-in-Charge or designee? Sec. 13.10 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
198.	Are all steps in the process maintained as a written record? Sec. 13.10 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
199.	Are "Not Guilty" decisions noted on the report? Sec. 13.10 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
200.	Are decisions of guilt based solely on witnesses, evidence and documentation? Is a statement to this effect made part of the official record? Sec. 13.10 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201.	The Officer-in-Charge or designee cannot increase an inmate's punishment. Sec. 13.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
202.	Is corporal punishment prohibited? Sec. 13.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
203.	Does the facility adhere to procedures for placing inmates in administrative confinement, including documentation? Sec. 13.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
204.	When an inmate is released from confinement, administrative or disciplinary, is the date and time recorded and maintained? Sec. 13.13 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
205.	Do inmates in administrative confinement receive privileges comparable to general population inmates? Sec. 13.13 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
206.	Does the Officer-in-Charge or designee see and talk with inmates in administrative or disciplinary confinement twice daily? Sec. 13.14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
207.	Is the attitude and general condition of the Inmate in confinement documented? Sec. 13.14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

ADMISSION, CLASSIFICATION AND RELEASE OF JUVENILES

	YES	NO	N/A
216. Are juveniles not transferred to the adult system by direct file, waiver or grand jury indictment or who have not been found to have committed a criminal offense as an adult held in temporary custody if release is not possible? Sec. 17.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
217. Juveniles held in temporary custody are held in an area of the facility for fingerprinting and photographing and transportation to an appropriate juvenile facility. The time held does not exceed six hours. Sec. 17.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
218. Are juveniles, held in temporary custody, kept out of sight and sound of adult inmates? Sec. 17.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
219. Are juveniles held only if the facility has adequate staff to monitor them at all times? Sec. 17.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
220. Prior to admitting the juvenile, are all appropriate and legal documents presented? Sec. 17.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
221. Does this documentation remain part of the juvenile's permanent file? Sec. 17.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
222. Unless wanted in another jurisdiction as an adult, juveniles are not housed in an adult jail unless: Sec. 17.03			
a. The juvenile has been indicted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The juvenile waived	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The juveniles was direct filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adult sanctions were imposed by the court	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
223. Can juveniles taken to a facility for criminal traffic violations demand to be taken before a magistrate, and if the demand is not made, the facility immediately notifies the parents, responsible adult, or guardian of the juvenile? Sec. 17.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
224. If a juvenile is charged with a traffic offense involving death or injury, under no circumstances is the juvenile placed with adults? Sec. 17.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

HOUSING OF JUVENILES

	YES	NO	N/A
225. A juvenile transferred for prosecution as an adult is not housed with adults, nor is a juvenile who is wanted for prosecution as an adult in another jurisdiction? Sec. 18.01 (a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
226. Does the facility have a housing area designated for juveniles and have sufficient staff to supervise and monitor the juveniles at all times? Sec. 18.01 (b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
227. When a juvenile is housed as an adult, is all of the below criteria met: Sec. 18.02			
a. The courts have certified the juvenile for prosecution as an adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. The juvenile has been tried as an adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. The juvenile was found guilty as an adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. The juvenile was sentenced as an adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
228. Is a juvenile being housed with adult sanctions being housed only with inmates with the same classification? Sec. 18.03	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: (Attach additional sheets as needed)

May 3, 2011

Levy County Jail
Medical Department
P.O. Box 1629
Bronson, FL 32621

Cpl. James Aguiar
Marion County Jail

To Cpl. James Aguiar:

Recently, I had the great pleasure of meeting Major David Ridgeway, Natalie Roberts, RN and Shannon Short, CNA for a medical jail inspection. I found them to be very helpful in the inspection process. I inspected all of these policies and procedures, clinical areas, and medication cart. I did not find any areas that were deficit. The medical department was neat, clean and orderly. This is a great improvement from the last time that I inspected. It is obvious that this facility is well maintained at this time. I have included the inspection check list for proof of documentation that the inspection was completed. Thank you in advance for your assistance in this matter.


