



CIIC
Inspection
Manual:
DRC

January 2015

Joanna E. Saul,
CIIC Executive Director

January 2015

Dear Legislators, Corrections Professionals, and External Stakeholders,

The purpose of CIIC is to provide an unbiased “public eye” into the Ohio correctional system, with an emphasis on government accountability. No other group performs the work of evaluating every facility within both the adult and juvenile Ohio correctional systems and producing reports to the legislature, which are also easily accessible to the public. Through its observations, data analysis, and collection of innovative initiatives, CIIC is in the unique position of being able to raise awareness of concerns and promulgate best practices. The reports serve as an accountability measure for corrections, but are also intended as a management tool for Wardens/Superintendents.


The goal of CIIC inspections is not to conduct an audit (audits are performed internally by both correctional systems and externally by the American Correctional Association), but to evaluate specific areas that most impact the quality of the environment for both inmates and staff. The collected information builds into an inspection report, which analyzes an institution’s performance laterally and longitudinally. CIIC staff can then make recommendations for improvement where appropriate.

This document outlines the CIIC inspection process from start to finish. The checklists for individual areas were developed by CIIC analysts, with the input of experienced correctional staff and stakeholders.

While this document intends to establish inspection procedures for the entire biennium, CIIC staff engage in continuous self-evaluation and improvement and as a result, changes may be made.

We appreciate all of the time that correctional staff give to us during the inspection process. We thank you for your hospitality on-site. I look forward to working with you over the next biennium.

Best,



Joanna E. Saul
Executive Director

CIIC Inspection Timeline

Action	Person Responsible	Timeframe
Contact district and local legislators for the prison to be inspected	Executive Director	At least two weeks prior to inspection
Review all available data on prison, including most recent letters, and draft pre-inspection report	Report Coordinator	Within the week prior to the inspection
Develop inspection plan	Executive Director	By the Friday prior to the inspection
Conduct inspection	CIIC staff	Two week inspection time period
Provide draft sections to Report Coordinator	CIIC staff	As soon as possible following the relevant inspection day
Follow up with any legislators or aides that attended inspection	Report Coordinator	As soon as possible following the first inspection day
Provide completed draft report to data quality assurance monitor	Report Coordinator	By the end of Wednesday of the second week following the inspection
Review all data in the report	Data Quality Assurance Monitor	Thursday of the second week
Review total report and make final judgments	CIIC staff	Friday morning of the second week
Provide final draft to the DRC and any legislators/aides attending the inspection	Executive Director	Friday of the second week
Receive and incorporate DRC response/action plans in the report and publish	Executive Director	Two weeks after sending the report to the DRC; one month after the inspection

Sample Inspection Plan

Day 1			
All Staff			
Housing Units Segregation			
Day 2			
Adam	Joanna	Whitney	Maggie
Staff Interviews Fiscal Accountability Food Services	RIB Inmate Grievance Procedure	Vulnerable Prisoners Focus Groups PREA review	Medical Services Recreation
Day 3			
Joanna	Darin	TBD	Maggie and Lanny
Interviews with Warden and Deputies Finish RIB Violent Incident Review	Use of Force Violent Incident Review	Rehabilitation and Reentry Education	Mental Health Recovery Services

Sample CIIC Data Request

*Please note that we will request other data on site while performing specific subject area reviews; this is only the data that we would like to receive on the first day. Furthermore, CIIC collects data through large data requests to the OSC, as well as monthly reports, which is included as part of the overall evaluation of the facility.

- (1) Roster of inmates **BY BUNK/CELL** (I will ask for this during my call-ahead and would very much appreciate receiving it upon arrival at your institution).
- (2) Audit Documentation
 - a. Most recent ACA audit
 - b. Most recent IMA report
 - c. Most recent fiscal audit
 - d. DRC cultural assessment (if applicable)
- (3) Inmate Count with Age and Racial Breakdown on inspection date (MIS1 screen on DOTS, then run institution counts)
- (4) List of uses of force for 2014, with total number resulting in employee discipline
- (5) ACA Significant Incident Summary for 2013, 2014, and 2015 YTD (we would appreciate this by calendar year, not audit period)
 - a. For disturbances (which is on the Significant Incident Summary), identification of total number of inmates involved in each disturbance, whether outside medical treatment was needed, and what type of physical response was used to contain it
- (6) Top five cost savings initiatives implemented at the facility within the past year (with estimated dollar amount saved).
- (7) Current vacancies by area (corrections officers, medical, etc)
- (8) Current enrollment number and number on waitlist for each of the following:
 - Unit Programs (e.g., Thinking for a Change, Money Smart, Inside Out Dad, etc.)
 - Inmate Groups
 - If the current number of programs and enrollment is not reflective of your general operations, please let us know
- (9) Total number of sexual assault allegations (involving either inmates or staff) in 2013 and 2014 YTD, broken down by inmate or staff, and whether the allegation was substantiated, unsubstantiated, or unfounded.

- (10) Segregation roster on the day of the inspection
- (11) Past six months of STG committee meeting attendance/minutes
- (12) Total number of refusal-to-locks in segregation and inmates under PC invest or being transferred due to PC
- (13) While on-site and evaluating segregation, the following will be requested:
(a) total number of uses of force in segregation in the past six months; (b) total number of uses of food loaf (would like to see the documentation of the requests for alternative food service); and (c) total number of disturbances (range floodings, etc.)
- (14) Your review of your action plans from the last CIIC inspection report and status update.
- (15) List of top three to five positive points about your institution that you want to have included in the inspection report

Sample CIIC Inspection Process Description

(Please note that the activities performed on each day may vary. An inspection plan will be provided on the first day of each inspection that will list the activities for each day.)

	Area	Description of Activities
Day 1	Housing Units	Upon arrival, CIIC staff will meet briefly with the Warden and executive staff to go over the inspection plan. CIIC staff will be assigned housing units and will either be responsible for the inspection checklist or for distributing the inmate survey.
		During the first day, CIIC staff will also inspect segregation, as well as address second shift roll call and pass out the officer survey.
Day 2	Staff Interviews	CIIC staff will interview a number of corrections officers, selected by institutional staff. Each interview takes approximately twenty minutes.
	RIB	CIIC staff will observe RIB hearings and conduct a review of at least twenty RIB cases closed at the Warden's level in the past three months.
	Inmate Grievance Procedure	CIIC staff will review a random selection of informal complaints and grievances and will interview the Inspector.
	Vulnerable Prisoner Focus Groups /	CIIC staff will conduct focus groups of inmates traditionally vulnerable within any correctional environment: inmates under 21 years of age, inmates over 55 years of age, sex offenders, and GLBT inmates. CIIC staff may also interview inmates who have been identified through PREA assessments.
	PREA	
	Medical Services/ Recreation	CIIC staff will interview the Health Care Administrator and conduct three focus groups, one of medical staff, one of inmates on the chronic care caseload, and one of inmates not on the chronic care caseload. CIIC staff will also observe recreation activities and interview the Recreation Supervisor.
Food Services	CIIC staff will inspect food services and the dining hall, including on-site observation of food preparation, an interview with the Food Services Administrator, and consumption of several inmate meals.	

Day 3	Use of Force	CIIC staff will review twenty randomly selected use of force packets to determine compliance with DRC policies and procedures. CIIC staff will want to review any available video.
	Mental Health/ Recovery Services	CIIC staff will interview the Mental Health Administrator and the Recovery Service Administrator in addition to observing programs.
	Fiscal Accountability/ Staffing	CIIC staff will interview staff regarding vacancies, cost savings, green initiatives, morale, overtime, property loss, training, and evaluations.
	Rehabilitation/ Reentry	CIIC staff will inspect the library, conduct a focus group of Case Managers, conduct two focus groups of inmates who are within one month of release, and discuss reentry planning with the Unit Management Chief and Reentry Coordinator. If there is an OPI shop within the institution, CIIC staff will inspect the shop(s). CIIC staff will interview an available administrator for the school (e.g. the Principal) and may observe educational programs.

