COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE REACCREDITATION AUDIT

St. Louis County Government
Buzz Westfall Justice Center/St. Louis County Jail
Clayton, Missouri

September 8, 2025 - September 10, 2025

VISITING COMMITTEE MEMBERS

Carmen DeSadier, Chairperson
ACA Auditor

Clayton Williams
ACA Healthcare Auditor

Michael Welch
ACA Auditor

A. Introduction

The audit of the Buzz Westfall Justice Center/St. Louis County Jail, Clayton, Missouri, was conducted on September 8-10, 2025, by the following team: Carmen DeSadier, Chairperson; Clayton Williams, Member; Michael Welch, Member.

B. Facility Demographics

Rated Capacity: 1232
Actual Population: 1340
Average Daily Population for the last 12 months: 1252
Average Length of Stay: 733 days
Security/Custody Level: Minimum/Medium/Maximum
Age Range of Offenders: 18-85 years
Gender: Male/Female
Full-Time Staff: 269
24 Administrative, 14 Support, 20 Program, 211 Security, 0 Other

C. Facility Description

The Buzz Westfall Justice Center is located at 100 Central Avenue in Clayton, Missouri, and services St. Louis County. The Center houses the St. Louis County Jail, Associate Circuit court rooms, the County Prosecutor and State Public Defender's offices, St. Louis County Police Fingerprint Unit, and the on-site County Public Works. The neighborhood surrounding the facility contains the main court building, office buildings, government agencies, parking structures, small restaurants, and hotels.

The St. Louis County Jail is a direct supervision facility which detains male and female adults who are pre-trial or serving county sentences.

Inmates in general population are housed on floors four through seven of the Justice Center. There are four direct supervision housing units on each floor with 48 cells in each pod. One of which, houses female offenders on the fourth floor. One-third of the cells are double bunked for a total capacity of 64 offenders per pod and 256 offenders per floor. A direct supervision management philosophy is utilized in the general population housing areas. Correctional Officers are stationed inside the housing pods enabling officers to take a proactive role in managing behavior and minimizing incidents. A portion of the inmate population is housed in special management housing units on the eighth floor. This would include inmates needing disciplinary segregation or administrative segregation such as protective custody or behavior risks. Special management housing consists of three 48- cell pods divided into three 16-cell sub pods for a total capacity of 144 beds, one of which is for female offenders. Correctional Officers are located in secured control booths and patrol the single cell unit. The ninth level houses maintenance area. Staff in this area work for the Public Works Department and are responsible for all maintenance duties at the facility.

The secure side of the facility includes intake, inmate housing, medical clinic and medical infirmary, kitchen, laundry, warehouse, transportation, staff dining, and master control. Case Manager and Unit Manager offices are located in the area of the secure perimeter where they are assigned. Outside of the secure perimeter are administrative offices, the mailroom, the Watch Commander's office, Programs Department, the lobby desk, staff locker room, gym, and courtrooms.

The lobby desk staff are available to answer basic questions regarding those in custody and check in visitors for scheduled visits. Visitation occurs on-site seven (7) days a week or through video visitation on the kiosks located in each unit. On-site visitors will place all property into a locker before proceeding to the visiting area. The Intake Service Center (ISC), located on the first floor of the Justice Center, processes new arrestees. ISC officers create arrest records, conduct record checks, fingerprint and photograph arrestees, and provide other record keeping services. The photographing of arrestees is done via IRIS, a video imaging system that enables corrections and law enforcement officials to instantly view photos of arrests on a computer screen from off-site locations. Staff also conduct risk assessment profiles and determine the appropriate housing placement for each inmate.

Mission Statement

Pursuant to our mandate, the Department of Justice Service is empowered by the principle and philosophy of Direct Supervision as developed by the National Institute of Corrections. We, therefore, recognize and accept our mission to provide the following:

- A safe, secure, and humane environment for the community, staff, and offenders.
- An environment where the staff, offenders, and visitors are free from physical emotional, or psychological abuse or danger.
- An environment that encourages each offender to better themselves physically, vocationally, socially, and academically, while incarcerated.
- An environment that provides the tools for an offender to participate in educational, vocational, recreational, and religious programs.
- An environment that develops and supports the staff through constructive supervision and leadership.
- An environment that fosters a well-trained staff and employs a professional, consistent, and creative approach to "Direct Supervision Management".

D. Pre-Audit Meeting

The team met on September 7, 2025, in Clayton, Missouri to discuss the information provided by the Association staff and the officials from Buzz Westfall Justice Center.

The chairperson divided standards into the following groups:

Standards #5-ALDF-1A-01 to 5-ALDF-3A-02 Carmen DeSadier (Chairperson)
Standards #5-ALDF-4A-01 to 5-ALDF-4D-35 Clayton Williams (Member)
Standards #5-ALDF-5A-01 to 5-ALDF-7G-01 Michael Welch (Member)

E. The Audit Process

1. Transportation

The team was escorted to the facility by Jennifer Banes, Standards Manager.

2. Entrance Interview

The audit team proceeded to the conference room of Jonel Coleman, Acting Director. The team expressed the appreciation of the Association for the opportunity to be involved with Buzz Westfall/ St. Louis County Jail in the accreditation process.

Jennifer Banes, Standards Manager escorted the team to the briefing room where the formal entry meeting was held.

