|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |       |  |       |
| **Member Name** |  | **Completed by** |  | **Date** |

| **GLOBAL TRAINING PROGRAMS** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Is all training documented in employees individual training file? |
| [ ]  | [ ]  | [ ]  | Are lesson plans that meet MCOLES specifications required? |
| **n/a** | **Y** | **N** | *Are all officers/reserve/auxiliary officers trained in the following?***Bolded** items are required annually. |
| [ ]  | [ ]  | [ ]  | **Use of Force Issues – Medical Considerations – MCOLES standards?** |
| [ ]  | [ ]  | [ ]  | **Vehicle Operations, Legal Standards, Policy and Decision-Making?** |
| [ ]  | [ ]  | [ ]  | **Legal Update?** |
| [ ]  | [ ]  | [ ]  | **Harassment/Discrimination/Violence in Workplace?** |
| [ ]  | [ ]  | [ ]  | **In-Custody/Prisoner Safety?** |
| [ ]  | [ ]  | [ ]  | **Defensive Tactics?** |
| [ ]  | [ ]  | [ ]  | **Aerosol Decontamination?** |
| [ ]  | [ ]  | [ ]  | **Blood-borne/Airborne Pathogens?** |
| [ ]  | [ ]  | [ ]  | Safety Equipment/PPE? |
| [ ]  | [ ]  | [ ]  | HAZMAT/SARA Level I (every two years)? |
| [ ]  | [ ]  | [ ]  | Right to Know? |
| [ ]  | [ ]  | [ ]  | Fair and Impartial Policing? |
| [ ]  | [ ]  | [ ]  | Handling people with Mental Illness and/or Substance Abuse? |
| [ ]  | [ ]  | [ ]  | Lock-up Procedures? |
| [ ]  | [ ]  | [ ]  | Precision Driving (at least every three years)? |
| [ ]  | [ ]  | [ ]  | Supervisory Training? |
| [ ]  | [ ]  | [ ]  | National Incident Management System? |
| [ ]  | [ ]  | [ ]  | Fire Extinguisher? |
| [ ]  | [ ]  | [ ]  | First Aid |
| [ ]  | [ ]  | [ ]  | CPR? |
| [ ]  | [ ]  | [ ]  | AED? |

| **CONTROL EQUIPMENT TRAINING** |
| --- |
| **n/a** | **Y** | **N** | *Do you train on the following?* |
| [ ]  | [ ]  | [ ]  | Aerosol Devices? |
| [ ]  | [ ]  | [ ]  | Conducted Electrical Weapons (CEW)? |
| [ ]  | [ ]  | [ ]  | Handcuffs? |
| [ ]  | [ ]  | [ ]  | Any other restraints? |
| [ ]  | [ ]  | [ ]  | Impact Weapons? |
| [ ]  | [ ]  | [ ]  | Other Less Lethal Weapons? |
| [ ]  | [ ]  | [ ]  | Do you provide annual training for each device? |

| **FIREARMS TRAINING** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Do all officers demonstrate proficiency with all authorized firearms at least twice per year? |
| [ ]  | [ ]  | [ ]  | Is the instructor a department employee? |
| [ ]  | [ ]  | [ ]  | Is training pass/fail? |
| **n/a** | **Y** | **N** | *Are all officers trained in the following:* |
| [ ]  | [ ]  | [ ]  | Reduced Lighting? |
| [ ]  | [ ]  | [ ]  | Outdoors/Cold Weather? |
| [ ]  | [ ]  | [ ]  | Concealed Carry? |
| [ ]  | [ ]  | [ ]  | Off Duty Carry? |
| [ ]  | [ ]  | [ ]  | Safe Weapon Storage? |
| [ ]  | [ ]  | [ ]  | Safe Handling of Weapons? |
| [ ]  | [ ]  | [ ]  | Decision Making / Target ID? |
| [ ]  | [ ]  | [ ]  | Multiple Targets? |
| [ ]  | [ ]  | [ ]  | Moving Targets? |
| [ ]  | [ ]  | [ ]  | Scenario Based Training? |
| [ ]  | [ ]  | [ ]  | Weapon Combinations? |
| [ ]  | [ ]  | [ ]  | Stress Scenarios? |
| [ ]  | [ ]  | [ ]  | Cover/Concealment? |
| [ ]  | [ ]  | [ ]  | Support Hand Shooting? |
| [ ]  | [ ]  | [ ]  | MCOLES Active Duty Standard? |
| [ ]  | [ ]  | [ ]  | Less Lethal Weapons? |
| [ ]  | [ ]  | [ ]  | Shoulder Weapons? |