CIIC Methodology

CIIC sets five main expectations for the operation of any state correctional institution,¹ which fall into the following areas:

Safety and Security

Health and Wellbeing

Fair Treatment

Rehabilitation and Reentry

Fiscal Accountability

Each area is comprised of a number of indicators that determine the overall evaluation of the area for the prison. CIIC collects evidence for the indicators through the following actions: (1) survey of a statistically significant percentage of the inmate population; (2) on-site observations, generally recorded through the use of standardized checklists developed by CIIC staff; (3) data collected via monthly reports submitted to CIIC, requests to OSC, or requested on-site; and (4) on-site interviews of staff and inmates.

1. Safety and Security

CIIC EXPECTATION: Prisons will provide a safe and secure environment for all inmates.

Indicator	Evidence Reviewed	Analysis
Violence Outcome Measures	Total assaults during previous fiscal years or calendar years; rate of inmate RIB violations for assaults Rate of rule 19 violations adjudicated in RIB Total homicides during previous two years	Trend over time and in comparison to other institutions
Disturbances	Total disturbances and rate during previous fiscal years or calendar years	Trend over time and in comparison to other institutions
Use of Force	Total uses of force during previous fiscal years or calendar years; usage of chemical agents;	Trend over time and in comparison to other institutions; procedural accountability

¹ CIIC’s methodology, including the expectation and the areas of evaluation, is based on the UK Her Majesty’s Inspectorate of Prisons’ “healthy prison test.”

Control of Illegal Substances	<p>review of 20 completed UOF packets/files including available video footage; focus group communication</p> <p>Monthly random drug tests; total number of inmates tested for programs and for cause; inmate survey responses</p>	<p>regarding UOF incidents; racial breakdown of UOF incidents compared to institutional population</p> <p>Level of inmate access to and use of illegal substances</p>
Inmate Perception of Safety	<p>Inmate surveys; focus groups of sex offenders, inmates under 21 years of age, inmates older than 55, and GLBT inmates; number of inmates in segregation, for refusal to lock, under PC investigation, or approved PC</p>	<p>Identification by inmates of safety and security issues</p>
Unit Security Management	<p>Housing unit officer security rounds logs; housing unit shakedown logs; cell/bunk security; inmate security classification reviews</p>	<p>Consistent performance of staff security rounds; consistent staff searches of inmates for contraband; accountability of timely security classification reviews</p>
Institutional Security Management	<p>Interview of Warden; employee sign-in logs; officer interviews and surveys; percentage of the population identified as STG-affiliated compared to rule 17 violations as adjudicated by RIB; Total escapes during previous two years</p>	<p>Regular analysis by staff of data trends and action taken in response to identified issues; visibility and approachability of executive staff; officers being informed by supervisors</p>
Prison Rape Elimination Act (PREA)	<p>Most recent PREA audit; outcome of PREA investigations for most recent fiscal or calendar year; PREA posters in housing units; survey responses; focus groups; staff notification upon entrance of unit</p>	<p>Compliance with PREA standards; documentation of sexual assault allegations; information posted on how to report sexual assault.</p>

2. Health and Wellbeing

CIIC EXPECTATION: Prisons will provide sanitary conditions and access to adequate healthcare and wellness programming.

Indicator	Evidence Reviewed	Analysis
Unit Conditions	On-site observation of housing unit conditions	Overall evaluation of housing unit conditions; identification of maintenance issues
Medical Services	On-site observations of medical facilities, pill call; Nurse Sick Call, Doctor Sick Call, and chronic care clinic backlogs; interview with Health Care Administrator; focus groups of medical staff, chronic care inmates, and non-chronic care inmates; inmate survey responses regarding perceived quality of care	Overall evaluation of medical facilities, staffing levels, access to services, and inmate perceptions of quality of healthcare
Mental Health Services	Interview of Mental Health Administrator; interviews with mental health staff and program observation.	Overall evaluation of mental health facilities, staffing levels, and access to services.
Recovery Services	Interview of Recovery Service Administrator; program termination data; inmate survey responses	Evaluation of access to treatment/programming; quality of programming; reentry preparation including family outreach, etc.
Food Services	On-site observation of food preparation areas and dining hall; interview with Food Services Administrator; inmate survey responses regarding food quality	Overall cleanliness and quality of meals and food preparation
Recreation	Observation of recreation activities; review of access to recreation; inmate survey responses	Overall access to recreation activities in terms of schedule and variety of activities

3. Fair Treatment

CIIC EXPECTATION: Prisons will provide fair and professional treatment of inmates.

Indicator	Evidence Reviewed	Analysis
Staff/Inmate Interactions	Inmate survey and focus groups; informal complaints filed within past six months alleging inappropriate supervision; Inspector and Warden interview	Inmate perceptions regarding staff professionalism and staff accountability/oversight
Inmate Grievance Procedure	Review of 20 informal complaints and 10 grievances filed within the past six months; interview of the Inspector; review of data for untimely ICR responses and grievance dispositions	Evaluation of staff responsiveness to complaints and consistent application of DRC policies
Inmate Disciplinary System	Observation of RIB hearings; review of at least 20 closed RIB cases; inmate focus group and survey; interview with staff	Evaluation of appropriate due process, fairness, and consistent application of DRC policies and procedures
Segregation	On-site observation of conditions and review of records; review of serious incidents in segregation; analysis of inmate population in segregation	Evaluation of conditions, treatment, and placement of inmates in segregation

4. Rehabilitation and Reentry

CIIC EXPECTATION: Prisons will provide access to evidence-based programming and purposeful activities that will ultimately aid reentry.

Indicator	Evidence Reviewed	Analysis
Access to Purposeful Activities	Academic enrollment; unit program enrollment; access to recreation; OPI shop availability; unit missions; community service hours; religious, mental health, and recovery service	Trend over time and in comparison to other institutions

	program participation	
Educational Programming Library	Principal interview; data analysis; classroom observation Library schedule; on-site observation; data from monthly library report	Overall Evaluation of access to the library in comparison to other facilities
Ohio Penal Industries	Apprenticeships earned through the industry; attainment of work skills	Evaluation of shop operations and connection between OPI and reentry
Reentry Planning	Reentry plans; inmate survey; inmate focus groups; Unit Management Chief and Reentry Coordinator interviews; library reentry resource center	Adequate preparation of inmates for reentry prior to release

5. Fiscal Accountability

CIIC EXPECTATION: Prisons will responsibly utilize taxpayer funds and implement cost savings initiatives where possible.

Indicator	Evidence Reviewed	Analysis
Fiscal Wellness	Fiscal audit report prepared by the State Auditor; staff overtime data; 2013 and 2014 property reimbursements; staff initiatives to reduce property loss; cost avoidance initiatives; FY 2014 capital improvement requests.	Evaluation of issues found by the Auditor and staff initiatives to rectify; overtime usage in comparison to other institutions; evaluation of initiatives taken to decrease overtime; evidence of staff to develop and implement cost savings initiatives; infrastructure concerns.
Environmental Sustainability	Energy reduction initiatives; recycling revenue; waste management; review of sustainability programs; additional cost savings data.	Evaluation of staff implementation of green initiatives; affirmative efforts to reduce waste through sustainability programs; additional cost savings initiatives.

**Staff
Management**

Staff surveys; staff interviews; staff retention and workplace satisfaction initiatives; training completion; evaluation completion rates; turnover rate; vacancies.

Overall staff morale and retention initiatives; timely completion of both training and evaluations; current staff vacancies.

INSPECTION CHECKLISTS

The following pages provide the checklists that will be used during the inspection. Please note that the following pages do not include all of the forms that CIIC uses to conduct its review (for example, the review of use of force, RIB, grievance procedure, focus group questions, etc.). Rather, the following checklists are only the documents that will be scanned into the published version of the inspection report.

Please keep in mind that our work continues to evolve and questions may be added or subtracted as needed.

The sequence of the checklists follows the above outline, starting with the housing units.