The following persons were in attendance:

Jonel Coleman	Acting Director
Nate Hayward	Deputy Director
Brent Cureton	Superintendent of Security
Jennifer Banes	Accreditation Manager
James Scurlock	Fire/Safety Officer
Adrian Coron	Intake Captain
Renee O'Brien	Transportation Captain
Brett Cleland	Security Major
Cynthia Bohnert	Captain
Kalcee Forman	Nurse Manager
Dr. Paula Oldeg	Medical Director
Cortez Cole	Public Works Superintendent
Ray Lin	IT Manager
Melanie Morton	Office Services Specialist
Carolyn Carleton	Nurse Manager
Amy Determann	Nurse Manager

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire facility from 8:25 a.m. to 11:45 a.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Jonel Coleman	Acting Director
Nate Hayward	Deputy Director
Damon Broadus	Deputy Director Department of Public Health
Dr. Paula Oldeg	Health Services
Jennifer Banes	Accreditation Manager
Cortez Cole	Public Works Superintendent
Amy Determann	Nurse Manager
Kalcee Forman	Nurse Manager

Facility notices were posted throughout the facility. Both staff and inmates acknowledged they were aware of the team's presence and general purpose.

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security

The Buzz Westfall Justice Center/ St. Louis County Jail has a security department that consists of (1) Superintendent of Security, (1) Security Major, (3) Unit Managers and 200 officers. Because of its location in the heart of an urban city there is no secure perimeter. Jail Security

Jail Security

All employees, visitors, contractors, volunteers, and court attendees are screened in the lobby of the facility by the St. Louis County Police Security. All persons entering the Buzz Westfall Justice Center are required to place all carry-in items and personal property through a scanner. Outer jackets/coats, belts and keys are removed and placed in the scanner prior to walking through the metal detector. Individuals setting off the detector are subject to further scanning with a handheld scanner. Prior to entering the secure perimeter of the jail, Master Control verifies the identity of individuals both verbally and visually, along with ID cards. Anyone entering the secure perimeter will then pass through another metal detector and have any bags checked on the 3rd floor before entering. After entering visitors are issued an I.D. badge.

Master Control is staffed 24/7 Jail Security 2

Jail Security 2

Jail Security 2

The facility utilizes a total of 207 cameras Jail Security 2

Jail Security 2

Jail Security 2

Jail Security 2 The audit team examined inventory logs and noted no discrepancies.

Facility keys are maintained Jail Security 2

Jail Security 2

OC spray is issued to each post where it is inventoried at the beginning and end of each shift and available to staff who are authorized to use it. Jail Security 2

Jail Security 2

Special Management

Special Management Housing is located on, the 8th floor. Special Management Housing includes:Administrative Segregation, Disciplinary Segregation and, and Protective Custody. Interviews with the Unit Manager and other staff responsible for providing programming and services to this population revealed that they had not been trained or made aware of ALDF 5th Edition minimum standards for operating a special management unit. This was made even more evident when a review of documentation and logs could not provide proof of the following:

- Inmates placed in Special Management cells for periods of time less than 22 hours per day
- Inmates are placed in disciplinary detention for a rule violation only after a hearing
- Behavioral Health Transition Program exists
- Inmates receive a minimum of one-hour exercise per day, outside their cells, five days per week

- Staff assigned to work directly with inmates are selected based on criteria that include:
    1. Completion of probationary period
    2. Experience
    3. Suitability for this population.
- Inmates have the opportunity to shave and shower at least three times per week.

At the time of the audit the Special Management count included:

Administrative Segregation	6 Women	26 Men
Protective Custody	1 Woman	32 Men
Disciplinary Segregation	6 Women	33 Men
Super Max		3 Men

The pods and cells were found to be clean, tidy and free of clutter. Documentation of security cell to cell observation rounds were found to be in compliance. Jail Jail Security 2 Daily rounds conducted by the Senior Security Supervisor and medical/mental health staff rounds were logged.

Environmental Conditions

The Buzz Westfall Justice Center was built in 1998 and is operated as a Direct Supervision facility. Inmates in general population are housed on floors four through seven. There are four housing units on each floor with 48 cells in each pod. One third of the cells are double bunked for a total capacity of 64 inmates per pod. There is an infirmary with 27 beds located on the 3rd floor.

The facility is governed by the County Council. The Administration has mentioned that many of their decisions and ability to make rapid changes are hindered by the authority and direct influence of the Council. In the fall of 2022, the County Council mandated that each of the direct supervision housing areas be manned by two officers. This mandate, along with being 74 positions short, according to HR, affected the ability of housing units to be opened up and offenders to participate in programming. However, during the tour the team observed direct supervision pods with two officers present yet inmates were still confined to their cells. At the time of the audit the actual population exceeded the total capacity. As result 'boats' were placed in single cells to accommodate the overflow.

Each living area contained a bed, storage and writing surface for each inmate. Temperature, lighting and sound testing were within acceptable levels according to documentation. Unit dayrooms met the space requirements. The facility receives

utilities from the local municipality. The facility does maintain generators that are able to provide adequate coverage during a power outage.

The team received letters from several inmates complaining about environmental conditions and conditions of confinement that included the following:

- Meals plated on wet dirty trays
- vents in cells obstructed by thick layers of dust and dirt
- no access to cleaning supplies
- dirty showers
- no recreation or showers due to excessive lockdowns
- no hot water in showers
- no consistent uniform changes
- leaking ceilings
- PREA complaint submitted in August that had not been investigated as of the time of the audit.

