

# RESOLUTION 2022 250

BEFORE THE BOARD OF COMMISSIONERS OF BENTON COUNTY, WASHINGTON

IN THE MATTER OF AUTHORIZING THE CHAIRMAN OF THE BOARD TO SIGN THE INTERGOVERNMENTAL AGREEMENT MODIFICATION NO. 3 BETWEEN UNITED STATES MARSHALS SERVICE AND BENTON COUNTY FOR THE HOUSING OF FEDERAL DETAINEES AT THE BENTON COUNTY JAIL FACILITY

**WHEREAS**, per Resolution 2014-756 dated October 14, 2014, the Board of Benton County Commissioners entered into an intergovernmental Agreement No. 85-03-0031 with United States Marshals Service for the housing of federal detainees at the Benton County Jail Facility; and

**WHEREAS**, per Resolution 2015-255 dated March 31, 2015, the Board of County Commissioners approved the PREA-ACA Modification for said Agreement for the purpose of adding Prison Rape Elimination Act (PREA) and the Affordable Care Act (ACA) to the current Agreement; and

**WHEREAS**, per Resolution 2016-629 dated August 16, 2016, the Board of County Commissioners approved Modification No. 1 for the purpose of adding jail to jail Guard/Transportation services to and from Spokane County and Yakima County, at its sole discretion, to the current Agreement; and

**WHEREAS**, per Resolution 2017-076 dated January 24, 2017, the Board of County Commissioners approved the Restrictive Housing Modification for the purpose of adding Restrictive Housing Instruction to the current Agreement; and

**WHEREAS**, the attached Modification No. 3 is necessary as both parties have agreed to add Agreement revisions as further outlined in the attached Modification No. 3; **NOW, THEREFORE**


**BE IT RESOLVED**, the Board of Benton County Commissioners, Benton County, Washington hereby approves the attached Agreement No. 85-03-0031 Modification No. 3 between Benton County and United States Marshals Service for the purpose of adding Agreement revisions, as further outlined in the attached Modification No. 3; and


**BE IT FURTHER RESOLVED**, the Board hereby authorizes the Chairman to sign the attached Agreement No. 85-03-0031 Modification No. 3.

Dated this 5 day of April, 2022.

Attest.....  
Clerk of the Board

  
Chairman of the Board

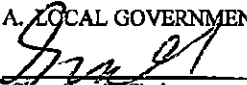
  
Pro-Tem

  
Member

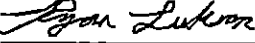
Constituting the Board of Commissioners  
of Benton County, Washington

**U. S. Department of Justice  
United States Marshals Service**

**Modification of Intergovernmental Agreement**

<b>1. Agreement No.</b> 85-03-0031	<b>2. Effective Date</b> February 1, 2022	<b>3. Facility Code(s)</b> OKC	<b>4. Modification No.</b> 3	<b>5. DUNS No.</b> N/A
<b>6. Issuing Federal Agency</b>  United States Marshals Service Prisoner Operations Division Intergovernmental Agreements Branch CG-3, Suite 300 Washington, DC 20530-0001		<b>7. Local Government</b>  BENTON COUNTY JAIL 7122 W OKANOGAN PL KENNEWICK, WA 99336		
<b>8. Appropriation Data</b> 15X1020		<b>9. Per-Diem Rate</b> N/A	<b>10. Guard/Transportation Hourly Rate</b> N/A	
<p><b>11. EXCEPT AS PROVIDED SPECIFICALLY HEREIN, ALL TERMS AND CONDITIONS OF THE IGA DOCUMENT REFERRED TO IN BLOCK 1, REMAIN UNCHANGED. TERMS OF THIS MODIFICATION:</b></p> <p>The purpose of this modification is to add the following revisions to the current IGA:</p> <ol style="list-style-type: none"> <li>1. Replacing "Purpose of Agreement and Security Provided" section with Addendum #1 (see attached)</li> <li>2. Adding new language to "Medical Services" section pertaining to Covid-19 and other infectious diseases (see Addendum #2 attached)</li> <li>3. Adding "Pregnant or Post-Partum Prisoners" language to all Guard Services' sections (see Addendum #3 attached)</li> <li>4. Adding new "Video Teleconferencing" section (see Addendum #4 attached)</li> <li>5. Adding new "Voter Registration" section (see Addendum #5 attached)</li> <li>6. Adding new "Body Camera Information Requests" section (see Addendum #6 attached)</li> <li>7. Adding new language to "Restrictive Housing and Suicide Prevention" (see Addendum #7)</li> </ol> <p style="text-align: center;"><b>NO OTHER TERMS OR CONDITIONS ARE AFFECTED BY THIS CHANGE</b></p>				
<b>12. INSTRUCTIONS TO LOCAL GOVERNMENT FOR EXECUTION OF THIS MODIFICATION:</b>				
A. <input type="checkbox"/> LOCAL GOVERNMENT IS NOT REQUIRED TO SIGN THIS DOCUMENT		B. <input checked="" type="checkbox"/> LOCAL GOVERNMENT IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN ALL COPIES TO U. S. MARSHAL		
<b>13. APPROVALS</b>				
<b>A. LOCAL GOVERNMENT</b>  Shion Small, Chairman <i>Signature</i> _____ Benton County Commissioner      4/05/2022 TITLE      DATE		<b>B. FEDERAL GOVERNMENT</b> <b>TIFFANI EASON</b> Digitally signed by TIFFANI EASON Date: 2022.04.08 13:14:41 -04'00' _____ <i>Signature</i> Assistant Chief, Procurement _____ TITLE      DATE		