AREA INSPECTED: CELL BLOCKS/PODS

HOUSING UNIT: _____

Inmate Count: _____

		COMMENTS
1. What is the security classification and privilege level of the unit population?		
2. Is there a specific unit mission/focus?	Merit <input type="checkbox"/> Faith-Based <input type="checkbox"/>	Sanction <input type="checkbox"/> GP <input type="checkbox"/> Other _____ <input type="checkbox"/>
FACILITIES		
3. How clean are common areas?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
4. How many of the following are inoperative?	Toilets– Sinks – Showers –	
5. If any of the above are inoperative, have maintenance work orders been submitted?	YES NO	
6. How quickly are maintenance work orders completed?		
7. How clean are shower facilities? - Inmate porter asked <input type="checkbox"/>	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
8. How often are shower facilities cleaned? - Inmate porter asked <input type="checkbox"/>	Every shift <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/>	
9. What is the room temperature?	Acceptable <input type="checkbox"/> Too hot/cold <input type="checkbox"/>	
10. Are the following <u>all</u> operational? - Phones # _____ - Laundry Facilities # _____ - Drinking Fountains # _____ - Ice machines # _____ - Microwave(s) # _____	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
CELL SECURITY CHECK		
11. How clean are cells?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
12. How many of the following: - Cell window obstructed _____ - Towel on floor _____ - Inappropriate pictures _____ - Clotheslines _____	Cell door window obstructed _____ Material in lock _____ Material in cuff port _____ Graffiti _____	

STAFF ACCOUNTABILITY												
13. Are appropriate cleaning materials in locked container and at least half full? - Container checked <input type="checkbox"/> - Bottles match inventory Y <input type="checkbox"/> N <input type="checkbox"/>	YES	NO										
14. Is the first aid box secured? -First Aid box checked <input type="checkbox"/>	YES	NO										
15. Is the fire extinguisher receiving monthly inspections? -Extinguisher checked <input type="checkbox"/>	YES	NO										
16. How many officers are on duty per shift?	1 st -	2 nd -	3 rd -									
17. Are officers performing security checks at staggered, 30 min intervals? -Log observed <input type="checkbox"/>	YES	NO										
18. How many shakedowns are performed on each shift? -Log observed <input type="checkbox"/>			Date _____ # _____	Date _____ # _____	Date _____ # _____							
ACCESS TO CIIC, PROGRAMS, STAFF												
19. Are the following posted? - Current CIIC Memo - Prison Rape Elimination Act - Program Schedule - Staff photos	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>				
20. Are the following forms in stock on the unit? -Forms observed <input type="checkbox"/>	Kites <input type="checkbox"/>	ICRs <input type="checkbox"/>	HSRs <input type="checkbox"/>									
EXECUTIVE STAFF ROUNDS												
Staff	Date	In	Out	Date	In	Out	Date	In	Out	Date	In	Out
Ward												
DWO												
DWSS												
IIS												
UMC												
ADDITIONAL COMMENTS (including inmate communication): 												

AREA INSPECTED: HOUSING DORMS

HOUSING UNIT: _____

Inmate Count: _____

		COMMENTS
1. What is the security classification and privilege level of the unit population?		
2. Is there a specific unit mission/focus?	Merit <input type="checkbox"/> Faith-Based <input type="checkbox"/>	Sanction <input type="checkbox"/> GP <input type="checkbox"/> Other _____ <input type="checkbox"/>
FACILITIES		
3. How clean are bunk areas?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
4. Are views of beds in dorms obstructed?	YES NO	
5. How clean are common areas?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
6. What is the room temperature?	Acceptable <input type="checkbox"/> Too hot/cold <input type="checkbox"/>	
7. Bathroom facility count	Toilets– Urinals – Sinks – Showers –	
8. How many are inoperative? - Inmate porter asked <input type="checkbox"/>	Toilets– Urinals – Sinks – Showers –	
9. If any of the above are inoperative, have maintenance work orders been submitted?	YES NO	
10. How quickly are maintenance work orders completed?		
11. How clean are toilets/urinals? - Inmate porter asked <input type="checkbox"/>	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
12. How clean are shower facilities? - Inmate porter asked <input type="checkbox"/>	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
13. How often are shower/toilet facilities cleaned?	Every shift <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/>	
14. Are the following <u>all</u> operational? - Phones # _____ - Laundry Facilities # _____ - Drinking Fountains # _____ - Ice machines # _____ - Microwave # _____	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	

STAFF ACCOUNTABILITY												
15. Are appropriate cleaning materials in locked container and at least half full? -Container checked <input type="checkbox"/>	YES	NO										
16. Is the first aid box secured? -First Aid box checked <input type="checkbox"/>	YES	NO										
17. Is the fire extinguisher receiving monthly inspections? -Extinguisher checked <input type="checkbox"/>	YES	NO										
18. How many officers are on duty per shift?			1 st -									
			2 nd -									
			3 rd -									
19. Are officers performing security checks at staggered, 30 min intervals? -Log observed <input type="checkbox"/>	YES	NO										
20. How many shakedown are performed on each shift? -Log observed <input type="checkbox"/>			Date _____ # _____ Date _____ # _____ Date _____ # _____									
ACCESS TO CIIC, PROGRAMS, STAFF												
21. Are the following posted? - Current CIIC Memo - Prison Rape Elimination Act - Program Schedule - Staff Photos	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>								
	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>								
	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>								
	Y <input type="checkbox"/>	N <input type="checkbox"/>										
22. Are the following forms in stock on the unit? -Forms observed <input type="checkbox"/>			Kites <input type="checkbox"/>									
			ICRs <input type="checkbox"/>									
			HSRs <input type="checkbox"/>									
STAFF ROUNDS												
Staff	Date	In	Out	Date	In	Out	Date	In	Out	Date	In	Out
Ward												
DWO												
DWSS												
IIS												
UMC												
ADDITIONAL COMMENTS (including inmate communication):												

Inspector: _____

Facility: _____

Date: _____

AREA INSPECTED: INMATE HEALTH SERVICES

FACILITIES				
	#	Clean?	Organized?	Comments:
Offices		Yes No	Yes No	
Exam Rooms		Yes No	Yes No	
Infirmary Beds		Yes No	Yes No	
Crisis Cells		Yes No	Yes No	
Records Area		Yes No	Yes No	
Waiting Area		Yes No	Yes No	
		Clean?	Soap Available?	
Inmate bathrooms		Yes No	Yes No	
Staff bathrooms		Yes No	Yes No	
Is the pharmacy: Secured? Yes No Organized? Yes No		Comments:		
Is the overall space available, sufficient to perform duties? Yes No		Comments:		
SANITATION				
Documentation of cleaning schedule observed <input type="checkbox"/>				
Overall appearance of infirmary.		Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement <input type="checkbox"/>	Comments:	
Are appropriate measures taken to ensure sanitation?		Comments:		
Are clearly marked sharps/ biohazard containers present in all exam rooms? Yes No Observed <input type="checkbox"/>		Comments:		
Are officers making frequent checks of inmates housed in cells? Yes No Observe 4118 <input type="checkbox"/>		Comments:		

Inspector: _____

Facility: _____

Date: _____

EQUIPMENT				
Is all medical and dental equipment operational? Yes No		What is in need of repair:		How long does it take to get repaired:
The EMT bag is accessible and sealed? Observed <input type="checkbox"/>		Yes No		Comments:
Any specialized or additional equipment needed? Yes No		Comments:		
STAFFING and ADMINISTRATION				
MD/ALP	NP	RN	LPN	DDS
DDS Asst	Hygienist	Radiology	Phlebotomy	HIT
Diet Tech	QIC	Other:		
Do you have consistent physician/ALPs? (ALPs >1 year) Yes <input type="checkbox"/> No <input type="checkbox"/>		Comments:		
List any vacancies: (include length of time vacant)				
List any contract staff:				
Are there any current concerns related to ALP performance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Comments:		
In the past six months what has been the turnover?				
What are some of the reasons nurses leave?				
How do you recruit nursing staff?				
Do supervisors work late shifts to monitor operations?		Yes No		How often?
Do interdisciplinary meetings occur with departments? Discuss extend of communication with each.				
Mental Health		Yes No		
Security		Yes No		
Recovery Services		Yes No		