| **BLOOD LEVEL TESTS as required by MIOSHA** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Do you offer blood tests to all firearms instructors? |
| [ ]  | [ ]  | [ ]  | Do you offer blood tests to all other officers? |
| [ ]  | [ ]  | [ ]  | Are declination forms used? |
| [ ]  | [ ]  | [ ]  | Is there general education of risk exposure/decontamination procedures when handling firearms, spent ammunition and cleaning the range? |

| **POLICY MANUAL** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Is there a department policy and procedure manual? |
| [ ]  | [ ]  | [ ]  | Do you issue copies to your employees? |
| [ ]  | [ ]  | [ ]  | Are receipts required? |
| [ ]  | [ ]  | [ ]  | Are employees given an opportunity to ask questions or seek clarification? |
| [ ]  | [ ]  | [ ]  | Is there an annual review? |
| [ ]  | [ ]  | [ ]  | Are old policies maintained in an archive file? |
| [ ]  | [ ]  | [ ]  | Has the full manual been updated within the last 1\_\_\_ 2\_\_\_ 3\_\_\_ More\_\_\_ (years) |
| **n/a** | **Y** | **N** | *Does the manual contain the following policies:* |
| [ ]  | [ ]  | [ ]  | Rules and Regulations? |
| [ ]  | [ ]  | [ ]  | Code of Ethics and Oath of Office? |
| [ ]  | [ ]  | [ ]  | Fair and Impartial Policing? |
| [ ]  | [ ]  | [ ]  | Arrest Procedures, De-escalation Techniques? |
| [ ]  | [ ]  | [ ]  | Use of Force? |
| [ ]  | [ ]  | [ ]  | Duty to Intervene? |
| [ ]  | [ ]  | [ ]  | Authorization/Qualification with Firearms? |
| [ ]  | [ ]  | [ ]  | Use of Weapons? |
| [ ]  | [ ]  | [ ]  | Foot Pursuit? |
| [ ]  | [ ]  | [ ]  | Search and Seizure, Entry to Property, Exigent Circumstances, Consent? |
| [ ]  | [ ]  | [ ]  | Evidence Handling and Audit? |
| [ ]  | [ ]  | [ ]  | Cash Handling? |
| [ ]  | [ ]  | [ ]  | Handling people with Mental Illness and/or Substance Abuse? |
| [ ]  | [ ]  | [ ]  | Communications with Persons with Disabilities? |
| [ ]  | [ ]  | [ ]  | Limited English Proficiency? |
| [ ]  | [ ]  | [ ]  | Domestic Violence? |
| [ ]  | [ ]  | [ ]  | Sexual Identification? |
| [ ]  | [ ]  | [ ]  | Prisoner Safety? |
| [ ]  | [ ]  | [ ]  | Lock-up Procedures? |
| [ ]  | [ ]  | [ ]  | In-Car Video? |
| [ ]  | [ ]  | [ ]  | Body Camera? |
| [ ]  | [ ]  | [ ]  | Video Recording of Interview/Interrogation? |
| [ ]  | [ ]  | [ ]  | Critical Incident Management? |
| [ ]  | [ ]  | [ ]  | Public Protest and Demonstrations? |
| [ ]  | [ ]  | [ ]  | Canine Operations? |
| [ ]  | [ ]  | [ ]  | Safety Equipment/ Use and Maintenance? |
| [ ]  | [ ]  | [ ]  | Body Armor? |
| [ ]  | [ ]  | [ ]  | Infectious Diseases? |