Through observation and inmate and staff interviews the audit team confirmed the following:

- Showers in general population pods contained black mold
- Cells and dayrooms dirty and cluttered
- Hallway floors and elevators were dirty
- Dirty microwaves
- Eye wash station in laundry chemical room has been inoperable for over a year and is completely rusted
- Ceiling damage in laundry with hanging drywall due to leaks

Jail Security 2

- Safety and Sanitation inspections are conducted by staff who are not trained or qualified
- Fire inspections and drills are conducted by staff who are not trained or qualified
- Annual health department inspection forms are incomplete yet provide a score of 100%
- One leaking sink in the kitchen
- One inoperable sink in the kitchen (no running water)
- Empty hand soap dispensers in the kitchen hand washing stations
- 6-foot piece of metal on the kitchen dishwasher obstructing the flow of dish liquid and sanitizer into the dishwasher. It was later confirmed that the metal fell from the ceiling. Staff could not confirm how long this condition existed.

<u>Maintenance / Tool Control</u>

Through observation and staff interviews it was determined that the facility has poor tool control and lack of accountability. The facility has a Maintenance

Department located on the 9th floor. Staffing consists of the following:

- 1 Maintenance Superintendent
- 2 Foremen (AM/PM)
- 10 Mechanics

Each mechanic is assigned a personal tool cart with a standard tool inventory sheet. A random count of a tool cart revealed that there are more items in the cart than listed on the inventory. The Maintenance Superintendent explained that mechanics are allowed to add tools and other items when they deem necessary, however these added tools are not added to the cart inventory list. In addition, tool carts are only inventoried annually. The team observed security staff conducting a tool cart inventory prior to the mechanic entering the housing unit. Security staff remained behind their station counter and read off the inventory list as the mechanic responded, "check." No visual or physical verification was made. When staff were questioned about this practice their response was, "We just take their word."

Chemicals, Caustics and Flammables

The facility exercises poor control and storage of chemicals, caustics and flammable materials. Through observations and staff interviews the team discovered the following conditions:

- Flammable adhesives in the warehouse not stored in an appropriate cabinet with inventory or Safety Data Sheets (SDS) available. Flammable storage cabinet was present in the warehouse but not being used
- Laundry room chemical closet contained drums of cleaning detergents that were not labeled
- Flammables (sterno) were found stored in the kitchen dry storage room inside a ketchup box on a shelf
- Flammable and caustic storage cabinet in the maintenance department had a broken lock. There was no inventory of chemicals stored in the cabinet
- The team observed two bottles of oil on the floor leaning against the generator on the 9th floor

Sanitation

Through observation and interviews with staff and inmates, the team determined that the facility has poor sanitation practices. The facility is not routinely cleaned according to an established sanitation plan. Unsanitary conditions of living units, cells, staff offices, hallways, elevators, floors and the kitchen showed signs of long-term neglect. This is further compounded by the lack of a trained qualified staff member who conducts routine safety and sanitation inspections, documents deficiencies and ensure deficiencies are corrected. Specific sanitation conditions are discussed in the Environmental Conditions and Food Service sections of this report.

Fire Safety

Fire systems are monitored through Master Control. The facility is serviced by the Clayton Fire Department located 0.1 mile away with a response time of approximately one minute. The facility receives an annual fire inspection by the Clayton Fire Marshall.

The facility conducts monthly fire drills, verified through logs and staff interviews. However, it should be noted that the staff member conducting these fire drills is not trained or qualified in fire safety protocols. Administrative staff advised the team that they were not aware that specific training was required. All staff that were interviewed were knowledgeable of evacuation procedures in the event of a fire.

Jail Security 2

Jail Security 2

Fire extinguishers were randomly checked and found to be up to date with inspections.

Food Service

Food service at the facility is contracted by Trinity Food Services. Both food service and inmate workers receive ServSafe training. All menus are approved by a registered dietician. The team toured the kitchen on the first day of the audit and found the following conditions.

- Traps near vents above cooking areas contained crumbs in one and a baggie in another
- Prep tables were not clean and contained an excessive amount of grease on top and underneath
- Sink by dishwashing station was inoperable
- Food trays and pans were stacked atop each other preventing drainage and complete drying
- Meals are plated on wet trays. Food Service manager confirmed this practice
- Random food temperature checks of food carts outside housing units were not within acceptable ranges. (101-110)
- Food transport carts were left standing in hallways more than one hour before being served to inmates

- Food service staff do not conduct random food temperature checks at the housing units
- Dry storage room contained several boxes of open spice bags with holes.
- Flammables (sterno) were found stored in the dry storage room concealed in a ketchup box
- Uncovered raw chicken was observed in the cooler
- Raw vegetables were observed in coolers and freezers in open uncovered boxes and open plastic bags
- Hand washing stations were observed with leaking pipes, one was inoperable and hand soap dispensers were empty
- Janitors closet had no inventory of equipment or cleaning chemicals. SDS were not present
- Eye wash machine overflowed when turned on, spewing water beyond the bowl and all over the floor
- Inmate workers operating the dishwasher advised the team that the trays were not being properly cleaned and sanitized. The audit team investigated and discovered a six-foot piece metal sitting on top of machine obstructing the dispenser. It was determined that the metal had previously fell from the ceiling and landed on the dishwasher. The team could not determine how long this condition existed

Administrative staff advised the team that there have been continuous problems with the food service provider.

Special Diets:
Menus allow for modification of meal service based on medical or reasonable religious requirements. Any modifications of meals needed due to existing medical conditions must be approved and ordered by a doctor at this facility. Any modification of meals needed due to religious requirements must be verified and authorized by the Volunteer Coordinator and the Chaplain or the Program Manager/Designee.

This facility prepares kosher food incorrectly. It does not follow religious food laws and does not maintain a kosher kitchen or kosher prep area.

An Officer's Dining Room (ODR) is located on the 8th floor of the facility and is serviced by its own kitchen and in-house employees. Staff is provided with access to free meals 24/7.