Inspector: _____

Facility: _____

Date: _____

ACCESS			
Besides the information provided at orientation, do you provide additional information to inmates regarding medical services?	Yes	No	How?
Are inmates educated when changes to their treatment plan made?	Yes	No	How?
How are inmates with special needs or infectious diseases provided education/counseling?	Yes	No	Types?
	#	Response Time?	Backlog?
Kites (received in past 6 months) Log observed <input type="checkbox"/>			
Nurse Sick Call (from Health Service Request, last 6 months)			
Doctor Sick Call Referrals (from nurse referral, last 6 months)			
Number of DSC appointments held (last six months)		Number of No-Shows/AMA (in past six months)	
Outside Consults (from doctor referral, last six months)		Approximate time once approved by collegial review to get scheduled?	
In your consult log, do you have any outstanding collegial review cases? Yes No	Comments:		
How many inmates are in Chronic Care?	Total all clinics?		
Cardiac:	Liver(HepC):	Lipid:	Pulmonary:
Diabetes:	Gen Med:	HIV:	Oncology:
PPD(TB):	Seizure:	Pain:	Other:
Do you track # of scabies cases? Yes No	How many cases within the past 6 months?	Comments:	
Is there a backlog among Chronic Care clinics beyond 15 days? Yes No	How many?		
Number of Chronic Care appointments in last 90 days:	Number of Chronic Care inmates who are No-Shows in past 90 days:		

Inspector: _____

Facility: _____

Date: _____

What measures are taken to ensure inmates attend chronic care appointments?	Comments:			
How many MRSA cases have you had since January 2013?				
Are Patient satisfaction surveys conducted?	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>How are you conducting these and how often?</td> </tr> </table>	Yes	No	How are you conducting these and how often?
Yes	No	How are you conducting these and how often?		
How many informal complaints have you received in the past 6 months?	Most common complaints received?			
Tracking method observed <input type="checkbox"/>				
Are responses to informal complaints appropriate?	Yes No			
Comments:				

DOCUMENTATION AND TRAINING	
How are records kept secure to ensure confidentiality?	Observed <input type="checkbox"/>
After intake do you review inmate medical records to ensure continuity of care? Yes No	
How do you ensure a quality review?	
How frequently are patient records audited and how do you audit them?	
How are staff trained on departmental policies and procedures?	
CRISIS MANAGEMENT	
What is the response time to emergencies?	
Number of on-site emergency notifications within the past six months:	Number of off-site emergency visits within the past six months:

Inspector: _____

Facility: _____

Date: _____

Statistics since January 2013		#
	Expected Deaths	
	Unexpected Deaths	
	Suicides	
	Homicides	

List cause of death for each case and age of inmate.

Expected:

Unexpected:

Details of Suicide and/or Homicide:

Observation of Pill Call

Comments:

Inspector: _____

Facility: _____

Date: _____

AREA INSPECTED: MENTAL HEALTH SERVICES

FACILITIES				
	#	Clean?	Organized?	Comments
Offices		Yes No	Yes No	
Conference Rms		Yes No	Yes No	
Classrooms		Yes No	Yes No	
Records Areas		Yes No	Yes No	
Crisis Cells				
Number of crisis cells:		Describe location:		Cells observed in use: YES NO
How clean are the crisis cells? Excellent <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement <input type="checkbox"/>		Comments:		
Documentation of 4118 correct and updated? YES NO		Comments:		
Do crisis cells have clear visibility? YES NO		Comments:		
Do cells have protective secure screening on the windows and are they intact? YES NO		Comments:		
STAFFING				
Psychiatrist	Psychologist	APN-MH	RN	Psych Asst.
LSW	LISW	SW	PC	MHA
QIC	Other:	Comments:		
List any vacancies:				
List any contract staff:				
Do you have difficulty getting qualified applicants? What techniques do you implore to recruit qualified individuals?				

Inspector: _____

Facility: _____

Date: _____

CASELOAD			
Total Caseload:	#	Backlog?	
Number of C1/SMI:	#		
How many inmates are on the MH Caseload are in segregation?	#	How many are C1/SMI?	#
Any inmates on mandated medications?	#	Types?	
Number of watches (constant, close, MHO in past year)	# of Constant	# of Close	# of MHO
Suicide Attempts (past year)	#	Most common method:	
Self-Injurious Behavior (past year)	#	Most common method:	
Inmates Transferred to RTU (past year)	#	Inmates Transferred to ITPs (past year)	#
Average wait time?		Average wait time?	
ACCESS			
		Response Time?	Backlog?
Mental Health Requests (review kite log for last 90 days)			
Referrals (review Mental Health evaluation/referral log for last 90 days)			Number past two weeks divided by total number completed timely:
Segregation Rounds	Frequency?	Assessment post-seg placement?	Treatment/programs for SMI in seg?
Time period for initial psychiatry appointment?			
What information is provided to new inmates re MH care?			
CRISIS PREVENTION			
What strategies do you employ for crisis intervention?			
Do you routinely hold open office hours?		Hours:	
What measures are taken to prevent suicide?			

Inspector: _____

Facility: _____

Date: _____

RESTRAINTS					
Have restraints been used on any inmates in the past year?	Yes	No	Total #?	# on MH caseload?	Type of restraint?
If yes to above, how long were inmates in the restraints?			How often are inmates in restraints checked by staff?		
Have any injuries resulted from restraints?	Yes	No	Example?		
What type of training does staff receive in regard to restraints?	Describe training scenarios and who attends:				
ACCOUNTABILITY					
What is the system for maintaining patient and record confidentiality?					
How do you ensure that mental health information is kept current on DOTS?					
Is the MH caseload list distributed weekly?	Yes	No	Who receives it?		
Do interdisciplinary meetings occur with the following departments?					
Medical	Yes	No			
Security	Yes	No			
Recovery Services	Yes	No			
Describe communication between other departments:					
Outside of the QIC process, how frequently are patient records audited?	Describe:				
How many informal complaints have you received in the past 6 months?	Most common complaints received?				
Tracking method observed <input type="checkbox"/>					
Are responses to informal complaints appropriate?	Yes	No			
Comments:					

Inspector: _____

Facility: _____

Date: _____

PROGRAMMING		
How many evidence-based MH programs are currently offered to inmates?	#	What programs?
How many additional programs offered?	#	What programs?
How many inmates have participated in programming in the past 90 days?		Month 1 Month 2 Month 3
*Unduplicated if possible		Total
How many treatment programs have been scheduled in the past 90 days?		
How many treatment programs have been conducted in the past 90 days?		

Inspector: _____

Facility: _____

Date: _____

AREA INSPECTED: RESIDENTIAL TREATMENT UNIT

HOUSING UNIT: _____

Inmate Count: _____

1. Breakdown of inmates by RTU Level		Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____	Are levels indicated by cell? YES NO
FACILITIES			
2. How clean are common areas?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>		
3. How many of the following are on unit?	Toilets– Sinks – Showers –		
4. How many are inoperative?	Toilets– Sinks – Showers –		
5. If any of the above are inoperative, have maintenance work orders been submitted?	YES NO		
6. How quickly are maintenance work orders completed?			
7. How clean are shower facilities? Inmate porter asked <input type="checkbox"/>	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>		
8. How often are shower facilities cleaned? Inmate porter asked <input type="checkbox"/>	Every shift <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/>		
9. What is the room temperature?	Acceptable <input type="checkbox"/> Too hot/cold <input type="checkbox"/>		
10. Are the following <u>all</u> operational?			
- Phones	Y <input type="checkbox"/>	N <input type="checkbox"/>	
- Laundry Facilities	Y <input type="checkbox"/>	N <input type="checkbox"/>	
- Drinking Fountains	Y <input type="checkbox"/>	N <input type="checkbox"/>	
- Ice machines	Y <input type="checkbox"/>	N <input type="checkbox"/>	
- Microwave(s)	Y <input type="checkbox"/>	N <input type="checkbox"/>	
CELL SECURITY CHECK			
11. How clean are cells?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>		
12. How many of the following:			
- Cell window obstructed _____	- Material in lock _____		
- Towel on the floor _____	- Material in cuff port _____		
- Inappropriate pictures _____	- Object at top of door _____		
- Clotheslines _____			
13. How many crisis cells are there?			