| [ ]  | [ ]  | [ ]  | Respiratory Protection Plan? |
| [ ]  | [ ]  | [ ]  | Firearms Range Operations/Lead Exposure? |
| [ ]  | [ ]  | [ ]  | Citizen Complaints? |
| [ ]  | [ ]  | [ ]  | Internal Investigation? |
| [ ]  | [ ]  | [ ]  | Employment Practices? |
| [ ]  | [ ]  | [ ]  | Harassment/Workplace Violence/Discrimination? |
| [ ]  | [ ]  | [ ]  | Drug-Free Workplace? |
| [ ]  | [ ]  | [ ]  | Secondary Employment? |
| [ ]  | [ ]  | [ ]  | Training Program? |
| [ ]  | [ ]  | [ ]  | Early Intervention/Employee Assistance? |
| [ ]  | [ ]  | [ ]  | Employee Evaluation System? |
| [ ]  | [ ]  | [ ]  | Disciplinary Procedures? |
| [ ]  | [ ]  | [ ]  | Auxiliary/Reserve/Civilian Volunteer Unit? |
| [ ]  | [ ]  | [ ]  | Social Media? |
| [ ]  | [ ]  | [ ]  | Release of Information and Records, FOIA, Records Retention Policy? |
| [ ]  | [ ]  | [ ]  | Confidential Information Protection? |
| [ ]  | [ ]  | [ ]  | Safe Delivery of Newborns? |
| [ ]  | [ ]  | [ ]  | Service Animals? |
| [ ]  | [ ]  | [ ]  | Ride-Along Programs? |
| [ ]  | [ ]  | [ ]  | Vehicle Operations? |
| [ ]  | [ ]  | [ ]  | Vehicle Pursuit? |
| [ ]  | [ ]  | [ ]  | Seatbelt Use? |
| [ ]  | [ ]  | [ ]  | Child Restraint During Vehicle Transport? |
| [ ]  | [ ]  | [ ]  | Traffic Safety and Management? |
| [ ]  | [ ]  | [ ]  | Specialty Vehicles and Equipment? |
| [ ]  | [ ]  | [ ]  | Fleet Maintenance? |
| [ ]  | [ ]  | [ ]  | Officers in the Schools? |
| [ ]  | [ ]  | [ ]  | Officer Response to Schools? |
| [ ]  | [ ]  | [ ]  | Juvenile Arrest / In-Custody? |
| [ ]  | [ ]  | [ ]  | Review/Update Manual? |
| [ ]  | [ ]  | [ ]  | Municipal Personnel Policy? |
| [ ]  | [ ]  | [ ]  | Criminal Justice Information System? |

| **EMPLOYMENT PRACTICES** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Does your hiring practice meet MCOLES Pre-Employment Standards for all new employees? |
| [ ]  | [ ]  | [ ]  | Does each position have a job description? |
| [ ]  | [ ]  | [ ]  | Is there a written test? |
| [ ]  | [ ]  | [ ]  | Are there oral interviews? |
| [ ]  | [ ]  | [ ]  | Are there background investigations, verification of credentials/qualifications? |
| [ ]  | [ ]  | [ ]  | Is there a written conditional offer of employment? |
| [ ]  | [ ]  | [ ]  | Is a physical given? |
| [ ]  | [ ]  | [ ]  | Do you administer psychological tests? |
| [ ]  | [ ]  | [ ]  | Is there employee substance abuse screening? |
| [ ]  | [ ]  | [ ]  | Are employees required to meet a department fitness program? |
| [ ]  | [ ]  | [ ]  | Are employees required to participate in a department wellness program? |