St. Louis County Health Department conducts annual inspections of the kitchen. A review of the inspection documents shows the form was not completed in its entirety yet the facility received a 100% score.

The audit team did not sample an inmate tray due to the unsanitary condition of the kitchen.

Medical Care

The Medical Facility at the Saint Louis County Department of Public Health is the responsible health authority for the Buzz Westfall Justice Center. It has an infirmary and medical Clinic with service open 24/7days a week. It serves both male and female inmates. The tour of the facility found the unit to be very clean and all staff very professional.

When inmates arrive at the St. Louis County Jail and prior to acceptance of the individual, all are required to have completed an "Intake Admission Screening". EMT's /EMTP's/LPN's/and RN's provide the initial screening. At the entrance to Intake (Level 1), there are two staff posts that are occupied 24/7. The EMTs/ EMTP's/LPN's will verify any medication needs of the inmate at the time of admission. Intake Side 2 is staffed with an RN will complete the "Floor Assessment", aka the 14-day assessment, for all inmates to be housed in the jail long term. This includes review of the "Intake Assessment" by a medical provider, determination of treatment needs (from TB and HIV tests) and dental follow-up. The blood draws are done by the Medical Assistant up on the floor once a patient has left Intake Side 2. This screening includes blood draw for HIV and syphilis and a TB test, all inmates are offered free Hepatitis A vaccines at this time, and one of the facilities three 'crash' carts is maintained at this location.

No inmate is admitted into the Saint Louis Justice Center (LCJ) without first clearing the initial medical intake assessment. For those inmates not released back into the community or transferred to another facility, they are moved to housing on Level 3 – 8. The Clinic and Infirmary are located on Level 3 with general housing on Level 4 – 7 and segregation/PC housing on Level 8. Detailed summary of available medical services and information on how to access medical care, i.e., sick call, doctor call, mental health services, dental care, and emergency medical care is provided within 24 hours. Inmates requiring an interpreter are provided with Globo services to assist staff/inmate the understanding of access to care. Inmates in need of medical or mental health care obtain a 'Sick Call Form" or Mental Health Referral Form" from the floor officer. This is completed by the inmate and given to the nurse when on the floor during the morning med pass. DPH no longer charges co-pays for medical care. Offenders unable to fill out the form are assisted by the nurse or the officer on the unit.

The auditor found the medical area secured with accurate inventory logs and use inventory documentation. In addition, non-narcotic medications were randomly inspected and were, also, found to be fully secured with accurate inventory logs and use inventory documentation. During the audit, sharps/ medical tools and approved formulary medications for use at these locations were checked. All were found to be secure and properly inventoried with supportive documentation. The autoclave in medical did not have a control book for test strips. The DON will have one established before the end of the audit.

The facility care includes family medicine, women's health, behavioral health care, dental care, and core public health function. Typical medical care, for example, includes primary care (acute and chronic), trauma and post-surgical care, infectious disease, substance abuse and stabilization of withdrawal symptoms, and screening for sexually transmitted illnesses, HIV and hepatitis C through Department of Public Health.

The facility also offers acute and chronic care with inmates with diabetes, seizure disorders, hepatitis, HIV, asthma, and wound cleaning needs. The Clinic also provides specialty care in Women's and health and dentistry.

Medical Grievances are completed and returned within five days. The facility was unable to count how many grievances were filed/completed due their new system. All communicable diseases are reported to the Department of Public Health (DPH). PPD screening for offenders occur during intake and then annually. DPH screens employees of this facility.

CPR certification for health care staff is reviewed annually. CPR is required every two years. Advanced Cardiac Life Support (ACLS) is maintained by medical staff.

Medical Area:

In the Clinic, there are exam rooms, a storage area for bio-hazardous waste, a laboratory used for blood work and urine test collection. A correction officer is posted in the large sick call waiting area. A small holding cell is used for enhanced security needs inmates as well as to maintain separation of male and female inmates should they both be in the waiting area at the same time. The infirmary has an observation of the waiting area. The Infirmary houses both medical (11 beds) and mental health patients (17 beds) having complex or exacerbated medical and psychiatric conditions. Depending on the medical need, inmates make use of a portable hospital bed or a "boat." In the mental health side, inmates rest on a raised concrete base with a mattress provided. These housing unit numbers include a padded cell and two negative air pressure cells.

A nurse's office, manned 24/7, separates the two sides with a designated RN or EMT Paramedic (EMTP) assigned to each side. All RN's are oriented and cross-trained to all areas of the facility for more effective staffing.
The care in these area ranges from initial evaluation and stabilization of urgent/emergent conditions to management of chronic conditions. Conditions range from those associated with ICU discharges and mental hospital transfers to high-need chronic care such as extensive dressing changes and post-trauma care. Patients may only be released from the infirmary by a health care provider.

The infirmary area is also staffed with a 'suicide prevention officer' (mental health side). The officer is responsible for monitoring and documenting inmates who are

identified as a high or medium suicide risk Jail Resident Safety Jail Resident Safety Jail Resident Safety Inmates are provided with a mattress, suicide shroud and suicide blanket. Food is given on a safety tray.

Chemical restraints can be ordered for decompensated offenders by MD or Nurse Practitioner.

Performance Improvement/Quality Assurance is monitored by the Quality Coordinator. There is a quarterly meeting with yearly goals and objectives. DPH monitors the process.

98% of the nursing staff are agency contracts. Salaries offered by this facility do not commensurate medical staff resulting in high turnover and staff leaving for contract agencies.