Inspector: _____

Facility: _____

Date: _____

14. How clean are crisis cells?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
15. Do crisis cells have clear visibility?	YES NO	
16. Do cells have protective secure screening on the windows and are they intact?	YES NO	
17. Were cells in use during inspection?	YES NO	If yes, were proper forms documented correctly? YES NO

STAFF ACCOUNTABILITY

18. Are appropriate cleaning materials in locked container and at least half full? - Container checked <input type="checkbox"/> - Bottles match inventory <input type="checkbox"/>	YES NO	
19. Is the first aid box secured? -First Aid box checked <input type="checkbox"/>	YES NO	
20. Is the fire extinguisher receiving monthly inspections? -Extinguisher checked <input type="checkbox"/>	YES NO	
21. How many officers are on duty per shift?	1 st – 2 nd – 3 rd –	
22. Are officers performing regular security checks? - Log observed <input type="checkbox"/>	YES NO	
23. How many shakedowns are performed on each shift? - Log observed <input type="checkbox"/>		
24. How often are medical rounds conducted? - Documentation observed <input type="checkbox"/>		
25. How often are mental health rounds conducted? - Documentation observed <input type="checkbox"/>		

ACCESS TO CIIC, PROGRAMS, STAFF

26. Is the current CIIC memo posted?	YES NO	
27. Are the commissary, programs, and library schedules posted?	YES NO	
28. Are the following forms in stock on the unit? -Forms observed <input type="checkbox"/>	Kites <input type="checkbox"/> ICRs <input type="checkbox"/> HSRs <input type="checkbox"/>	

Inspector: _____

Facility: _____

Date: _____

EXECUTIVE STAFF ROUNDS												
Staff	Date	In	Out	Date	In	Out	Date	In	Out	Date	In	Out
Ward												
DWO												
DWSS												
IIS												
RTU												
Coord												
MHA												
Nur. Sup												

ACCESS			
How many inmates were admitted in the past year?	#		
How is information about unit provided to inmate upon admission?			
How many informal complaints have been received in the past 90 days? Tracking method observed <input type="checkbox"/>	#	How quickly are they responded to?	Are responses to informal complaints appropriate? Yes No
How many incidents have been recorded in incident log in the past 6 months?	#	Describe situations:	
How many inmates are currently on mandated medication?	#		
Number of watches (constant, close, MHO in past year)	# of Constant	# of Close	# of MHO
Are crisis cells available in RTU?	YES NO		
Suicide Attempts (past year)	#	Most common method:	
Self-Injurious Behavior (past year)	#	Most common method:	
What strategies are in place to prevent crisis?			
What strategies are in place for crisis intervention?			

Inspector: _____

Facility: _____

Date: _____

What does communication between shift change look like?	
CRISIS PREVENTION/INTERVENTION	
What strategies do you employ for crisis intervention?	
Do officers receive special training? Yes No Describe?	
Described communication between staff members.	
Do you have regularly scheduled team meetings? Yes No Comments:	
How many tickets have officers on duty written in the past 90 days?	

Inspector: _____

Facility: _____

Date: _____

AREA INSPECTED: RECOVERY SERVICES

FACILITIES				
	#	Clean?	Organized?	Comments
Offices		Yes No	Yes No	
Class Rooms		Yes No	Yes No	
Records		Yes No	Yes No	
Are all records stored in a locked filing cabinet? Yes <input type="checkbox"/> No <input type="checkbox"/>		How often are records audited ensure they have all information required by 70-RCV-02?		
<input type="checkbox"/> Observed				
Is the space available sufficient to perform duties?		Yes No	Comments:	
STAFFING and ADMINISTRATION				
List all staff working in recovery services and length of employment:				
Are there any current vacancies: Yes <input type="checkbox"/> No <input type="checkbox"/>		Length of time?		
Are contract staff utilized? Yes <input type="checkbox"/> No <input type="checkbox"/>		How many?		
Do you feel you have enough staff to meet inmate needs of service? Yes <input type="checkbox"/> No <input type="checkbox"/>		Comments:		
Are inmate graduates used to facilitate programming? Yes <input type="checkbox"/> No <input type="checkbox"/>		How many?	How?	
Are there any current concerns related to their performance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Comments:		
Do you utilize volunteers? Yes <input type="checkbox"/> No <input type="checkbox"/>		How many?	For what?	
		How often?		
INMATE OUTREACH AND PARTICIPATION				
Describe the presence of the recovery service department at this institution?				
Are there any designated recovery services housing units?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Comments?		

Inspector: _____

Facility: _____

Date: _____

<p>What efforts are made to retain inmates who stop participating in formal programming?</p>			
<p>Do you reach out to individuals who are found guilty of Rule #39?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>How?</p>	
<p>Do interdisciplinary meetings occur with the following departments?</p>	<p>Medical Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Frequency?</p>
	<p>Mental Health Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Frequency?</p>
	<p>Security Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Frequency?</p>
	<p>Are you involved in discussions about how to manage Rule #39 with security and administration?</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you offer any SAMI groups?</p>			
<p>Check all formal recovery programs offered.</p>	<p><input type="checkbox"/> Treatment Readiness Program <input type="checkbox"/> Intensive Outpatient Program <input type="checkbox"/> Recovery Maintenance Program <input type="checkbox"/> AOD Education Groups <input type="checkbox"/> Intensive Program Prison <input type="checkbox"/> Tobacco Cessation</p>		
<p>How many inmates are <u>currently enrolled in formal treatment programming</u>?</p>	<p>R0: R1: R2: R3: <hr/> Total Enrolled =</p>		
	<p>Is this an <i>Increase</i> or <i>Decrease</i> since your last cohort Is this on track to be an <i>increase</i> or <i>decrease</i> for FY 2014</p>		
<p>In FY 2014, how many inmates were enrolled in programming.</p>			

Inspector: _____

Facility: _____

Date: _____

Number of treatment groups scheduled in the past 90 days?			
Number of groups held in the past 90 days?			
How many inmates are assessed as:	R0: R1: R2: R3: Total # Assessed @ institution _____		
How many inmates are on the <u>waitlist</u>?	R0: R1: R2: R3: Total Waitlisted =		
How do you engage individuals on the waitlist in services, as they wait to enroll in formal programming?			
Average monthly participation in the following ancillary programs	AA	NA	Other:
How frequently are they offered?			
Do you have any additional recovery services programming offered? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many?	How often?	Names of Programs?
Total number of inmates participating in recovery services in the last 90 days. Month 1 _____ Month 2 _____ Month 3 _____			

