|  |
| --- |
| **Entity Name:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | State Certified Capacity | Average # of Daily Inmates | Average Length of Stay | Number of Jail Cells | Number of Correctional Officers on duty each shift | Accredited by the American Correctional Association (ACA) or Washington Association of Sheriffs & Police Chiefs (WASPC) |
| Minimum security Jail |  |  |  |  |  | Yes  No  If yes, accredited by: |
| Maximum security Jail |  |  |  |  |  | Yes  No  If yes, accredited by: |
| Overnight Holding Cells |  |  |  |  |  | Yes  No  If yes, accredited by: |
| Detention Home Facility |  |  |  |  |  | Yes  No  If yes, accredited by: |
| Juvenile Detention Center |  |  |  |  |  | Yes  No  If yes, accredited by: |
| Other (*please specify*) |  |  |  |  |  | Yes  No  If yes, accredited by: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the Entity have written policies governing the following: | | Date of Last Revision | Does the Entity have written policies governing the following: | | Date of Last Revision |
| Intake screenings and classification of inmates | Yes  No |  | Suicide ID and Suicide Prevention | Yes  No |  |
| Strip searches | Yes  No |  | Visual observation of inmates | Yes  No |  |
| Evacuation | Yes  No |  | Medical treatment | Yes  No |  |
| Storage & Administration of Medication | Yes  No |  | Inmate Transportation | Yes  No |  |
| Discipline and Grievance Procedures | Yes  No |  | Use of Force | Yes  No |  |
| Restraints | Yes  No |  | Key control and security | Yes  No |  |

|  |  |  |
| --- | --- | --- |
| Does the county utilize Lexipol for corrections operations?  If yes, do you subscribe to Daily Training Bulletins (DTB)?  **If no**, please provide a copy of your current policies and procedures. | Yes | No |
| Yes | No |
|  | |
| Have correctional officers been instructed on the conditions under which they are authorized to discharge their weapons? | Yes | No |
| Are new inmates monitored for the first 24 hours of their incarceration, especially if they are under the influence of drugs or alcohol or if they exhibit signs of deep depression or suicide? | Yes | No |

|  |  |
| --- | --- |
| Total jail square footage: |  |
| Are adult inmates separated from juvenile inmates (18 of age and younger)? | Yes  No |
| If **Yes**, in what manner? | |
| Are male and female inmates separated? | Yes  No |
| If **Yes**, in what manner? | |
| Do you always have a matron/female officer in attendance when a female inmate is in custody? | Yes  No |
| Are inmates separated by type or seriousness of offense? | Yes  No |
| If **Yes**, in what manner? | |
| What type of surveillance is used to monitor inmates and facilities? | |
| In the last three years, have there been any suicides or attempted suicides? | Yes  No |
| If **Yes**, explain and provide details and explain what has been done to prevent future suicides? | |
| Has there ever been a riot or other inmate-led disturbance? | Yes  No |
| If **Yes**, please describe: | |
| What is the date of the last inspection by state or local fire inspectors?  **If Yes**, were any deficiencies noted? | |
| What is the date of the last inspection by the health department?  **If Yes**, were any deficiencies noted? | |
| Is the facility operating under court order or in violation of any local, state or federal codes or standards? | Yes  No |
| If **Yes**, please explain: | |
| * **Provide a copy of the most recent inspection reports including recommendations and citations, if any, and follow up to such recommendations / citations.** | |