| **WORKPLACE POSTINGS** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Do you display postings in a highly visible manner? |
| [ ]  | [ ]  | [ ]  | Do you display postings where employees congregate at each work site location? |
| [ ]  | [ ]  | [ ]  | Are postings at a single location? |
| **n/a** | **Y** | **N** | *Do you post the following Federally required postings:* |
| [ ]  | [ ]  | [ ]  | Fair Labor Standard Act - Minimum Wage |
| [ ]  | [ ]  | [ ]  | Uniformed Services Employment and Re-employment Rights Act  |
| [ ]  | [ ]  | [ ]  | Family and Medical Leave Act |
| [ ]  | [ ]  | [ ]  | Combined Equal Opportunity |
| [ ]  | [ ]  | [ ]  | Pay Transparency Non-Discrimination |
| **n/a** | **Y** | **N** | *Do you post the following State of Michigan required postings:* |
| [ ]  | [ ]  | [ ]  | Whistleblower’s Protection Act |
| [ ]  | [ ]  | [ ]  | Michigan Wage and Hour - Minimum Wage |
| [ ]  | [ ]  | [ ]  | Civil Rights Act – HCRA |
| [ ]  | [ ]  | [ ]  | Michigan Occupational Health and Safety |
| [ ]  | [ ]  | [ ]  | Unemployment Insurance |
| [ ]  | [ ]  | [ ]  | Polygraph Protection Act |
| [ ]  | [ ]  | [ ]  | Americans with Disabilities Act |
| [ ]  | [ ]  | [ ]  | Child Labor Law |
| [ ]  | [ ]  | [ ]  | Safety Data Sheets/Right to Know |
| [ ]  | [ ]  | [ ]  | MIOSHA 300A Log From 2/1 through 4/30 |
| [ ]  | [ ]  | [ ]  | OSHA Electronic Injury Reporting (20 to 249 Employees) |

| **WRITTEN PROGRAMS** |
| --- |
| **n/a** | **Y** | **N** | *Do you have the following written programs:* |
| [ ]  | [ ]  | [ ]  | Safety and Accident Review Committee? |
| [ ]  | [ ]  | [ ]  | Internal emergency operations plan? |
| [ ]  | [ ]  | [ ]  | Fire prevention plan? |
| [ ]  | [ ]  | [ ]  | Emergency action plan? |
| [ ]  | [ ]  | [ ]  | PPE (Personal Protection Equipment) Program? |
| [ ]  | [ ]  | [ ]  | Infectious Disease Control Plan for Bloodborne Pathogens? |
| [ ]  | [ ]  | [ ]  | Infectious Disease Control Plan for Airborne Pathogens? |

| **HAZARD COMMUNICATION PROGRAM** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Do you have a written plan? |
| [ ]  | [ ]  | [ ]  | Is there a complete inventory of chemicals?  |
| [ ]  | [ ]  | [ ]  | Are Safety Data Sheets (SDS) indexed and on file? |
| [ ]  | [ ]  | [ ]  | Are all portable containers labeled? |
| [ ]  | [ ]  | [ ]  | Do you train all employees? |
| [ ]  | [ ]  | [ ]  | Are new Safety Data Sheets (SDS) posted? |
| [ ]  | [ ]  | [ ]  | Is there training for new Safety Data Sheets (SDS)? |

| **INFECTIOUS DISEASES** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Do you offer the Hepatitis B Vaccination? |
| [ ]  | [ ]  | [ ]  | Are Tuberculosis tests offered? |
| [ ]  | [ ]  | [ ]  | Are declination forms used? |
| [ ]  | [ ]  | [ ]  | Do you offer follow-up testing? |
| **n/a** | **Y** | **N** | *Is testing offered to the following:* |
| [ ]  | [ ]  | [ ]  | Full time staff? |
| [ ]  | [ ]  | [ ]  | Part time staff? |
| [ ]  | [ ]  | [ ]  | All staff? |