Approved as to Form:

  
 Ryan J Lukson, Civil DPA

Agreement Number:  
85-03-0031

Page 2 of 5

**Addendum #1:**

• **Administration**

1. Federal prisoners shall be housed in a manner consistent with the Federal Performance Based Detention Standards (FPBDS) subset utilized by the USMS Detention Facility Review Program. These standards are set forth in Form USM-218 (provided as an attachment to this modification). Facilities shall follow the current standards summarized in Form USM-218 and any other standards required by an authorized agency whose prisoners are housed by the Local Government pursuant to this agreement.
2. The FPBDS can be found at: <http://www.usmarshals.gov/prisoner/detention-standards.htm>
3. BENTON COUNTY JAIL shall comply with Congressional mandates, federal laws, Executive Orders and all existing BENTON COUNTY JAIL policies. BENTON COUNTY JAIL shall provide a means for verification of any state inspections, accreditation, and, if applicable, any alternative correctional facility accreditations such as an accreditation from the American Correctional Association accreditation.
4. All work assignments for unsentenced Federal prisoners must be voluntary.
5. The Local Government shall conduct initial and periodic background and reference checks of applicants, employees, contractors, and volunteers. All allegations of staff misconduct shall be investigated and reported to law enforcement as appropriate. Staff misconduct involving or affecting USMS prisoners shall be reported to the local district United States Marshal (USM), Chief, or their designee and to the USMS Prisoner Operations Division (POD) at [PODCoCIquiries@usdoj.gov](mailto:PODCoCIquiries@usdoj.gov).
6. The Local Government shall maintain written policies and procedures that describe all facets of facility operations, maintenance, and administration. The Local Government shall maintain written contingency and emergency plans for situations including but not limited to riots, hunger strikes, disturbances, escapes, hostage situations, and mass prisoner relocation.
7. The Local Government shall maintain records of annual fire safety inspections. The Local Government shall maintain dangerous materials in accordance with government regulations.
8. The Local Government shall maintain an objective review, classification, and housing process. Federal prisoners shall be clearly identified as USMS prisoners in the classification system.
9. The Local Government shall ensure Federal prisoners under the age of 18 receive an age-appropriate diet, exercise, and education.
10. The Local Government shall ensure Federal prisoners under the age of 18 or charged as a juvenile shall be separated by sight and sound and out of regular contact with adult prisoners, except in emergency situations or approval from the court.
11. The Local Government shall keep the Facility clean and in good repair. Food service equipment shall meet established health and safety codes. The Local Government shall provide a minimum of three (3) meals per day that are varied and nutritionally adequate. The Local Government shall provide safe and clean space and items for proper prisoner hygiene.
12. The Local Government will provide clean and serviceable bedding and clothing. Clothing and shoes shall be properly sized and temperature and weather appropriate. The Local government shall provide appropriate attire upon release.
13. The Local Government shall properly inventory, store, and return prisoner property upon release.
14. The Local Government shall provide adequate accommodations for prisoners with disabilities once accepted by the Local Government.
15. The Local Government shall prohibit discrimination on the basis of disability, race, gender, sexual orientation, religion, and national origin in the provision of services, programs, and activities.

<b>Agreement Number:</b> 85-03-0031	<b>Page 3 of 5</b>
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16. The Local Government shall provide prisoners with reasonable opportunities to participate in religious practices, exercise, and access to mail, telephones, personal legal materials and legal reference materials or confidential counsel.
17. The Local Government shall maintain a grievance program with at least one level of appeal. The grievance procedures shall be made available to prisoners

**Addendum #2**

• **Medical Services**

1. The Local Government shall maintain written procedures that describe actions taken in the event of a prisoner's death, assault, or medical emergency to include notification to the USMS.
2. The Local Government shall provide a medical and mental health screening upon admission to the Facility. The Local Government shall inform prisoners how to access health services.
3. *The Local Government shall notify the local USMS district office of any infectious disease outbreak*
4. The Facility is encouraged to purchase non-OTC medications for USMS prisoners through the USMS' National Managed Care Contract (NMCC) Discount Pharmacy Program.
5. The USMS will not reimburse the detention facility for medical payments made on behalf of USMS prisoners in the absence of a specific arrangement approved in writing by the USMS.
6. The Facility shall have in place an adequate infectious disease control program which includes testing of all Federal prisoners for Tuberculosis (TB) in accordance with *National Commission on Correctional Health Care (NCCHC) Standards for Health Services in Jails*. TB testing shall occur within 14 days of intake (unless current TB tests results are available), be promptly documented in the Federal prisoner's medical record and the results forwarded to the local USMS District within thirty (30) days of intake. Special requests for expedited TB testing and clearance (to include time sensitive moves) shall be accomplished through advance coordination by the Federal Government and Local Government.
7. The Local Government shall immediately notify the Federal Government to include the local district office of any cases of suspected or active TB or any other highly communicable diseases such as but not limited to Coronavirus Disease (COVID), severe acute respiratory syndrome (SARS), Avian Flu, Methicillin-Resistant Staphylococcus Aureus (MRSA), Chicken Pox, etc., which might affect scheduled transports or productions.
8. Indigent Federal prisoners shall not be denied medical evaluation and treatment for failure to provide a co-payment