Lisa Davis, RN & CO
Florida Model Jail Standards
Medical Inspector

APPENDIX D

**FLORIDA MODEL JAIL STANDARDS
ANNUAL MEDICAL INSPECTION REPORT**

Part I - Facility Identification

Name of Facility: Dixie County Jail
 Facility Type: County Jail
 Mailing Address: 386 NE 255 Street zip 32628
 City: Cross City County: Dixie Phone: (352) 498-1231
 Agency Head: Dewey Hatcher Facility Administrator: David Ridgeway
 Chairperson - County Commission: ^{sr.} Marvin Hunt
 Date and time of Inspection: 05/02/2011 @ 1500 hrs.
 Date of Last Inspection: 6/2010
 Health Care Services Provided By: Agency Staff Contract Employed by the Sheriff
 If Provided By Contract, Company Name: _____
 Health Services Administrator: M.D. Bogdan Maliszewski
 Medical Inspector(s) and Agency:

(Please attach additional sheets as needed and ensure all participating inspectors are listed.)

1. Lisa Davis, RN Levy County Jail
2. _____
3. _____
4. _____
5. _____

Facility Population on Date of Inspection: 65

Health Services Staff:	Full-time	Part-time	Avg # hours
Physicians			2
ARNP/PA			0
RNs	1		
LPNs			0
CNAs/MAs	1		
EMTs			0
Other Staff			0
TOTALS	2		1

PART II - MEDICAL SECTION

Note: A "Yes" response indicates compliancy with the applicable standard. Non-compliance of any bold printed questions shall be considered serious violations.

	YES	NO	N/A
1. Is there an agreement with the Health Authority licensed in the State of Florida for the provision of medical care and services as set forth in this section? Sec.7.01 & 7.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there standard operating procedures for the medical section, which is reviewed at least annually by the Health Authority that covers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Medical screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Health appraisal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical exam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Necessary medical, mental, and dental services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Emergency medical and dental services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Notification of next of kin in case of life threatening illness, injury, or death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Prenatal care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Delousing procedures, approved by the Health Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Detox procedures under medical supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Procedures for the facility physician to review health appraisals and identify problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Comprehensive quality improvement program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the screening at receiving consist of, at a minimum, a visual observation by staff and completion of a screening form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the screening include inquiry into and logging of: Sec. 7.03			
a. Current illnesses and health problems, including any infectious diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medications being taken and special health needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Behavior condition such as state of consciousness and mental status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Notation of observable deformities or injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO N/A

- | | | | | |
|----|--|-------------------------------------|--------------------------|--------------------------|
| e. | Skin and body condition, such as rashes, needle marks, etc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Inquiry into drug and alcohol type use, method, and amount, date and time of last use | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Any other health problem as designated by medical staff | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Are medical records maintained on each admitted inmate for at least seven years following release, transfer or death? (Records may be maintained in hard copy or electronic format.) Sec. 7.15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. | Are medical records kept confidential and separate from the inmate record? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Is each inmate given a health appraisal, including physical hands on examination by appropriately trained medical personnel within 14 days of admission? Sec. 7.05 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Does the Health Authority proscribe the extent of the examination, but include as a minimum: (Sec. 7.05) | | | |
| a. | Review of screening forms | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Collection of additional for medical, dental, and psychiatric histories including gynecological histories for females | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Laboratory or diagnostic tests as deemed necessary by the Health Authority to detect communicable diseases | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Recording of height, weight, pulse, blood pressure, and temperature | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Other tests or exams as deemed appropriate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Medical examinations with comments about mental and dental status | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Review of all results by a physician when required by Section 7.02 (j) of this standard | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Does the facility have an agreement or understanding with one or more health care providers for emergency or regular medical services within the facility or at a designated location? Sec. 7.06 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Is a list of names, phone numbers, and call days of emergency health care providers available at each facility? Sec. 7.07 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 10. **Are first aid supplies, as designated by the Health Authority, readily available to medical or security staff in the facility at all times? Sec. 7.08**
- 11. **Are personnel trained in first aid and CPR on duty at all times as required by FSS 943? Sec. 7.08**
- 12. Does the Health Authority or designee inspect all first aid supplies monthly? Sec. 7.08
- 13. Is a procedure established and maintained that allows for inmates to submit a written request for medical care which may or may not require a clinical visit? Sec. 7.09
- 14. Are all such medical requests screened daily by designated medical personnel who will make appropriate referrals? Sec. 7.09
- 15. Are all requests received during formal sick call or medication rounds screened and referred when received? Sec. ~~7.10~~ 7.09
- 16. Is a sick call procedure established and maintained for inmates to report for and receive appropriate medical services for non- emergency illness or injury? Sec. 7.10
- 17. Is a sick call procedure made available daily and supervised by the Health Authority? Sec. 7.10
- 18. Is treatment initiated when appropriate and within a time frame provided by the Health Authority? Sec. 7.11
- 19. Does the facility have an agreement or understanding with a licensed dentist to provide emergency dental care? Sec. 7.12
- 20. Are medications administered according to the directions of a designated physician? 7.14
- 21. Is health record information transmitted to any appropriate health care provider upon request of the physician or medical facility and written approval of the inmate? Sec. 7.16
- 22. Are inmates who are admitted under the influence of alcohol or drugs separated from the general population and kept under close supervision for a reasonable amount of time? Sec. 7.17