Outside Emergency Care

The SLCJ also relies upon three nearby primary hospitals for service: St. Mary's, Barnes and St. Louis University. Five other hospitals are used as necessary by the SLCJ or by local law enforcement agencies with subsequent legal custody turned over to the County Jail. As inmates are housed in any of these external facilities, the SLCJ is responsible for providing security at these hospitals.

Sick Call

Nurses visit each floor (Level 4 - Level 8) four times daily (8:00 a.m., 12:00 noon, 3:30 p.m., and 7:30 p.m.) for med pass. Five med carts and one spare are prepared in the clinic (Medication Room), locked, and then taken to the floors. The names of inmates who have regularly scheduled medication will be announced in the housing unit. At this time, inmates are able to present sick call slips. Sick call slips are a physical form to be filled out by the inmate. Inmates needing assistance with the form will be helped by the nurse or officer. Nurses are trained to evaluate inmates during this time and will advise if any further action needs to be taken. Sick call slips are evaluated for medical priority on the spot. As needed, inmates will be seen on a priority basis, in the Clinic, relative to the medical or mental health need by a medical or mental health provider. All inmates receive a written response from a nurse pertaining to their sick call submission and the sick call slip and written response is scanned into the medical record.

Therapeutic Diets:
Custody controls cultural diets and medical orders medically indicated diets.

- Kosher
- Liquid
- Low Lactose
- Diabetic
- Pregnancy

- Vegetarian

Staffing

There is an in-house provider on call seven days a week and a Medical Director five days a week. These are contracted positions with SLU. Two Dentists are here two days a week. One Dental Hygienist is here three days a week. One Psychiatrist is here one day a week and there are two full-time Psychiatric Nurse Practitioner which are contracted through the Department of Public Health. Five Advanced Practice Providers each take a 24 hr. shift/ 365 days. Two EMT's staff Intake side one (14 Part time contracted employees) Two Paramedics staff the Infirmary and Intake Side 1 (15 part time contracted 20 RN/LPN's FT/PT DPH and contracted employees Two Nurse Managers scheduled Monday through Friday. Three Medical Assistants. One Licensed Clinical Social Worker. One Administrative staff position.

Medical Records

Medical records are maintained in electronic format Allscripts, the facility has an electric medication administration record Sapphire EMR. All medical staff completes training in record keeping and security. Individuals are provided a personalized access code to these records which permits CM supervisors to track and monitor the confidentiality of records. HIPPA guidelines are strictly adhered to.

Pharmacy

Pharmacy services are provided by Diamond Pharmacy Services. Commonly used medications are ordered in large quantities. Unused medications are collected and returned weekly for credit. Medications are in bubble packs which facilitate ease of accountability and control. Liquid medications and those requiring refrigeration are stored according to proper medical practice Infirmary, after review by a medical provider, inmates may be permitted to have 'keep on person' (KOP) medications, though these are very limited in use; i.e., eye drops, topical, or inhalers. During the audit, sharps/ medical tools and approved formulary medications for use at these locations were checked.

Diamond Pharmacy turnaround time for ordering medications is 24 hours or 48 hours if it is a weekend or holiday. Medications unavailable that are needed immediately are obtained from the local Walgreens or Medical Arts. The last three pharmacy inspections were conducted on December 2023; April 2024 and August 2024.

The average number of medications distributed (1000 out of 1300 offenders receive medications). Universal precautions are present and supplied by Medline.

Labs/X-ray's

Quest Diagnostics provides labs for the facility. Labs are picked up at 1:00 p.m. and 6:00 p.m. Some basic labs can be run at the facility. DMI Solutions provides services to pick up bio-hazardous waste pick up and disposal services. Hazardous waste is appropriately stored behind a locked door. The hazardous waste area was clean and free of odor. DMI has weekly pick up. Portable x-ray and ultrasound services are provided by Trident/ Mobile X- Symphony Diagnostic Services. X-ray results are received within 24 hours.

Equipment

There are ten AEDs located in the jail; two in Intake, one in the Clinic and one in the Infirmary. There is a monitor and a defibulator in Intake and the Infirmary. Records show that they are inspected and charged according to policy. There are also twenty first aid kits located throughout the jail. These are checked monthly. Medical records are maintained in electronic format Allscripts, the facility utilizes Sapphire EMR. All medical staff completes training in record keeping and security. Individuals are provided with a personalized access code to these records which permits CM supervisors to track and monitor the confidentiality of records. HIPPA guidelines are strictly adhered to. Also, the facility has three-facility crash carts.

Mental Health Treatment

The facility received a grant from the Department of Mental Health to implement the MAT program in October 2019. The current census for the MAT program is 95 patients. Patients are assessed at intake, and a referral is made to the MAT program at that time. Patients who come to the facility with an active prescription of Suboxone will continue that medication once verification of the prescription has been completed. Once referrals are received to the program, the patients will receive a screen to see if they meet criteria for the program. If the patient meets the criteria for the program, they will meet with a medical provider to determine which medication is best for them. Daily dosing of Suboxone in the clinic area every morning at the 6:30 a.m. medication pass.

There is a multidisciplinary team meeting every Thursday to discuss and formulate plans for challenging inmates. There is no sex offender programming available.

The LCSW makes weekly rounds in single cell areas. In addition to the monitoring of the mental health side of the infirmary, various other programs are present to further the mental health of inmates. The Choices Program is a 90-day substance abuse recovery program available to both male and female inmates. The program is court ordered, and AA is available.

The facility works with the Missouri Department of Mental Health in identifying residents that require treatment beyond the capabilities of the facility. Their Mobile Mental Health Unit began visiting the facility in June 2022 and they have successfully been able to get more appropriate accommodations for residents with severe mental health needs.