| **SAFETY EQUIPMENT** |
| --- |
| **Issued** | **Required** |  |
| [ ]  | [ ]  | Body Armor? |
| [ ]  | [ ]  | Opioid Antagonist (Naloxone) Application?  |
| [ ]  | [ ]  | First-Aid Kit and Tourniquet? |
| [ ]  | [ ]  | Automated External Defibrillator? |
| [ ]  | [ ]  | Eye protection meets ANSI Z87.1 for firearms training? |
| [ ]  | [ ]  | Hearing Protection for Firearms Training? |
| [ ]  | [ ]  | Firearms Clearing Stations? |
| [ ]  | [ ]  | Seat Belts? |
| [ ]  | [ ]  | PPE Gloves & Masks? |
| [ ]  | [ ]  | Blood-borne Pathogen Protection Kit? |
| [ ]  | [ ]  | Vehicle Prisoner Partition/Screen? |
| [ ]  | [ ]  | Non-Slip Shoes? |
| [ ]  | [ ]  | Portable Radios? |
| [ ]  | [ ]  | Puncture Resistant Gloves? |
| [ ]  | [ ]  | Helmets? |
| [ ]  | [ ]  | Reflective Traffic Vests? |
| [ ]  | [ ]  | Gas Masks/SCBA |

| **INTERVIEW AND INTERROGATION** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Are interviews and interrogations audio recorded? |
| [ ]  | [ ]  | [ ]  | Are interviews and interrogations video recorded? |
| [ ]  | [ ]  | [ ]  | Is there a procedure outlining the department practice in this area? |

| **PHYSICAL FACILITIES - ELECTRICAL** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Are outlets/switch plates in place? |
| [ ]  | [ ]  | [ ]  | Do you have Illuminated exit signs? |
| [ ]  | [ ]  | [ ]  | Are GFCI’s provided where required? |
| [ ]  | [ ]  | [ ]  | Do you ensure that extension cords are not used in the place of permanent wiring? |
| [ ]  | [ ]  | [ ]  | Are there any open breaker spaces/slots in panel board? |
| [ ]  | [ ]  | [ ]  | Is the panel board covered? |
| [ ]  | [ ]  | [ ]  | Is each circuit breaker on the panel board identified? |
| [ ]  | [ ]  | [ ]  | Are the following properly grounded and surge-protected: buildings, telephones, electrical, computers, and radios? |
| [ ]  | [ ]  | [ ]  | Are buildings and towers properly protected from lightning strikes? |

| **OTHER FACILITY ISSUES** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Do you have monthly facility inspections? |
| [ ]  | [ ]  | [ ]  | Do you test the emergency lighting monthly? |
| [ ]  | [ ]  | [ ]  | Do you service the HVAC system filters annually? |
| [ ]  | [ ]  | [ ]  | Are electrically operated doors equipped with auto-stop/return hardware? |
| [ ]  | [ ]  | [ ]  | Do you ventilate the garage area for air exchange?  |
| [ ]  | [ ]  | [ ]  | Is good housekeeping required in all areas? |
| **n/a** | **Y** | **N** | *Are fire extinguishers:* |
| [ ]  | [ ]  | [ ]  | Located properly? |
| [ ]  | [ ]  | [ ]  | Proper type? |
| [ ]  | [ ]  | [ ]  | Serviced annually? |