- 23. Unless authorized in writing by the Health Authority or designee, inmates determined by medical to have suicidal tendencies or suffer from seizures are assigned to quarters that have close supervision or direct observation? Sec. 7.18
- 24. Are certificates and licenses of facility medical staff kept on file at a central location within the facility? Sec. 7.20
- 25. Does the facility have a written procedure whereby an inmate shall be tested for infectious disease consistent with guidelines established by the Center for Disease Control? Sec. 7.21
- 26. Are inmates test results confidential and shared only with those that have a need to know? Sec. 7.22
- 27. Are inmate test results exempt from public records law, FSS 119.01? Sec. 7.23
- 28. Is inmate test results part of the inmate's permanent medical record? Sec. 7.24
- 29. Upon transferring an inmate to another facility, does a summary or a copy of the inmate's medical file accompany the inmate to the receiving facility? Are the medical records sealed in an envelope marked to indicate "confidential health information"? Sec. 7.16 & 7.24
- 30. Do pregnant inmates receive prenatal care and necessary treatment for their condition and exempt from inappropriate work details as determined by medical personnel? Sec. 7.25
- 31. When an inmate is confined for medical reasons, is he/she examined by a physician or designee within 48 hours? Sec. 7.26 (1).
- 32. Does a physician or designee determine when an inmate is to be removed from medical isolation? Sec. 7.26 (2).

Comments (Add additional sheets as appropriate.)

- | | YES | NO | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 33. Does the facility have an agreement with a consultant pharmacist or dispensing physician if medicinal drugs in quantities other than individual prescriptions are stocked? Sec. 7.27.01. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 34. Does the facility have procedures relating to safe handling and storage of medical drugs? Sec. 7.27.01. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments (Add additional sheets as appropriate.)

	YES	NO	N/A
35. Does the policy and procedure for each facility, which maintains only individual prescriptions, include as a minimum: Sec. 7.28.01 & 02			
a. Prescription drugs that are not ordered or stocked in bulk quantities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual prescriptions that are labeled with:			
1) Name and address of pharmacy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Date of dispensing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Name of prescribing practitioner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Name of patient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Directions for use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Necessary warning statements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Name and strength of medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Prescription number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Expiration date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Is there a maximum security storage area and a perpetual inventory system of all controlled substances, syringes, needles and other sharp instruments maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Is a log recording the issuance of prescribed medication maintained in hard copy or electronically and made part of the inmate's file? Sec. 7.28.04.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Does the log contain at a minimum: Sec. 7.28.05			
a. Name and number of the inmate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Name and strength of medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Direction for use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Date and time of issue?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Initials or electronic signature of issuing personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Amount of medication used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Special instructions or limitations on use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. When the inmate refuses medication, is the refusal indicated on the MAR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is unused medication recorded when removed from circulation and stored in a separate container labeled with: Sec. 7.28.07			

	YES	NO	N/A
a. Prescription number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Name of issuing pharmacy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quantity of unused medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is unused medication, controlled or non-controlled, destroyed by appropriate means in accordance with the Florida Board of Pharmacy Rule 21s-19.00, Florida Administrative Code, Methods of Destruction? Sec. 7.28.08	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. When the inmate is transferred or released, are at least three (3) days of medications provided, unless otherwise directed by the facility physician? Sec. 7.28.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. When an inmate being released refuses medication, is the refusal documented in the health record? Sec. 7.28.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Does medication requiring refrigeration meet the following requirements? Sec. 7.28.10			
a. Drugs and non-prescription medication shall be refrigerated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When a general use refrigerator is used, all medication shall be kept in a separate, covered, waterproofed labeled receptacles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The daily refrigerator log daily recording (excluding days when Medical Staff is not on site) of a temperature maintained between 36 degrees Fahrenheit and 46 degrees Fahrenheit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Add additional sheets as appropriate.)

41 - Unused medication is sent back to pharmacy.
 There has been any unused medication this term.