**Addendum #3**

• **Optional Guard/Transportation Services to/from Medical Facility**

1. The Local Government agrees to provide additional personnel if requested by the USMS to enhance specific requirements for security, prisoner monitoring, and contraband control. Federal prisoners are not permitted to use the telephone, internet or WIFI enabled devices, or to receive outside food, drinks, or deliveries (including flowers) without consent from the USMS. The Local Government shall restrain Federal prisoners by attaching at least one extremity to the hospital bed, stretcher, or chair at all times when medically possible. Pregnant or postpartum prisoners should not be restrained. Postpartum is the twelve-week period following childbirth, miscarriage, or abortion. See First Step Act provision for more information.

Agreement Number:  
85-03-0031

Page 4 of 5

- **Optional Guard/Transportation Services to/from U.S. Courthouse**
  1. Each prisoner will be fully restrained in handcuffs, waist chain, and leg restraints during transportation unless otherwise authorized by the USMS. Pregnant or postpartum prisoners should not be restrained. Postpartum is the twelve-week period following childbirth, miscarriage, or abortion. See First Step Act provision for more information. Deviations from full restraints must be documented and reported monthly to the local district USM, Chief, or their designee and to the USMS POD at [PODCoCInquiries@usdoj.gov](mailto:PODCoCInquiries@usdoj.gov).
- **Optional Guard/Transportation Services to Justice Prisoner & Alien Transportation System (JPATS)**
  1. Each prisoner will be fully restrained in handcuffs, waist chain, and leg restraints during transportation unless otherwise authorized by the USMS. Pregnant or postpartum prisoners should not be restrained. Postpartum is the twelve-week period following childbirth, miscarriage, or abortion. See First Step Act provision for more information. Deviations from full restraints must be documented and reported monthly to the local district USM, Chief, or their designee and to the USMS POD at [PODCoCInquiries@usdoj.gov](mailto:PODCoCInquiries@usdoj.gov).
- **Optional Guard Services to Video Teleconference Hearings within Facility**
  1. Each prisoner will be fully restrained in handcuffs, waist chain, and leg restraints during transportation unless otherwise authorized by the USMS. Pregnant or postpartum prisoners should not be restrained. Postpartum is the twelve-week period following childbirth, miscarriage, or abortion. See First Step Act provision for more information. Deviations from full restraints must be documented and reported monthly to the local district USM, Chief, or their designee and to the USMS POD at [PODCoCInquiries@usdoj.gov](mailto:PODCoCInquiries@usdoj.gov)

**Addendum #4**

- **Video Teleconference Hearings within the Facility**
  1. If available, the facility shall furnish, as applicable to this agreement, all things necessary for, or incident to, providing Video Teleconference (VTC) hearings within the facility. When VTC equipment is not available at the facility, the Federal Government, in coordination with the Courts, may assist with providing VTC equipment and ancillary items to the facility.

**Addendum #5**

- **Ensuring Access to Voter Registration for Eligible Individuals in Federal Custody**
  1. The facility, to the extent practicable and appropriate, will provide federal prisoners educational materials related to voter registration and voting and, upon request by the federal prisoner, facilitate voting by mail by prisoners who are eligible to vote under the laws of the applicable jurisdiction. The facility will work with state and local election officials and, in appropriate circumstances, may also work with other reliable sources of voter information to assist federal prisoners with voter registration, voting by mail, and notification of upcoming elections. This clause does not endorse or advocate in support of or in opposition to any candidate or political party.

**Agreement Number:  
85-03-0031**

**Page 5 of 5**

**Addendum #6**

• **Body Worn Camera Information Requests**

1. If the Local Government adopts a Body Worn Camera (BWC) use policy that mandates use of BWC for transport or other activities covered under the IGA, the agency shall, upon request by USMS, provide USMS with the audio/video footage and any metadata captured by the BWC pertaining to USMS prisoner incidents. The audio/video footage and any metadata may be requested by the USMS Body Worn Camera Program and the USMS Office of General Counsel. The agency agrees that no BWC footage depicting a USMS prisoner will be released without advance written notification to the USMS.

**Addendum #7**

• **Restrictive Housing and Suicide Prevention**

1. For the purposes of this agreement, "vulnerable population" refers to prisoners who are more likely to be victimized in confinement settings, including but not limited to: juveniles; young adults (age 18-24 at time of admission through conviction); prisoners with serious mental illness; lesbian, gay, bisexual, transgender, intersex, and gender nonconforming prisoners; pregnant and postpartum prisoners; and prisoners with medical needs.

**NO OTHER TERMS OR CONDITIONS ARE AFFECTED BY THIS CHANGE**

U.S. Department of Justice  
United States Marshals Service

## Detention Facility Review

Date of Detention Facility Review (DFR)

Name of Detention Facility Inspector Conducting DFR

### FACILITY FACTS

#### FACILITY OVERVIEW

Facility Name

Physical Address

Phone Number

Fax Number

City

State

Zip Code

County

District

Contract/Agreement Number

Contract/Agreement Type (Private, IGA, LUA)

Expiration Date

Closest USMS Office Name

Driving Time from Closest USMS Office

 minutes

Driving Distance from Closest USMS Office

 miles

Date of Last USMS Detention Facility Review

#### Points of Contact

(If needed, use "Other Notes Section" on last page to document more than one point of contact.)