| **EVIDENCE ROOM** [ ]  **NOT APPLICABLE** |
| --- |
|  | **Y** | **N** |  |
|  | [ ]  | [ ]  | Do you ensure that the evidence room remains secured? |
|  | [ ]  | [ ]  | Is there fire detection? |
|  | [ ]  | [ ]  | Do you store biohazards properly?  |
|  | [ ]  | [ ]  | Do you properly ventilate biohazard storage areas?  |
|  | [ ]  | [ ]  | Do you ensure that hazardous and flammable materials are properly stored and ventilated? |
|  | [ ]  | [ ]  | Is money stored in a safe or secured lock box? |
|  | [ ]  | [ ]  | Are guns stored in a locked cabinet? |
|  | [ ]  | [ ]  | Are drugs stored in a safe or secured lock box? |
|  | [ ]  | [ ]  | Is there an evidence tracking system in place? |
|  | [ ]  | [ ]  | Is property/evidence disposed of as prescribed by State Law? |
|  | [ ]  | [ ]  | Does drug disposal require a witness to be present at time of destruction? |
|  | [ ]  | [ ]  | Do you audit the evidence tracking system annually and upon change of evidence custodian? |

| **FITNESS CENTERS** [ ]  **NOT APPLICABLE** |
| --- |
|  | **Y** | **N** |  |
|  | [ ]  | [ ]  | Do you have regular inspection and maintenance of equipment? |
|  | [ ]  | [ ]  | Do you sanitize all equipment regularly? |
|  | [ ]  | [ ]  | Is a written medical release required before use? |
|  | [ ]  | [ ]  | Is the two-person minimum rule used? |
|  | [ ]  | [ ]  | Do you require orientation training before authorization for use? |

| **SALLY PORT** [ ]  **NOT APPLICABLE** |
| --- |
|  | **Y** | **N** |  |
|  | [ ]  | [ ]  | Is the sally port video monitored? |
|  | [ ]  | [ ]  | Do you secure weapons before entering facility? |
|  | [ ]  | [ ]  | Are all outlets protected GFCI? |
|  | [ ]  | [ ]  | Are the doors secure, preventing entries to facility? |
|  | [ ]  | [ ]  | Do you handcuff and search detainees before entry? |
|  | [ ]  | [ ]  | Are electrically operated doors equipped with auto-stop/return hardware? |

| **DETENTION FACILITY** [ ]  **NOT APPLICABLE** |
| --- |
|  | **Y** | **N** | *TYPE OF FACILITY:* |
|  | [ ]  | [ ]  | Holding cells (short-term, less than 72 hours)? |
|  | [ ]  | [ ]  | Local lock-up (municipal jail)? |
|  | [ ]  | [ ]  | County jail? |
|  | [ ]  | [ ]  | Wall or bench-mounted handcuff bar? |
|  | [ ]  | [ ]  | Other (describe below)? |
| Are holding cells inspected regularly for hazards? |
| Are holding cells cleaned regularly? |