Inmates requesting a mental health visit are seen by a licensed clinical social worker. The social worker will determine if additional care is needed. A psychiatrist or a Psychiatric Nurse Practitioner is able to prescribe medications when necessary. Mental health evaluation has treatment for mood disorders, dual diagnoses, personality disorders, schizophrenia, psychoses, and suicide/homicidal ideation. There are approximately 200 inmates on psychotropic medication.

Dental

The dental office has two chairs and a fully operational panoramic x-ray machine. The dental hygienist was unable to produce inventory logs/documentation. The Dentist was out ill and his assistant was off as well. During the audit, sharps/ medical tools and approved formulary medications for use at these locations were checked. There was no proper inventory as reflected with no supporting documentation. There was an accurate autoclave log. Tools were in locked cabinets.

Per the DON, if more intensive dental surgery is required inmates are referred to an outside oral surgeon/hospital.

Recreation

Inmates are permitted to participate in scheduled recreational and dayroom activities, with the approval of the Housing Unit. Dayroom activities include cards, checkers, chess, and other board games are available through the Housing Unit Officer at specified times during the day.

Recreation Area Activities

A schedule of recreation area times is maintained by the Housing Unit Officer. The recreation areas will be available year-round. This area has been provided for those inmates who wish to participate in physical activities such as recreational or half-court basketball, handball, calisthenics, or jogging. Each floor allows two of their four Pods out at a time. There is a morning period and afternoon period, and it rotates on a daily basis.

Each recreation area has three pieces of recreation equipment. They are for high body stretches, Cardio Climber and a High Pulley System. All use your body weight and have no removeable parts.

Dayroom Activities
With the continued development of the tablets, inmates access books electronically, bookcases are no longer in use.

Televisions may be viewed each day unless such privileges are suspended by the Housing Unit Officer. During this audit period, maintenance has been in the process of changing out all of the 32 televisions for 50” TV’s. The offenders were very appreciative of the change.

Due to the staffing mandate of two officers in a housing area and the staff shortage, a recreation schedule has been developed to allow each area to have recreation for at least one hour a day.

Religious Programming

The facility has hired its first full-time Chaplain as of August 2025. Although the facility has had many approved volunteers, a large number had not been very involved. The Chaplain has been actively reaching out to them to increase participation. The Chaplain has begun visiting the housing units on a regular basis to alert the inmate population of his presence.

Faith Based and other Self-help Programs

- Women's Presbyterian Bible Study is a lively and engaging class invites participants to explore the Bible in a way that is both fun and meaningful. Through group discussion, residents gain a deeper understanding of scripture while enjoying the fellowship with others.

- Biblical Anger Management assist participants in understanding the roots of anger and learn healthy, constructive ways to respond. Using Biblical principles residents explore practical strategies for self-control, forgiveness and conflict resolution.

- Mindfulness: The Path to Freedom teaches practical ways to calm the mind, manage stress and stay focused in the present moments. Through guided meditations, exercises and discussion, participants learn techniques for relaxation, self-awareness and emotional balance. This is led by the Prison Mindfulness Organization.

- Christian Science Bible Study offers an opportunity to explore the Bible through the lens of Christian Science. Participants read and discuss scripture, reflect on its meaning and share how it applies to daily life with a focus on the commandments, Beatitudes, Lord's Prayer and the Sermon on the Mount.

- Coming Out of the Darkness is a nondenominational church services led by a formerly incarcerated individual who found God behind bars.

- Devine Fellowship Prison Ministry's goal is to offer spiritual guidance, foster connections and provide a sense of belonging and purpose.

- Islamic Jumu'ah and Khutbah Service is offered on Fridays as a congregational prayer and sermon offered by the Islamic Foundation of Greater St Louis.

- New Muslim Class is designed to support individuals who are new to Islam or seeking to deepen their understanding of the faith. Led by members of the Turkish American Society of Missouri (TASOM)

- Enjoy Life Forever is a Bible Course taught by Jehovah's Witnesses to get answers such as: How can I find happiness in life? Will evil and suffering ever end? Will I see my dead loved ones again? Does God really care about me?

- Kingdom Men's Ministry's goal is to equip men to live out their God given potential and make a positive impact. Help men discover their purpose and identity in Christ.

- Melodies of Hope combines traditional group music instruction in either piano or violin with music therapy.

- Mission Gate Bible Study focuses on the life-changing message of the Gospel emphasizing a personal relationship with Jesus Christ and the hope found in the scripture

- Orthodox Church Prison Ministry is a Bible study for men sentenced to the Choices Drug/Alcohol treatment program.

- Set Free Ministries offers Bible study courses, such as, The Greatest Man Alive, Men Who Met the Master and What the Bible Teaches.

- The Bible, Art & Encouragement combines creativity with faith. Participants enjoy simple art projects while hearing an uplifting Bible lesson designed to inspire and support women in recovery. Led by members of the Central Presbyterian Church Jail House Ministry, the group offers a welcoming space to explore scripture, share encouragement and discover the joy of self-expression. No artistic experience is needed.

Through interviewing both offenders and staff, they are very excited about the full-time Chaplain.

Offender Work Programs

Eligibility for work and classroom programs are based on specific criteria. All determinations are made through the Unit Case Manager. Request forms are sent through the tablet system by the offenders. The Unit Case Managers screen inmates for worker eligibility and attempt to assign work details by matching compatibilities with skills, experience, and physical limitations. Each approved inmate worker is medically cleared prior to working.

