



Jail Facility Supplemental Application

Name of Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Section I. Physical Aspects of Facility

1. Has the jail facility experienced any overcrowding situations over the past 12 months?

Yes _____ No _____

1a. What was the average number of daily inmates during this time? _____

1b. What are the department's procedures in handling overcrowding situations?

1c. Is the staffing increased during overcrowding situations? Yes ___ No ___

If yes, how? _____

2. Attach a copy of the daily inmate population log for the most previous month

3. What is the longest an inmate has been in the facility? _____

4. Is there a written evacuation plan for the facility? Yes _____ No _____

4b. Is the evacuation plan tested on a regular basis? Yes _____ No _____

5. Date of last inspection done by State Corrections Officials: _____

6. Date of last inspection done by Fire Officials: _____

7. Date of last inspection done by Health Officials: _____

PLEASE PROVIDE A COPY OF ALL THE ABOVE INSPECTION REPORTS

8. Has the department complied with all inspection recommendations? Yes ___ No ___

If no, please explain: _____

Section II - Supervision of Inmates

1. What type of system is in place to monitor inmates? Audio ____ Video ____
Other _____
2. Who is in charge of monitoring the audio or video systems throughout the facility? Jailer ____
Dispatcher ____ Police Officer ____ Other _____
- 2b. What training for jailer duties do these persons receive? _____
3. Does the department have procedures for monitoring inmates while a civilian volunteer or visitor is with the inmate? Yes ____ No ____
4. Does the department keep written documentation of inmate complaints? Yes ____ No ____
5. Does the department have a grievance procedure for inmate complaints? Yes ____ No ____
If yes, please attach a copy

Section III - The Classification Procedures

1. What is the department's classification of inmates process? _____

2. Are violent offenders separated from less violent inmates? Yes ____ No ____
3. Does the jail facility house juveniles? Yes ____ No ____ If yes, are juveniles separated from adult inmates? Yes ____ No ____
4. Is the department responsible for any work release or furlough program of prisoners?
Yes ____ No ____ If yes, please provide a detailed description of the program:

5. Does the department provide for in house arrest or electronic monitoring of prisoners?
Yes ____ No ____
6. Are suicidal inmates separated from other inmates? Yes ____ No ____
7. How often are suicidal inmates physically viewed? _____

Section IV - Medical Responsibilities

1. Does the department have written procedures in place for handling medical needs of inmates?
Yes ___ No ___

Provide a description of this procedure: _____

2. What is the department's procedure for handling medical emergencies? _____

3. Are inmates that are assigned to work in the kitchen tested for communicable diseases prior to assignment? Yes ___ No ___

4. Does the department contract with or employ any of the following staff:

<u>Staff</u>	<u>Contract</u>	<u>Employed</u>
Doctor	_____	_____
Nurse	_____	_____
Dentist	_____	_____
Psychologist/Psychiatrist	_____	_____

5. Are any of the above required to carry individual medical malpractice insurance?
Yes ___ No ___

6. How often are medical personnel on the jail premises? _____

7. Are inmates tested for communicable diseases prior to incarceration?
Yes ___ No ___

8. Are inmates that are determined to have a communicable disease segregated from other inmates? Yes ___ No ___

9. Is medical information on inmates restricted to authorized personnel only? Yes ___ No ___

10. Does the department keep written documentation of inmate's visits to medical staff?
Yes ___ No ___

11. Does the department keep written documentation of inmate injuries? Yes ___ No ___

Section V - Other Information

1. Has the department ever been involved in a lawsuit as a result of the jail facility?

Yes ___ No ___ If yes, please explain: _____

2. Has there ever been any successful escapes from the jail facility? Yes ___ No ___

If yes, please explain: _____

3. Do you require use of force reports? Yes ___ No ___

4. Please advise the number of use of force incidents that have occurred over the past 12 months? _____

5. Does the department have an internal investigation process into use of force incidents?

Yes ___ No ___

Along with the above information, please provide a copy of the department's jail facility procedures governing the following:

1. Suicide Identification
2. Classification of Inmates and Intake Screening
3. Use of Force
4. Medical Treatment and Sick Call
5. Medical Screening Procedure
6. Internal Investigation Process

Authorized Signatory for Department _____

Title: _____ Date: _____

Phone Number: _____

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