| **DETENTION FACILITY: OPERATIONS** [ ]  **NOT APPLICABLE** |
| --- |
|  | **Y** | **N** |  |
|  | [ ]  | [ ]  | Do you have a contract or risk transfer agreement for detainees held for other departments? |
|  | [ ]  | [ ]  | Do you screen all detainees for medical disorders?  |
|  | [ ]  | [ ]  | Does detainee medical screening include drug/alcohol use and level of use? |
|  | [ ]  | [ ]  | Do you screen all detainees for psychological disorders? |
|  | [ ]  | [ ]  | Do you screen all detainees for suicidal risk? |
|  | [ ]  | [ ]  | Does the department provide clothing for detainees? |
|  | [ ]  | [ ]  | Do you provide personal hygiene products to all detainees? |
|  | [ ]  | [ ]  | Do you classify detainees by gender?  |
|  | [ ]  | [ ]  | Does your policy address LGBTQ+ individuals? |
|  |  |  | **DETAINEE MONITORING** |
|  | **Y** | **N** | *How is detainee monitoring accomplished:* |
|  | [ ]  | [ ]  | Audio only? |
|  | [ ]  | [ ]  | Video only? |
|  | [ ]  | [ ]  | Audio and video? |
|  | [ ]  | [ ]  | Physically at cell door? |
|  | **Y** | **N** | *Cell checks:* |
|  | [ ]  | [ ]  | Do you log cell checks? |
|  | [ ]  | [ ]  | Are there checks for general population every 30 minutes? |
|  | [ ]  | [ ]  | Is there a maximum of 15-minute frequency for at risk detainees? |
|  | [ ]  | [ ]  | Do you log any unusual incidents? |
|  | [ ]  | [ ]  | Are written reports of injuries or unusual occurrences required? |
|  | **Y** | **N** | **CAPACITY** |
|  | [ ]  | [ ]  | Are detoxification cells available at the facility? |
|  | [ ]  | [ ]  | Are females in separate facilities? |
|  | [ ]  | [ ]  | Do you separate juveniles by sight and sound?  |
|  | [ ]  | [ ]  | Do you provide access to legal counsel and a private area to meet? |
| **n/a** | **Y** | **N** | **MEDICATIONS** |
|  | [ ]  | [ ]  | Do you dispense medications? |
| [ ]  | [ ]  | [ ]  | Are medications in a secured storage? |
| [ ]  | [ ]  | [ ]  | Do you inventory medications regularly? |
|  |  |  | **MEDICAL STAFFING** |
|  | **Y** | **N** | *Do you use the following type of medical staff:* |
|  | [ ]  | [ ]  | Permanent in-house nurse? |
|  | [ ]  | [ ]  | Visiting nurse? |
|  | [ ]  | [ ]  | Physician’s assistant? |
|  | [ ]  | [ ]  | Visiting physician?  |
|  | [ ]  | [ ]  | Off-site visits only? |
|  | **Y** | **N** | **FOOD SERVICE** |
|  | [ ]  | [ ]  | Do you make dietary accommodations? |
|  | [ ]  | [ ]  | Is there an in-house kitchen? |
|  | [ ]  | [ ]  | Is the food microwave prepared? |
|  | [ ]  | [ ]  | Is the food from a local eatery? |
|  | [ ]  | [ ]  | Do you implement all sanitary code regulations? |

| **DETENTION FACILITY: STAFFING & TRAINING** [ ]  **NOT APPLICABLE** |
| --- |
|  |  |  | **TYPE OF STAFFING** |
|  | **Y** | **N** | *Is the facility staffed by:* |
|  | [ ]  | [ ]  | Corrections Officer? |
|  | [ ]  | [ ]  | On-Duty Supervisor? |
|  | [ ]  | [ ]  | Dispatcher? |
|  | [ ]  | [ ]  | Arresting Officer? |
|  | [ ]  | [ ]  | Reserve/Auxiliary? |
|  | [ ]  | [ ]  | Other (describe below)? |
|  |
|  |
|  |  |  | **TRAINING** |
|  | **Y** | **N** | *Do you provide the following training for those who work in or are responsible for this area?* |
|  | [ ]  | [ ]  | 160-hour certification? |
|  | [ ]  | [ ]  | First Aid? |
|  | [ ]  | [ ]  | CPR? |
|  | [ ]  | [ ]  | AED? |
|  | [ ]  | [ ]  | Bloodborne/airborne pathogens? |
|  | [ ]  | [ ]  | Fire response? |
|  | [ ]  | [ ]  | Respiratory Protection programs (SCBA’s)? |
|  | [ ]  | [ ]  | Suicide prevention? |
|  | [ ]  | [ ]  | Identifying mentally or physically ill detainees? |
|  | [ ]  | [ ]  | Use of force? |
|  | [ ]  | [ ]  | Defensive tactics? |
|  | [ ]  | [ ]  | Use of less lethal weapons? |
|  | [ ]  | [ ]  | Handcuffs? Hobbles/leg restraints? |
|  | [ ]  | [ ]  | Cell extractions? |
|  | [ ]  | [ ]  | Evacuation plan? |
|  | [ ]  | [ ]  | Right-to-know? |
|  | [ ]  | [ ]  | Lock-up policies and procedures? |
|  | [ ]  | [ ]  | De-escalation Techniques? |
|  | [ ]  | [ ]  | Aerosol decontamination procedures? |
|  | [ ]  | [ ]  | Sudden death awareness? Positional Asphyxiation? |
|  | [ ]  | [ ]  | HAZMAT/SARA Level I? |
|  | [ ]  | [ ]  | Cultural diversity? |