Inspector: _____

Facility: _____

Date: _____

AREA INSPECTED: FOOD SERVICES

DINING HALL		COMMENTS		
1. What is the atmosphere of the dining hall upon entrance?	Calm <input type="checkbox"/> Tense <input type="checkbox"/>			
2. How many staff are assigned to supervise inmates in the dining hall?	1 st - 2 nd -			
3. Menu on the day of the inspection.				
4. Inmates rated the meal:	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Needs Improve <input type="checkbox"/>	Acceptable <input type="checkbox"/>		
5. CIIC rated the meal:	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Needs Improve <input type="checkbox"/>	Acceptable <input type="checkbox"/>		
6. How clean is the dining area?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Needs Improve <input type="checkbox"/>	Acceptable <input type="checkbox"/>		
7. What is the temperature of the food in the serving line?	Item	Before	During	After
8. Are trays scraped in a different area from the food serving line?	YES NO			
KITCHEN PREP AREA (including tools and equipment)		COMMENTS		
9. How clean is kitchen area?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Needs Improve <input type="checkbox"/>	Acceptable <input type="checkbox"/>		
10. Does the equipment appear to be clean?	YES NO			
11. Is a chit system used to issue tools to inmate workers? -Chit closet observed <input type="checkbox"/>	YES NO			
12. Is the quantity of the food served according to the menu?	YES NO			
13. Is soap available in the inmate/staff bathroom?	YES NO			
14. Are knives issued according to procedure? If so, are inmates supervised	YES NO			
	YES NO			
15. What is the date of last fire equipment inspection? -Extinguisher checked <input type="checkbox"/>	DATE:			
16. What is the date of the last two county health inspections? Did the facility pass?	DATE 1:	PASS	FAIL	
	DATE 2:	PASS	FAIL	
	Main Issues/Concerns:			
17. What are the dates of the two most recent visits from the DRC Food Service Contract Monitor?	DATE 1:	Compliance Score:		
	DATE 2:	Compliance Score:		
	Main Issues/Concerns:			

Inspector: _____

Facility: _____

Date: _____

18. Have there been any recent concerns regarding inmate health issues due to food? Are 72-hour test trays used?	YES	NO	
19. How often is the cooking equipment sanitized?	YES	NO	
20. Monthly Inventory and Usage Report Maintained? -Previous month log observed <input type="checkbox"/>	YES	NO	
21. Are all chemicals secured? -Log observed <input type="checkbox"/>	YES	NO	
22. Are the surrounding walls, floors, and the receiving racks that hold washed meal trays clean and sanitized on a regular basis?	YES	NO	
23. Are there open trash containers near food preparation or dish wash areas?	YES	NO	
FOOD STORAGE AND APPLIANCES			COMMENTS
24. The number of appliances?	Freezers- Ovens-	Coolers- Kettles-	Grilles/Skillets-
25. Are any appliances in need of repair? -Service Call or work order requested <input type="checkbox"/>			
26. Are there any visible facility maintenance concerns?	YES	NO	
27. Are there any standing puddles of water on the ground?	YES	NO	
28. Do the coolers and freezers appear orderly and clean? Is there ice on the floor of coolers?	YES	NO	
29. Is stored food wrapped and dated? Storage shelves observed <input type="checkbox"/>	YES	NO	
30. Are containers of food stored off of the ground?	YES	NO	
31. Is the shelf-life of non-perishable items less than 90 days?	YES	NO	
32. Is the shelf-life of perishable items less than 7 days?	YES	NO	
33. The date of the most recent delivery for the following items: Dairy- _____ Meat- _____			
34. Is a safe distance maintained from the top of the stored food to the ceiling?	YES	NO	
35. Are dishes/utensils washed/rinsed at appropriate temperatures (wash 150 degrees/rinse 180 degrees)?	YES	NO	

Inspector: _____

Facility: _____

Date: _____

CONTRACT STAFF		COMMENTS
36. Number of contract staff on-site:	Number of staff:	Length of time at facility:
Director		
Assistant Director		
Manager/Coordinator		
Contract Workers		(Average)
Total contract staff		
37. Reason(s) for contract staff turnover?		
INMATE WORKERS		COMMENTS
38. How many inmate workers are assigned to the food services department		
39. How are inmates selected?		
40. What is the monthly wage?		
41. When do inmates receive performance evaluations?	YES	NO
Are raises available for good performance?	YES	NO
42. Are all inmate workers trained regarding proper hygiene? -Forms observed <input type="checkbox"/>	YES	NO
43. Are all inmate workers trained on proper handling of equipment? -Forms observed <input type="checkbox"/>	YES	NO
44. Are all inmate workers and staff wearing hair nets and gloves?	YES	NO
INCENTIVE PROGRAM(S)		COMMENTS
45. Are incentive programs offered to increase inmate participation?	YES	NO
46. How many inmates participate in the program(s)?		
47. How are inmates selected?		
48. What is the monthly wage?		
49. Do inmates receive performance evaluations?	YES	NO
If so, are raises available for good performance?	YES	NO
LOADING DOCK		COMMENTS
50. Is the trash dock free of odors, loose garbage bags, and bugs?	YES	NO
51. Are there any current pest issues?	YES	NO
If yes, when was most recent issue?		

Inspector: _____

Facility: _____

Date: _____

52. How often is the local exterminator used?	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Annually <input type="checkbox"/>
-----------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

STAFF AND INMATE CONCERNS	COMMENTS
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53. Have there been any recent concerns regarding inmate health issues due to food? Are 72-hour test trays used?	YES NO YES NO
---------------------------------------------------------------------------------------------------------------------	--------------------------------

54. Is a kite log maintained? Inmates' biggest Concern(s)? -Log observed <input type="checkbox"/>	YES NO
-----------------------------------------------------------------------------------------------------------------	-------------

55. Contract staff biggest concerns?

56. Number of delayed servings in past 30 days?

57. Number of inadequate substitutions made in past 30 days?

EXECUTIVE STAFF ROUNDS											
------------------------	--	--	--	--	--	--	--	--	--	--	--

STAFF	DATE	IN	OUT	DATE	IN	OUT	DATE	IN	OUT	DATE	IN	OUT
Warden												
DW												
BM												
IIS												

ADDITIONAL COMMENTS:

Inspector: _____

Facility: _____

Date: _____

AREA INSPECTED: RECREATION

ACCESS TO RECREATION	COMMENTS	
<p>1. Example of typical recreation/yard schedule: (request copy of schedule** Morning hours: ___:___ - ___:___ Afternoon hours: ___:___ - ___:___ Evening hours: ___:___ - ___:___</p>		
2. How many hours per day are inmates permitted to recreate?		
3. How many inmates/housing units are permitted to recreate at any one time?		
4. How frequently is recreation shut down due to staffing/unexpected issues?	Rarely <input type="checkbox"/> Sometimes (2-3 times per week) <input type="checkbox"/> Frequently (3+ times per week) <input type="checkbox"/>	
5. Was recreation shut-down last week?	Yes No How many times?	
6. Check shift captain's report- how many times was recreation shut-down in prior month?		
7. Describe any obstacles to inmate access to recreation:		
8. What activities do you provide for inmates when recreation is shut-down?		
9. Where are activities posted for inmate information?		
10. What types of music programs are available?	Describe:	
11. What types of art programs are available?	Describe:	
12. Are activities available to all inmates, including those with disabilities?	YES NO	Types:
FACILITIES	COMMENTS	
13. Does recreation equipment appear to be clean and in good working order?	YES NO	
14. What equipment is in need of maintenance?		
15. How many staff are assigned to supervise inmates?		
16. How many non-correctional officers work in the recreation department?		
17. How many inmate program assistants are assigned to the recreation department?		

Inspector: _____

Facility: _____

Date: _____

VARIETY/SELECTION OF ACTIVITES	COMMENTS
18. How often are new activities introduced?	
19. What are examples of unique/innovative recreational opportunities provided at this institution?	
20. What inmate-led recreation programs are available at this institution (ex. aerobics, Zumba, Yoga)?	
21. What incentive-based health/wellness programs are provided at this institution (ex. Biggest Loser competition)?	
22. How often is the selection of movies rotated? _____	Number of movies in rotation: _____
23. What intramural sports are available at this institution: (any league divisions, such as 40+?) Describe Past Tournaments:	
24. What are the top concerns inmates express about recreation? a. b.	
25. What activities or equipment would improve recreation?	
Describe Physical Facilities: <u>Indoor:</u> <u>Outdoor:</u>	

Inspector: _____

Facility: _____

Date: _____

AREA INSPECTED: INMATE GRIEVANCE PROCEDURE

ACCESS		
1. How often do you perform rounds of the housing units? <input type="checkbox"/> Employee sign-in logs rev'd		What issues have been noted recently?
2. Do you target any specific areas for rounds?		Which?
3. Do you hold open office hours? Y <input type="checkbox"/> N <input type="checkbox"/>	Frequency?	How do inmates access?
4. What methods are used to educate inmates on the IGP at this facility?		
5. What methods are used to educate staff on the IGP?		
6. Do you keep a kite log? Y <input type="checkbox"/> N <input type="checkbox"/>	What issues relayed?	
RESPONSE TIMELINESS		
7. What percentage of informal complaint responses were untimely last year?		Reasons for untimely responses?
8. What steps do you take to reduce untimely informal complaints?		
9. Do you report staff who frequently fail to respond timely? Y <input type="checkbox"/> N <input type="checkbox"/>	How?	
10. What percentage of grievances were filed by the same inmate last year?		Issues?
11. What percentage of grievances were extended last year?		Reasons for the extension(s)?
12. How many grievances resulted in a report to the Warden last year?		Area(s) of concern?