Title

Name

Type of Contact

Phone Number

Extension

Email Address

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**UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (When Completed)**

**Prisoner Information** (Annotate the number of prisoners per category)

	Adult Male	Adult Female	Juvenile Male	Juvenile Female	Total
Facility Bed Capacity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Facility Average Daily Population (Last 12 Months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
USMS Average Daily Population	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local/Non-Federal Average Daily Population	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bureau of Prisons Average Daily Population	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICE Average Daily Population	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Security Staff Information** (Annotate number of authorized and filled positions per facility's staffing plan)

	Authorized	Filled
Warden	<input type="text"/>	<input type="text"/>
Assistant Warden	<input type="text"/>	<input type="text"/>
Chief of Security	<input type="text"/>	<input type="text"/>
Shift Supervisors	<input type="text"/>	<input type="text"/>
Other Supervisors	<input type="text"/>	<input type="text"/>
Corrections Officers	<input type="text"/>	<input type="text"/>
Transportation Officers	<input type="text"/>	<input type="text"/>
Perimeter Security	<input type="text"/>	<input type="text"/>
Restrictive Housing Security	<input type="text"/>	<input type="text"/>
Other Security	<input type="text"/>	<input type="text"/>

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**UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (When Completed)**

**Medical Staff Information** (Annotate number of authorized and filled positions per facility's staffing plan)

	Authorized	Filled
Physician	<input type="text"/>	<input type="text"/>
Physician's Assistant	<input type="text"/>	<input type="text"/>
Nurse Practitioner	<input type="text"/>	<input type="text"/>
Registered Nurse	<input type="text"/>	<input type="text"/>
Licensed Practical Nurse	<input type="text"/>	<input type="text"/>
Mental Health Professional	<input type="text"/>	<input type="text"/>
Other Medical Staff	<input type="text"/>	<input type="text"/>

**Contraband**

List facility's total number of contraband incidents since last USMS DFR (if applicable).

Drugs or Alcohol <input type="text"/>	Drugs or Alcohol Paraphernalia <input type="text"/>	Electronic Devices <input type="text"/>
Electronic Device Accessory <input type="text"/>	Weapon <input type="text"/>	Tool <input type="text"/>

**Incidents**

List facility's total number of incidents since last USMS DFR (if applicable).

Suicides <input type="text"/>	Suicide Attempts <input type="text"/>	Escapes <input type="text"/>	
Escape Attempts <input type="text"/>	Physical Assaults on Prisoners <input type="text"/>	Physical Assaults on Staff <input type="text"/>	
Health Care Grievances <input type="text"/>	Natural Deaths <input type="text"/>	Sexual Assaults on Prisoners <input type="text"/>	
Sexual Assaults on Staff <input type="text"/>	Homicides <input type="text"/>	Riots/Disturbances <input type="text"/>	
Overdose Deaths <input type="text"/>	Overdoses <input type="text"/>	Use of Force <input type="text"/>	Excessive Use of Force <input type="text"/>

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**UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (When Completed)**

Was the USMS notified of all incidents involving USMS prisoners?

Yes    No

**Incidents Not Reported**

(If needed, use "Other Notes Section" on last page to document more than one incident.)

Incident Type (Use Incident types listed above)	Incident Subtype (Leave blank)	Date of Incident
<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks

**Court Action**

(If needed, use "Other Notes Section" on last page to document more than one action)

Are there any court orders or pending major litigation affecting the facility?

Yes    No

Case Name/Case Number	Functional Area	Date of Court Filing
<input type="text"/>	<input type="text"/>	<input type="text"/>

**ADMINISTRATION AND MANAGEMENT**

**Policy Development and Monitoring**

Does the facility maintain policies and procedures that describe facility operations, maintenance and administration?

Yes    No

Do policies have a date documenting the last time the responsible facility manager/administrator reviewed them to ensure they remain current, accurate and relevant to the facility's operation?

Yes    No

If 'Yes', Date of Last Internal Review

**Policy Communication and Access**

Are policies and procedures communicated to all employees?

Yes    No

Does staff have 24/7 access to policies and procedures?

Yes    No

**Prisoner Property and Money**

Does the facility properly inventory prisoner property?

Yes    No

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**UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (When Completed)**

Does the facility properly store prisoner property?

Yes    No

Does the facility properly return prisoner property?

Yes    No

Does the facility properly inventory prisoner money?

Yes    No

Does the facility properly store prisoner money?

Yes    No

Does the facility properly return prisoner money?

Yes    No

**Prisoner Release**

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Has the facility erroneously released ANY prisoner(s) during the review period?

Yes    No

Total number of non-USMS prisoners erroneously released

Total number of USMS prisoners erroneously released

**Accommodations for Prisoners with Disabilities**

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If the facility accepts prisoners with disabilities, are adequate accommodations made available for these prisoners?

Yes    No

**Contingency/Emergency Plans**

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Does the facility have a written emergency plan in place for situations that threaten facility security? (e.g., riots, hunger strikes, disturbances, escapes, and hostage situations.)