| **DETENTION FACILITY: EMERGENCY EQUIPMENT & PROCEDURES** [ ]  **NOT APPLICABLE** |
| --- |
|  | **Y** | **N** |  |
|  | [ ]  | [ ]  | Do you have a written evacuation plan? |
|  | [ ]  | [ ]  | Do you perform mock rehearsals at least annually? |
|  | [ ]  | [ ]  | Do you have a pre-fire attack plan? |
|  | [ ]  | [ ]  | Is your emergency plan updated/reviewed annually? |
|  | **Y** | **N** | *Do you have the following equipment (****Bolded*** *items are required):* |
|  | [ ]  | [ ]  | **Fire alarm?** |
|  | [ ]  | [ ]  | **Smoke detectors?** |
|  | [ ]  | [ ]  | **Emergency keys?** |
|  | [ ]  | [ ]  | **Flashlights?** |
|  | [ ]  | [ ]  | Sprinkler system? |
|  | [ ]  | [ ]  | SCBAs? |
|  | [ ]  | [ ]  | Portable radios? |
|  | [ ]  | [ ]  | Generator lighting as backup? |

| **DETENTION FACILITY: WORK RELEASE PROGRAM** [ ]  **NOT APPLICABLE** |
| --- |
|  | **Y** | **N** |  |
|  | [ ]  | [ ]  | Is your program inside only? |
|  | [ ]  | [ ]  | Is your program inside and outside? |
|  | [ ]  | [ ]  | Are workers supervised off-site? |
|  | [ ]  | [ ]  | Is an honor system used off-site? |
|  | [ ]  | [ ]  | Is security reviewed before assignment? |
|  | [ ]  | [ ]  | Are uniforms issued? |
|  | [ ]  | [ ]  | Is power equipment used by detainee? |
|  | [ ]  | [ ]  | Are detainees trained in using power equipment? |

| **DETENTION FACILITY: RECREATION PROGRAMS** [ ]  **NOT APPLICABLE** |
| --- |
|  | **Y** | **N** |  |
|  | [ ]  | [ ]  | Is a recreation program available? |
|  | [ ]  | [ ]  | Do you have an indoor exercise area? |
|  | **Y** | **N** | *Is the exercise area:* |
|  | [ ]  | [ ]  | Patrolled? |
|  | [ ]  | [ ]  | Supervised? |
|  | [ ]  | [ ]  | Monitored? |

| **SHORT-TERM DETENTION / BOOKING ONLY** [ ]  **NOT APPLICABLE** |
| --- |
| **n/a** | **Y** | **N** |  |
| [ ]  | [ ]  | [ ]  | Is the booking area free of stabbing/cutting/chemical hazards? |
| [ ]  | [ ]  | [ ]  | Do you protect electrical outlets in the booking area with GFCI? |
| [ ]  | [ ]  | [ ]  | Do you monitor detainees at a minimum of every 30 minutes? |
| [ ]  | [ ]  | [ ]  | Do you screen detainees for medical or psychological disorders and suicide risk? |
| **n/a** | **Y** | **N** | *Are detainees:* |
| [ ]  | [ ]  | [ ]  | Handcuffed to bench? |
| [ ]  | [ ]  | [ ]  | Handcuffed to ring on wall? |
| [ ]  | [ ]  | [ ]  | Handcuffed to object? |
| [ ]  | [ ]  | [ ]  | Leg ironed to object? |
| [ ]  | [ ]  | [ ]  | Held in detention room? |
| [ ]  | [ ]  | [ ]  | Held in a cell? |