Pre-trial inmates may volunteer for work programs. Sentenced inmates are required to participate as part of their treatment plan. Sentenced inmate workers may lose "good time" for unsuccessful work participation.

The facility offers several positions for offenders work assignments. All positions are internal jobs, such as, kitchen (males), Laundry (females) and floor/pod workers. Kitchen workers (males) have two different shifts with a slight overlap. The schedules are 0400-1230 and 1200 to 1900 hours. Kitchen workers all get ServSafe certified in the Food Handler program. Housing unit workers are responsible for general housekeeping (e.g. showers, recreational area, day rooms, food cart services, visiting booths, etc.) and housing unit laundry duties (mostly personal items).

Worker housing areas are given special privileges such as microwaves, play stations and each worker receives a "worker bag" every week through Keefe. It includes a few commissary items at a cost of $1 that the facility purchases through the Inmate Benefit Account. Workers are housed in a workers' housing unit and wear orange uniforms to distinguish them from general population. **(**City and Federal inmates are not eligible for facility work assignments**)**. The facility has a contract to house up to ten Federal boarders.

Case Managers estimate that sentenced inmates make up 10% of the workforce.

Academic and Vocational Education

Through educational staff the facility offers a number of educational programs. These programs consist of:

- HISET Prep: Helps adult learners build skills and confidence to successfully pass the High School Equivalence Test (HISET) this course covers all five subject areas tested on the exam: Reading Writing (including an essay), Mathematics, Science and Social Studies.

- HISET: The continuation from the pre-HISET program to work on and test for their High School Equivalence.

- Progress Attained through College Education (PACE) The PACE program provides qualifying individuals to pursue general education coursework through St. Louis Community College (STLCC). The program offers a range of credit courses taught by qualified instructors that follow the same

academic standards as on-campus classes. They typically offer the core classes such as, English, History, Algebra, and a college prep training module.

- Tutoring Services are provided by graduate students from Saint Louis University and STLCC.

- Warehouseman Training Program offers on-line and in person programs to provide individuals with employable skills for the warehousing and logistics industry, including forklift training, OSHA 10 and administrative skills.

- Barber and Cosmetology Program prepares participants to pursue licensing upon release and provides the opportunity of training hours within the facility.

- Financial Literacy teaches practical money skills to help residents build a stronger future. Topics include creating and following a budget, understanding credit, saving for goals and making wise financial decision choices. Through discussion and hands on activities, participants gain tools to manage their money more effectively and prepare for financial stability after release.

Social Services

The most intensive substance abuse treatment program the facility offers is Choices 90 Day Programs. This is funded through Missouri's Residential Substance Abuse Treatment for State Prisoners Program (RSAT). They currently have 40 offenders in this program and plan on adding two additional substance abuse counselors to be able to add additional offenders to the program.

- The offenders that participate in this program are court ordered to attend the program. Many of their sentences run in conjunction with completing the program. Staff work in two different aspects. In-house and for re-entry. Staffing and programming are divided in these two areas.

- The mission statement of the Choices Recovery Program is to empower its sentenced participants to choose a lifestyle free of alcohol and other drug additions and criminal behavior. Individualized assessment and treatment planning, psychosocial classes/lecture and group and individual counseling are used to enhance motivation for positive change, and challenge the inmate to explore a drug free lifestyle, provided tools for recovery and create a therapeutic environment, which experimentally reinforces a non-addictive and pro social lifestyle.

- The Choices program has different phases within the program. The phases are Instruments of change, Substance Abuse, Anger Management, Life Management and Relapse Prevention.

Other Substance Abuse Classes:

- Alcoholics Anonymous is a fellowship of people who share their experience, strength hope with each other to help themselves and others recover from alcoholism. Meetings provide a safe and supportive space to talk openly about struggles with alcoholism and find encouragement from other who understand the challenges of addiction.

- Cocaine Anonymous is a fellowship of individuals who share their experiences, strengths and hope to help each other recover from cocaine and other substance addictions. Participation is voluntary and open to anyone seeking freedom from addition.

- Jacob's Ladder Ministries provides fatherhood classes inside the jail and provides Christian 12-step classes, mentoring, support groups and sewing programs for those recently transitioning out of prison.

- Medically Assisted Treatment (MAT) is the use of FDA-approved medications (methadone, buprenorphine, or naltrexone) often paired with counseling/behavioral therapy to treat opioid use disorder. MAT is evidence based and the most effective type of treatment available. If they meet the requirements for the MAT program, they will be evaluated by the Corrections Medicine.

Re-entry Services/Programs

- Pathways Home provides professional tips, tools & techniques to transition to the workplace including resume support. Presented by staff from Family and Workforce Centers of America (FWCA). Participants who successfully complete the program are eligible to participate in other FWCA employment programs upon their release.

- Father and Families Support Center is an organization that helps fathers who are incarcerated transition from incarceration to live as responsible members of the community by offering housing assistance, trauma-informed care, parenting and healthy relationship classes, employment readiness skills training and job placement.

- The Soul/Fisher Ministry Program uplifts and empowers justice involved people through the AGAPE Re-entry Program. The program includes an 8-week classroom experience that provides participants with life skills, career readiness and identity development. Upon release, participants are provided with access to traditional and supportive housing along with mental health support.

- Mission Gate is a residential program for men and women leaving prison or rehabilitation. Participants receive Christian teaching, attend counseling sessions, take mandatory life-skills classes and hold jobs.

- Rebound No Return (RNR) provides comprehensive support to employer formerly incarcerated individuals to successfully transition back into their communities, thereby reducing recidivism rates and promoting a safer, more inclusive society. Services offered include Reentry support, Employment Placement, Peer Mentorship and a Support Network.