Yes    No

Is a hard copy of the emergency plan available for incorporation into the district's detention plan?

Yes    No

Does the emergency plan have a date documenting the last time the responsible facility manager/administrator reviewed the policy to ensure it remains current, and relevant to the facility's operation?

Yes    No

If 'Yes', Date of Last Emergency Plan Review

Does the facility have a written contingency plan in place for situations involving mass prisoner relocation? (e.g., weather, fire, flooding, facility not habitable.)

Yes    No

Is a hard copy of the contingency plan available for incorporation into the district's detention plan?

Yes    No

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**UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (When Completed)**

**UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (When Completed)**

Does the contingency plan have a date documenting the last time the responsible facility manager/administrator reviewed the policy to ensure it remains current, and relevant to the facility's operation?

Yes    No

If 'Yes', Date of Last Contingency Plan Review

Does the facility's contingency plan include the USMS prisoners housed at the facility?

Yes    No

**Staff Background Checks**

Does the facility verify identity of employees, contractors and volunteers prior to hiring via:

Fingerprints    Yes    No   Social Security Number    Yes    No   Date of Birth    Yes    No

Are initial background checks completed for all employees, contractors, and volunteers prior to hiring?

Yes    No

Does the facility conduct re-investigations of employees, contractors, and volunteers?

Yes    No

If 'Yes', how often? (Every 2 years, every 5 years, every 10 years, or more than 10 years)

Does the background check include verification of:

- |   |                           |                          |
|---|---------------------------|--------------------------|
| Employment history for the past five (5) years?       | <input type="radio"/> Yes | <input type="radio"/> No |
| Residency for the past three (3) years?               | <input type="radio"/> Yes | <input type="radio"/> No |
| Credit history to ensure no current delinquency?      | <input type="radio"/> Yes | <input type="radio"/> No |
| Credit history to ensure no unresolved liens?         | <input type="radio"/> Yes | <input type="radio"/> No |
| Credit history to ensure no accounts in collection?   | <input type="radio"/> Yes | <input type="radio"/> No |
| Credit history to ensure no court-ordered judgments ? | <input type="radio"/> Yes | <input type="radio"/> No |

Does the background check include verification that there are no:

- |  |                           |                          |
|--|---------------------------|--------------------------|
| Felony convictions?                    | <input type="radio"/> Yes | <input type="radio"/> No |
| Disqualifying misdemeanor convictions? | <input type="radio"/> Yes | <input type="radio"/> No |
| Derogatory civil records?              | <input type="radio"/> Yes | <input type="radio"/> No |
| Alcohol dependencies?                  | <input type="radio"/> Yes | <input type="radio"/> No |
| Drug dependencies?                     | <input type="radio"/> Yes | <input type="radio"/> No |

**Reporting/Investigating Staff Misconduct**

How many administrative allegations of staff misconduct were reported since the last USMS DFR (if applicable)?

How many criminal allegations of staff misconduct were reported since the last USMS DFR (if applicable)?

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**UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (When Completed)**

How many criminal allegations of staff misconduct were reported to law enforcement since the last USMS DFR (if applicable)?

**Prisoner Anti-Discrimination**

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Does the facility have a prisoner anti-discrimination policy that addresses:

- Age?  Yes  No
- Disability?  Yes  No
- Equal Pay/Compensation?  Yes  No
- Genetic Information?  Yes  No
- Harassment?  Yes  No
- National Origin?  Yes  No
- Pregnancy?  Yes  No
- Race/Color?  Yes  No
- Religion?  Yes  No
- Retaliation?  Yes  No
- Sex?  Yes  No
- Gender Identity?  Yes  No
- Sexual Preference?  Yes  No
- Sexual Harassment?  Yes  No
- Are services, programs, and activities provided to all eligible prisoners?  Yes  No

**Prison Rape Elimination Act (PREA) Compliance**

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Does the facility have a PREA compliance program?

- Yes  No

Does the program address the following items:

- Zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Prevention and response planning?  Yes  No
- Prisoner training and education?  Yes  No
- Employee training and education?  Yes  No
- Screening for risk of sexual victimization?  Yes  No
- Reporting and investigations?  Yes  No
- Discipline?  Yes  No
- Medical/ mental health care?  Yes  No
- Auditing?  Yes  No
- Corrective action?  Yes  No
- State compliance?  Yes  No

Has the facility had an audit conducted by a DOJ certified PREA auditor within the past 3 years?

- Yes  No

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If 'No' to the previous question, has a DOJ PREA audit been scheduled?

Yes  No

Scheduled DOJ PREA Audit Date

Is a hard copy of the PREA audit available?

Yes  No

If 'Yes', Audit Date

What was the name of the Auditor?

Is there a corrective action plan in place?

Yes  No

Has corrective action taken place?

Yes  No

Was the facility re-inspected to ensure the violations were corrected properly?

Yes  No

**HEALTH CARE**

---

**Intake and Screening**

---

Does the facility have policy or procedures for medical screening during intake?

Yes  No

Do all prisoners undergo medical screening during the initial intake process?

Yes  No

If 'No', how long after intake does the screening occur?

months  days

Is a comprehensive health appraisal for each prisoner completed within 14-days after initial intake?