Inspector: _____

Facility: _____

Date: _____

OVERSIGHT AND ACCOUNTABILITY		
13. What is the area of most frequent complaint by inmates?		Steps to reduce?
14. How frequently do executive staff discuss areas of concern?		How?
15. What specific actions, if any, have been taken as a result of the executive staff meetings?		
16. What areas have you specifically inspected within the past 90 days? <input type="checkbox"/> IIS Activity Report Rev'd		Discrepancies in policy/practice?
17. What areas of the institution have you worked with staff to improve?		How?
18. How many complaints regarding staff retaliation for use of the IGP have you received in the past year?		Substantiated?
19. How do you ensure that inmates are not retaliated against for using the IGP?		
20. Do you track the staff who are the most frequent subjects of inmate complaints? Y <input type="checkbox"/> N <input type="checkbox"/>	Frequency?	What do you do with the information?
21. What oversight, if any, do you provide regarding the quality of responses to ICRs?		
22. What suggestions do you have for how to improve the grievance procedure?		
23. What suggestions do you have for how to improve/enhance the Inspector's role in a prison?		

Inspector: _____

Facility: _____

Date: _____

AREA INSPECTED: SEGREGATION

		COMMENTS
24. Inmate Count Tracking Mechanism/Roster <input type="checkbox"/>		
25. How many cells have more than two inmates?		
26. How many inmates are in segregation for refusal to lock due to safety concerns?		
27. What is the atmosphere of the unit upon entrance?		
FACILITIES		
28. How clean are cells?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
29. How clean are hallways/rec areas?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
30. How often are inmates allowed to clean their cells/ toilets, sinks?		
31. How many of the following are inoperative?	Toilets-- Sinks - Showers -	Work order? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>
32. How quickly are maintenance work orders completed?		
33. How clean are shower facilities?	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
34. How often are shower facilities cleaned?	Every shift <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/>	
35. How clean are crisis cells? # of crisis cells _____	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/>	
36. What is the room temperature?	Acceptable <input type="checkbox"/> Too hot/cold <input type="checkbox"/>	
37. What recreation equipment or space is available? Sanitation issues? Y <input type="checkbox"/> N <input type="checkbox"/>		

Inspector: _____

Facility: _____

Date: _____

CELL SECURITY CHECK		
38. How many of the following: - Cell window obstructed _____ Cell door window obstructed _____ - Towel on floor _____ Material in lock _____ - Inappropriate pictures _____ Material in cuff port _____ - Clotheslines _____ Graffiti _____		
STAFF ACCOUNTABILITY		
39. Are appropriate cleaning materials in locked container and at least half full? - Match inventory <input type="checkbox"/> - Container checked <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
40. Is the first aid box secured? -First Aid box checked <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
41. Is the fire extinguisher receiving monthly inspections? -Extinguisher checked <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
42. How many officers are on duty per shift?	1 st - _____ 2 nd - _____ 3 rd - _____	
43. Are officers performing security checks at staggered 30 min intervals? -Log observed <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
44. How many shakedowns are performed on each shift? -Log observed <input type="checkbox"/>		Date _____ # _____ Date _____ # _____ Date _____ # _____
45. Are individual log sheets maintained and <u>up to date</u>? -Log observed <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
46. How often are medical rounds conducted? -Log observed <input type="checkbox"/>		
47. How often are mental health rounds conducted? -Log observed <input type="checkbox"/>		Dates in log book:
48. How frequently do uses of force occur in the segregation unit?	What were the circumstances of the last use of force?	
49. How frequently is meal/food loaf used in the segregation unit?	What were the circumstances of the last time that meal/food loaf was given?	
50. How frequently do inmates flood the range or otherwise cause a disturbance?	What were the circumstances of the last time?	

Inspector: _____

Facility: _____

Date: _____

PRINCIPAL INTERVIEW

EDUCATIONAL PROGRAM EVALUATION (ORC 103.73) [for feedback to Principal]

CIIC CLASSROOM REVIEW	
1. Overall, classroom management and student behavior were rated as:	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement <input type="checkbox"/>
2. Overall, instructional strategies and teaching methods were rated as:	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement <input type="checkbox"/>
3. Overall, classrooms were appropriate in size, acoustics, lighting, temperature, etc.	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement <input type="checkbox"/>
CIIC DOCUMENT REVIEW	
4. Overall, lesson plans were rated as:	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement <input type="checkbox"/>
5. Overall, student educational goal agreements were rated as:	Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improvement <input type="checkbox"/>

EDUCATIONAL ADMINISTRATOR INTERVIEW [with input from Principal]

STUDENT POPULATION and ACCESS	
6. Current educational staff	_____ Principal(s)/Assistant Principal _____ _____ Teachers (Academic, C-T, AJT, etc.) _____ Guidance Counselor/Educational Specialists _____ Other
7. Current vacancies (_____ total)	Positions:
8. What is the average or approximate student/teacher ratio?	Academic – Career-Tech – Other –
9. How many certified inmate tutors?	Academic – Career-Tech –
10. What initiatives have been implemented to increase access to educational programs?	
11. Describe education delivery (method and frequency) to segregation.	

Inspector: _____

Facility: _____

Date: _____

STAFF PROFESSIONAL DEVELOPMENT		
12. Describe opportunities and support for staff professional development, such as <ul style="list-style-type: none"> • Membership in association, trade, or professional group • Attendance at association, trade, professional conferences • Tuition support for continuing education or development 		
13. Describe opportunities for internal evaluation and improvement, such as <ul style="list-style-type: none"> • Principal evaluation of teachers • Informal peer teacher feedback 		
14. Describe system for rewarding/incentivizing continuous professional development.		
SECURITY		
15. Is security staff on duty in the area during programming?	YES	NO
16. Where is security staff located within the school setting?		
17. Are teachers issued man-down instruments?	YES	NO
18. Are all instructional materials and tools stored and accounted for in a safe manner?	YES	NO
INSTITUTIONAL NEEDS ASSESSMENT		
19. Date of last annual institutional needs assessment:		
20. What positives, negatives, or other 'take away' findings emerged? <ul style="list-style-type: none"> a. _ b. _ c. _ 		
SPECIALIZED EDUCATIONAL PROGRAMMING		
21. Does your institution offer any of the following specialized educational programs: <ul style="list-style-type: none"> - Career-Technical Education - Career Enhancement Programs (5 week modules in employment readiness, trades, and safety) - Advanced Job Training (AJT) – college courses - Apprenticeship Programs - Title I (for educationally disadvantage under 21 years) - Transitional Education Program (TEP) - Education Intensive Prison Program (EIPP) 		
22. What additional specialized educational programs are available? <ul style="list-style-type: none"> a. _ b. _ c. _ 		
INSTRUCTIONAL MATERIALS and TECHNOLOGY		
23. Overall, are instructional materials provided to every student?	YES	NO
24. Are instructional materials copyrighted or teacher-made?	Academic – Career-Tech –	Copyright date:
25. Describe inmate student use of technology, if any.	Academic – Career – Tech –	
26. To what degree is all technology currently working?		Are repairs pending?