Yes  No

If 'No', how long after intake does the appraisal occur?

months  days

Does the facility ensure TB testing during the initial intake process?

Yes  No

If 'No', how long after intake does the TB test occur?

months  days

Are TB test results provided to the USMS within 14 days?

Yes  No

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If 'No', when were results provided?

months  days

Do all prisoners undergo mental health screening during the initial intake process?

Yes  No

If 'No', how long after intake does the mental health screening occur?

months  days

Do all prisoners undergo dental health screening during the initial intake process?

Yes  No

If 'No', how long after intake does the dental health screening occur?

months  days

Are all medical screening results reviewed by a physician?

Yes  No

How long after intake does this occur?

months  days

Are medical screening records maintained for every prisoner?

Yes  No

**Medical, Dental, and Mental Health**

---

Does the facility have a medical unit staffed 24/7?

Yes  No

Does the facility employ an on-site mental health professional?

Yes  No

Are prisoners with mental health issues identified as part of the vulnerable population?

Yes  No

Are prisoners with mental health issues referred to qualified mental health professionals?

Yes  No

**Routine, Chronic, and Emergency Health Services**

---

Are all prisoners made aware of the process for requesting health care services?

Yes  No

Does the facility have a policy or procedures for identifying medical emergencies?

Yes  No

Does the facility provide access to prescription medication?

Yes  No

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Does the facility participate in the NMCC?

Yes  No

Does the facility have an onsite pharmacy?

Yes  No

Does the facility document prisoner health care grievances?

Yes  No

**Response to Medical, Mental and Dental Health Needs**

Are all prisoners who require health care beyond the capacity of the facility transferred to a facility where such care is available?

Yes  No

Are facility staff CPR/First Aid certified?

Yes  No

With the exception of emergencies, does the facility use POD Medical Management to request approval for outside medical services?

Yes  No

Does the facility immediately notify the district in the event of a USMS prisoner medical emergency?

Yes  No

**Suicide Prevention**

Does the facility have a suicide prevention program?

Yes  No

Does the facility document staff training for prisoner suicide prevention?

Yes  No

Does the facility have procedures for identifying prisoners at risk for suicide?

Yes  No

Does the facility have procedures for monitoring prisoners at risk for suicide?

Yes  No

How often are welfare inspections conducted on suicidal prisoners?

Select...

Does the facility report suicidal gestures, remarks, tendencies and attempts to the USMS?

Yes  No

Does the facility provide mental health services to suicidal prisoners?

Yes  No

Does the facility report restrictive housing of suicidal prisoners to the USMS?

Yes  No

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How many suicidal prisoners were placed in restrictive housing during the rating period?

**Prisoner Death**

Does the facility have procedures to respond to a prisoner's death?

Yes  No

Does the facility immediately notify the USMS in the event of a USMS prisoner death?

Yes  No

Does the facility review each prisoner death?

Yes  No

**Infectious Disease**

Does the facility have policy or procedures to address the management and reporting of infectious and communicable diseases?

Yes  No

Does the plan include:

- |               |                           |                          |
|---------------|---------------------------|--------------------------|
| HIV?          | <input type="radio"/> Yes | <input type="radio"/> No |
| Tuberculosis? | <input type="radio"/> Yes | <input type="radio"/> No |
| Hepatitis?    | <input type="radio"/> Yes | <input type="radio"/> No |
| Influenza?    | <input type="radio"/> Yes | <input type="radio"/> No |
| Chlamydia?    | <input type="radio"/> Yes | <input type="radio"/> No |
| COVID?        | <input type="radio"/> Yes | <input type="radio"/> No |
| Ebola?        | <input type="radio"/> Yes | <input type="radio"/> No |
| HPV?          | <input type="radio"/> Yes | <input type="radio"/> No |
| Salmonella?   | <input type="radio"/> Yes | <input type="radio"/> No |
| Scabies?      | <input type="radio"/> Yes | <input type="radio"/> No |
| Zika?         | <input type="radio"/> Yes | <input type="radio"/> No |
| E. coli?      | <input type="radio"/> Yes | <input type="radio"/> No |
| Chicken Pox?  | <input type="radio"/> Yes | <input type="radio"/> No |

Does the facility have an infectious and communicable disease policy or procedures to:

- |   |                           |                          |
|---|---------------------------|--------------------------|
| Include identify prisoners with infectious and communicable diseases? | <input type="radio"/> Yes | <input type="radio"/> No |
| Treat prisoners with infectious and communicable diseases?            | <input type="radio"/> Yes | <input type="radio"/> No |
| Quarantine prisoners with infectious and communicable diseases?       | <input type="radio"/> Yes | <input type="radio"/> No |

Does the facility report all cases of infectious and communicable diseases to the USMS?

Yes  No

Does the facility maintain adequate PPE for all staff in the event of a pandemic?

Yes  No

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**UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (When Completed)**

Does the facility maintain adequate PPE for all prisoners in the event of a pandemic?

Yes     No

**SECURITY AND CONTROL**

---

**Correctional Supervision**

---

Are correctional officer posts located in, or immediately adjacent to, prisoner living areas so officers can respond promptly to emergency situations?

Yes     No

Are prisoners managed and supervised 24/7?

Yes     No

**Security Features**

---

Are weekly inspections of all security devices conducted?