Inspector: _____

Facility: _____

Date: _____

AREA INSPECTED: LIBRARY/LAW LIBRARY

FACILITIES		
1. Does the area appear to be clean and well-maintained?	YES NO	
2. Does the area have attributes of an inviting environment?	YES NO	
3. How many computers/typewriters are available for inmates' use? [of the total PCs for IM use, _____ # for LEGAL work and _____ # for REENTRY work]	__ PCs (IM access) __ typewriters	How many are inoperable at this time? _____ Work orders submitted? _____
4. Describe the resources that are available electronically.		
5. How often are new materials added to the library?		What are your sources for new library materials? _____
6. How many inmate workers are assigned to the library/law library?	What duties do the library aides fulfill?	
7. What media alternatives are available in addition to books, magazines, and newspapers?		Audio books ____ Kindle ____ Other ____ Other ____
8. Are you aware that the CIIC reports are available to inmates in the library?	YES NO	Have you ever requested a copy of any CIIC report? Yes No
ACCESS		
9. What is the most frequent use of the library by the inmates?		
10. Are library services available daily, including weekends and evenings?	YES NO	
11. What is the minimum amount of time that most inmates are able to use the library?		
12. Is there a cap/limit on the number of inmates who may use the library at one time?	YES NO	Cap/limit #:
13. Describe access to library materials for inmates housed in special management areas		
14. Describe your library initiatives that go above and beyond routine library services and support literacy development, reading, and learning.	Book Clubs ____ Literature Circles ____ Tracking inmate interests and supplying additional materials based on interests ____ Other ____ Other ____	

Inspector: _____

Facility: _____

Date: _____

AREA INSPECTED: OPI

PERSONNEL		COMMENTS
1. What OPI shops are located at this facility?		
2. How many inmates work in OPI at this institution?	# total OPI inmate employees _____	
3. How are inmates selected for OPI jobs?		
4. Are you aware or do you maintain a wait list of the inmates who wish to work in your OPI shop(s)?	YES NO	
5. What is the average monthly wage for inmates in this/these OPI shop(s)?		
6. Do inmates receive performance evaluations? -Log observed <input type="checkbox"/>	YES NO	
7. Can inmates obtain documentation regarding their OPI work performance upon their release?	YES NO	
8. How many staff members supervise the inmates during the hours of operation?		
TRAINING		COMMENTS
9. Are all inmate workers trained on proper handling of equipment?	YES NO	
10. How is the training conducted?		
11. What specific work skills are taught through this shop?		
12. Are there any certifications available for this shop?	YES NO	
13. How many inmate workers are enrolled in an approved apprenticeship program?		List apprenticeships:
14. What barriers to apprenticeships exist?		

Inspector: _____

Facility: _____

Date: _____

Unit Management Chief (UMC) Reentry Interview Questions

CLASSIFICATION REVIEWS	
<p>1. Regarding inmate classification reviews: What <i>percent of the total inmate population</i> is shown on the <u>Due/Past Due Reports</u> (for classification reviews)?</p> <p>[DOTS ... GRMEN...print full report (several pages) and print past due report (one page)]</p>	<p>Number inmates on Past Due Report: _____ # More than one month Past Due: _____ #</p> <p><u>Reasons for overdue reviews:</u></p>
PURPOSEFUL ACTIVITIES	
<p>2. How would you rate the level of inmate access to purposeful activities at this institution?</p>	<p>Exceptional <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Needs Improve <input type="checkbox"/></p>
<p>3. What types of purposeful activities are available at this institution?</p> <p> <input type="checkbox"/> Education/Academic/Vocational/College <input type="checkbox"/> Mental health/recovery programs <input type="checkbox"/> Unit programs <input type="checkbox"/> Religious programs <input type="checkbox"/> Community service <input type="checkbox"/> Other (please list): <input type="checkbox"/> OPI <input type="checkbox"/> Inmate-led groups </p>	
<p>4. Collectively, what are the barriers to access to purposeful activities and reentry programming at your institution?</p>	
<p>5. Have you completed your most recent (January 20, YEAR) Needs Assessment Survey? Yes No</p>	<p>Please print and provide a copy of your most recent <u>Needs and Staffing Assessment for Social Services Programs</u> (per DRC Policy 71-SOC-10)</p>
CONTACT WITH COMMUNITY	
<p>6. What barriers exist to inmates communicating with family, friends, or the community at this institution?</p>	
<p>7. How active is your local reentry coalition?</p>	<p>11a. When was the last meeting?</p>
<p>8. Describe the level of in-reach from local community service providers or agencies.</p>	
<p>9. When was your last job fair?</p>	<p>13a. What groups/agencies/providers attended?</p>
<p>10. Do you have any suggestions for how to increase community contact and/or in-reach?</p>	
REENTRY	
<p>11. What are positive activities/actions that this institution has implemented to prepare inmates for a successful reentry?</p>	

Inspector: _____

Facility: _____

Date: _____

<p>12. Does every inmate have the opportunity to be involved in a reentry program (unit programs, education, etc) prior to release?</p>	<p>Please describe your tracking system and documentation used for monitoring inmates placed into recommended programs.</p>
<p>13. What channels of communication or distribution of information are used to make reentry resources known to inmates?</p>	<p>What new and additional programs, information, or resources do you feel are needed to provide reentry assistance to inmates?</p>
<p>14. TRANSITIONAL RELEASE PLAN (TR PLAN): What percentage of all inmates within 60 days of their release date have all documents received or provided per their individual OTRP (F4443) form? [RPLAN screen in DOTS portal]</p> <p>_____</p> <p>Documents or services include:</p> <ul style="list-style-type: none"> • Copy of DD214 • Social Security Card • Birth Certificate • Driver's License • Other: • Transportation • Reentry Resource Guide • Institution Job History • Housing Plan • S.T.R.I.V.E. • A.P.A. Workshop • SSA Screening • Community Linkage Package • Medicaid Application • PASRR Nursing Home • Career Passport to Forwarding Address • Recovery Service Discharge & Prognosis • Ohio Benefit Bank Registration 	<p>15. What accountability system is in place to <i>oversee the completion</i> of each item or service on the RPLAN per inmate?</p> <p>For example:</p> <p>* UMC filtering a list of 60-day, 30-day inmates on the 1st of each month and distributing to each Case Mgr for interaction/completion.</p> <p>* Required date-driven checkpoint meetings at 120, 90, 60, or 30 days between Case Mgr and inmate(s)?</p> <p>* Unit Management 'tracking board' that is updated weekly for remaining tasks per inmate w/ less than one week.</p> <p>*Other:</p> <p>*Other:</p>
<p>SUMMARY AND RECOMMENDATIONS</p>	
<p>16. Overall, how well do you feel that the institution has prepared inmates for post-release reentry?</p>	<p><input type="checkbox"/> Exceptional If exceptional, why?</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Acceptable</p> <p><input type="checkbox"/> In need of improvement If in need, why?</p>
<p>17. How could this institution better prepare all inmates for reentry?</p>	
<p>Additional comments:</p>	

Inspector: _____

Facility: _____

Date: _____

Waste Reduction

9. Was the most recent waste audit completed by March 31? Date: _____
What were the noticeable trends in waste disposal for the previous 12 months?
10. What waste diversion tactics were developed as a result of the audit?
11. How is food waste diverted?
Does the institution have a composting operation?
12. How is the information tracked?
13. Does the Energy Coordinator complete a monthly report documenting the costs, usage, weight, and savings and /or wastage? Yes No

If yes, what were the average waste disposal numbers for the previous 12 months?
Monthly Costs:
Monthly Savings:
Monthly Weight/Wastage:
14. Were local agencies, such as the health department, were used to assist in the audit?
Yes No
If so, which agency was used?

Recycling

15. What is the most recycled item at the institution?
Paper Plastic Card board Metal/Aluminum cans
16. How much money did the institution earn through its recycling program?
17. Did the institution have access to 50% of the earnings? Yes No

If so, what was the money used for?
18. Does your facility have a material compactor? Yes No

If not, what institution is the closest in proximity to recycle your items?
19. How do you dispose of recycled materials?