Yes     No

**Security Inspections**

---

Does the facility conduct intermittent security sweeps of all areas prisoners occupy?

Yes     No

**Searches and Contraband**

---

Does the facility have procedures for searching prisoners for contraband upon arrival to the facility?

Yes     No

Does the facility have procedures for searching prisoners for contraband prior to transporting the prisoner?

Yes     No

Does the facility have procedures for searching prisoners for contraband after prisoner visitation?

Yes     No

Does the facility have procedures for searching prisoners for contraband after work details?

Yes     No

Does the facility notify the USMS if a USMS prisoner is found with contraband?

Yes     No

**Prisoner Accountability and Supervision**

---

Does the facility have procedures for physically counting prisoners?

Yes     No

Number of counts per day

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**Use of Force**

---

Does the facility have procedures for use of force?

Yes  No

Does the facility document and report use of force?

Yes  No

Does the facility investigate all use of force incidents?

Yes  No

**Non-routine Use of Restraints**

---

Does the facility have procedures for use of restraints?

Yes  No

Is the use of restraints on pregnant or postpartum USMS prisoners reported to the USMS?

Yes  No

Number of pregnant USMS prisoners since the last USMS DFR (if applicable).

Number of times pregnant or postpartum USMS prisoners were restrained since the last USMS DFR (if applicable).

**Key Control**

---

Is the use of keys controlled and inventoried?

Yes  No

**Tools and Culinary Equipment Control**

---

Is the use of tools and culinary equipment controlled and inventoried?

Yes  No

How many missing items during the rating period?

**Weapons Control**

---

Does the facility have procedures for the control and use of firearms and less-than-lethal devices?

Yes  No

**Prisoner Handbook and Discipline**

---

Do prisoners have 24/7 access to a prisoner rule/handbook in English?

Yes  No

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Does the English prisoner rule/handbook include facility rules and disciplinary procedures for violations?

Yes    No

Do prisoners have 24/7 access to a prisoner rule/handbook in Spanish?

Yes    No

Does the Spanish prisoner rule/handbook include facility rules and disciplinary procedures for violations?

Yes    No

**Restrictive Housing**

---

Does the facility have written procedures for restrictive housing?

Yes    No

Does the facility have written procedures for monitoring prisoners in restrictive housing?

Yes    No

Does the facility immediately report restrictive housing of any USMS prisoner in the vulnerable population?

Yes    No

How many USMS prisoners in the vulnerable population were placed in restrictive housing since the last USMS DFR (if applicable)?

Does the facility report restrictive housing of every USMS prisoner, monthly to the USMS?

Yes    No

How many USMS prisoners were placed in restrictive housing since the last USMS DFR (if applicable)?

How does the facility report restrictive housing to the USMS?

Email    Invoices    Restrictive Housing Module

Does the facility have procedures for reintegration of a prisoner from restrictive housing into the general population?

Yes    No

Does the facility notify the prisoner of the reason for restrictive housing?

Yes    No

**Criminal Organization**

(If needed, use "Other Notes Section" on last page to document more than one organization.)

---

Does the facility collect criminal organization or security threat group information?

Yes    No

Name of Criminal Organization

Category (Leave blank)

Organization Level (Leave blank)

OID (Leave blank)

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**UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (When Completed)**

Remarks

**FOOD SERVICE**

---

**Sanitation Requirements**

Has the facility been inspected by an external party within the past 12 months to ensure that the food service and equipment meets established health, sanitation, and safety protocols?

Yes  No

If 'Yes', Date of Inspection

Were any violations identified?

Yes  No

Have those violations been corrected?

Yes  No

Was the facility re-inspected to ensure the violations were corrected properly?

Yes  No

**Adequate and Varied Meals**

Does the facility provide 3 meals per day?

Yes  No

Does the facility provide a minimum of 2 hot meals per day?

Yes  No

Does the facility provide meals that are nutritionally adequate and varied, as approved by a dietitian?

Yes  No

Does the facility serve meals that match the approved meal menus?

Yes  No

Does the facility provide special meals for prisoner religious or medical needs?

Yes  No

**SAFETY AND SANITATION**

---

**Fire Safety**

Are annual fire safety inspections conducted by state or local fire officials?

Yes  No

If 'Yes', Date of Inspection

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Were any violations identified?

Yes  No

Have those violations been corrected?

Yes  No

Was the facility re-inspected to ensure the violations were corrected properly?

Yes  No

**Control of Dangerous Materials**

Does the facility have procedures for the maintenance, inventory, and storage of flammable, toxic, and caustic materials and chemicals?

Yes  No

Does the facility have adequate personal protective equipment for the safe handling of chemicals?

Yes  No

Does the facility receive training on the safe use of each chemical?

Yes  No

If yes to the above question, is the training documented?

Yes  No

**Clothing, Laundry and Bedding**

Are all prisoners issued at least two clean sets of temperature appropriate and properly sized clothing, to include uniforms, socks, underwear, t-shirts, braziers, and shoes?

Yes  No

Do prisoners have access to laundry facilities, or the ability to have their clothing items washed?

Yes  No

Do all prisoners receive adequate bedding, to include blanket, sheets, mattress and pillow?

Yes  No

How often is bedding washed or exchanged? (Weekly, Every 2 weeks, Every 3 weeks, Monthly, Every other month, Never)

Are exceptions to the laundry schedule made when clothes are soiled?

Yes  No

Are exceptions to the linen schedule made when linen and mattresses are soiled?

Yes  No

Are mattresses a minimum of 12 inches from the floor?

Yes  No

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**Housing**

---

Are single cells a minimum of 56 square feet?

Yes  No

Are double cells a minimum of 72.5 square feet?

Yes  No

Does the facility triple bunk or use boat beds?

Yes  No

How many times did the facility triple bunk or use boat beds since the last USMS DFR (if applicable)?

**Personal Hygiene**

---

Are the following available at no cost:

- |                   |                           |                          |
|-------------------|---------------------------|--------------------------|
| Soap?             | <input type="radio"/> Yes | <input type="radio"/> No |
| Toothpaste?       | <input type="radio"/> Yes | <input type="radio"/> No |
| Razors?           | <input type="radio"/> Yes | <input type="radio"/> No |
| Shampoo?          | <input type="radio"/> Yes | <input type="radio"/> No |
| Sanitary Napkins? | <input type="radio"/> Yes | <input type="radio"/> No |
| Tampons?          | <input type="radio"/> Yes | <input type="radio"/> No |

Do all prisoners have 24/7 access to an operable toilet?

Yes  No

Do all prisoners have 24/7 access to a washbasin with hot and cold running water?

Yes  No

**Physical Facility and Equipment**

---

Is the facility kept clean and in good repair?

Yes  No

Is all facility equipment in proper working order?

Yes  No

Is there any evidence or sign of mold?

Yes  No

Is there any evidence or sign of insects?

Yes  No

Is there any evidence or sign of rodents?

Yes  No

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Does the facility have adequate environmental controls to provide for indoor prisoner living conditions with air temperatures maintained between 69 and 76 degrees?

Yes  No

**SERVICE AND PROGRAMS**

---

**Classification, Review, and Housing**

---

Does the facility have a procedure for prisoner classification, placement, and management?

Yes  No

Does the facility regularly review a prisoner's behavior or circumstances to determine housing placement?

Yes  No

Are all USMS prisoners clearly identified in the facility's classification system?

Yes  No

**Copay and Fees**

---

Are prisoners charged a fee for haircuts?

Yes  No

If 'Yes', are all prisoners charged the same fee?

Yes  No

Are prisoners charged a fee for meals?

Yes  No

If 'Yes', are all prisoners charged the same fee?

Yes  No

Are prisoners charged a fee for medical co-pay?

Yes  No

If yes, are all prisoners charged the same fee?

Yes  No

**Religious Practices**

---

Do prisoners have the opportunity to participate in the religious practice of their faith?

Yes  No

**Volunteer Work Assignments**

---

Does the facility ensure that un-sentenced prisoners are not required to work unless they volunteer to do so?

Yes  No

Does the facility pay prisoners for work?

Yes  No

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**UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (When Completed)**

Are USMS prisoners assigned to work outside of the secure perimeter of the facility?

Yes  No

Does the facility document all USMS prisoner work assignments?

Yes  No

**Prisoner Grievance Program**

---

Is a grievance procedure that includes at least one level of appeal available to all prisoners?

Yes  No

**Juveniles**

---

Does the facility house juveniles? If 'No', move to next section.

Yes  No

Does the facility have procedures for housing juveniles?

Yes  No

Does the facility house prisoners between 18-21 who are charged as juveniles?

Yes  No

Does the facility ensure the special diet, exercise, and education needs of juvenile prisoners are met?

Yes  No

Does the facility place prisoners under 21 who are charged as juveniles in restrictive housing?

Yes  No

Does the facility ensure that voluntary and involuntary restrictive housing of prisoners under 21 who are charged as juveniles are removed from restrictive housing every 3 hours?

Yes  No

Does the facility immediately report juvenile segregation or restrictive housing of USMS juvenile prisoners?

Yes  No

**Exercise and Out-of-Cell Opportunities**

---

Does the facility provide prisoners with opportunity for exercise and out-of-cell time?

Yes  No

**Telephone Access**

---

Do prisoners have adequate access to telephones?

Yes  No

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**Access to the Courts and Legal Materials**

---

Do prisoners have access to the courts?

Yes  No

Do prisoners have access to legal material/law library?

Yes  No

**Access to Legal Representation**

---

Do the prisoners have confidential access to counsel via telephone?

Yes  No

Do the prisoners have confidential access to counsel via written correspondence?

Yes  No

Do the prisoners have confidential access to counsel via visitation?

Yes  No

**Visitation**

---

Does the facility have a prisoner visitation program?

Yes  No

Does the prisoner visiting room have barriers to prevent contact visitation?

Yes  No

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**CONCLUSION**

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**Other Notes**

---

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**Additional Points of Contact**

<b>Title</b>		<b>Name</b>	
<input type="text"/>		<input type="text"/>	
<b>Type of Contact</b>	<b>Phone Number</b>	<b>Extension</b>	<b>Email Address</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Detention Facility Review (DFR) Certification**

*I certify that this facility was inspected by an 0082 or 1811 with a current USM-222, Additional Duty Designation designating them as a Detention Facility Inspector and that applicable Corrective Action Recommendations were provided to the facility.*

<b>Performed By</b>	<b>Title</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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