Visitation

All in-person social visits are to be scheduled at least 24 hours in advance by the inmate with the Housing Unit Officer. It is the inmate's responsibility to contact family and friends regarding time and date of visits. They are allowed up to two (2) in-person visits within any continuous seven (7) day period and no more than one (1) in-person visit per day. Each in-person visiting period is forty (40) minutes long. Due to space limitations, an acceptable combination of visitors may include: (2) adults; (2) adults and (1) child; or (1) adult and (2) children.

Visitors must be 17 years of age or older or accompanied by an adult. Visitors must have a valid State/government issued identification, which has a photograph. The following are acceptable: driver's license, Missouri State ID, Military ID, or passport. Persons without a photo ID will not be admitted.

All in-person visitors must secure ALL personal property in the lockers located in the lobby area. No purses, bags, pencils, pens, markers, lighters, cigarettes, cell phones, cameras, radios, or electronic recording devices may be taken to the floors during inmate visits. No photographs may be taken during inmate visits. Visitors that violate these rules will immediately forfeit their visit. Visitors that violate these rules may also be placed on the facility's no admit list and not allowed to attend any future social visits with inmates.

Visitors will be required to pass a metal detector screening prior to entering the elevator to the visiting booths. If it is found that any prohibited property is in the visitor's possession at that time, the visit will be forfeited, and the visitor may be placed on the no admit list.

Video Visitation

Video visitation is provided at a cost from SECURUS and is conducted on kiosks located in the housing unit dayroom. Video visits will be twenty (20) minutes long and will be conducted between the hours of 8:00 a.m. – 8:30 p.m., with 16 time slots available each day on each kiosk. All video visits will be monitored and recorded. All video visits must be scheduled 24 hours in advance and will be scheduled by the visitor. Visits can be scheduled up to two (2) weeks in advance.

All visitors scheduling a visit must register through SECURUS and be approved to visit. Their first scheduled visit with you must also be approved. If a visitor or a visit is not approved for any reason, a note will be entered in the system, and the visitor will receive an email containing that reason.

Library

Leisure library services are available through the use of tablets. In addition to books tablets allow access apps to educational materials, job searches, forms and information, law library information, commissary, and telephone access. If the inmate would like additional content, the cost is $5 plus tax per month. This is a reoccurring charge on the same day every month. Additional content includes access to movies, music, and games that can be purchased. Inmates are expected to use reasonable care when handling tablets. Damaging tablets is strictly prohibited and can result in disciplinary sanctions and may forfeit any use of the tablet in the future.

Notary services are available to all inmates upon request. All requests must be submitted through the Unit Case Manager. The notary may not be immediately available so a request may take up to 24 – 48 hours.

Legal Library

Inmates requesting assistance with legal matters are encouraged to consult with their legal representative. However, the tablet and the kiosks in the housing unit contains a law library app. A typewriter will be made available in each housing unit for your use during legal library time. Requests within reason for photocopies of legal materials can be made through the Unit Case Manager.

Facility has no qualified person who administers library services.

Laundry

The Laundry seven female inmates working under supervision of one officer. There are three industrial washing machines and four dryers. Hours of operation are Monday through Friday from 6:00 a.m. to 4:00 p.m. Detergents for the washers are stored in a secure room and auto-fed into machines. Dryer vents are cleaned at least twice a day.

Inmate uniforms, towels, bedding and blankets are collected from the housing units, washed, dried and restocked. Bed linen is exchanged with the inmates weekly. Each housing unit is equipped with a washer and dryer. Inmates housed in general population units wash their own underclothing.

The audit team observed the following maintenance issues:

- Eye washing station in laundry chemical room has been inoperable for over a year and is completely rusted.
- Ceiling damage in laundry with hanging drywall due to leaks

F. Examination of Records

Following the facility tour, the team proceeded to the conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

Staff availability and getting consistent answers from administrative staff members made it difficult to get hard-fast data and information. Administrative staff cohesiveness, communication and lack of teamwork was apparent. Several top administrative positions are open and those that are in a position have been in it for a very limited time. The director had been in an acting capacity for one week and still holds her position as Deputy Director of Programs. There have been three directors during this audit period. The Deputy Director of Security was vacating his position at the conclusion of this audit for a Director's position at the City Jail. The Superintendent of Security Personnel Information Personnel Information The Compliance Manager was promoted to Major effective the first day of the audit. It was very apparent that individuals were new to their position and still in

their learning phases, while others expressed their eagerness to pursue promotions to open positions. This climate along with technology issues created an inability to view policies and supporting documentation in a timely manner. These continuous delays compounded to additional issues in allowing time to fully spend time with staff, offenders and within the facility.

The team experienced technical difficulties with the facility's new electronic files on all three days of the audit. On day one, following the end of the tour at 11:45 a.m., the files could not be accessed due to computer updates that took in excess of an hour. This was followed by continuous delays because protocol and process indicator links would not open and needed to be re-downloaded. These conditions existed for the entire audit. As a result, the following 33 standards could not be reviewed:

5-ALDF-2A-17	5-ALDF-2A-28	5-ALDF-2B-08
5-ALDF-2A-18	5-ALDF-2A-29	5-ALDF-2B-09
5-ALDF-2A-19	5-ALDF-2A-30	5-ALDF-2B-10
5-ALDF-2A-20	5-ALDF-2A-31	5-ALDF-2B-11
5-ALDF-2A-21	5-ALDF-2A-32	5-ALDF-2C-01
5-ALDF-2A-22	5-ALDF-2A-34	5-ALDF-2C-02
5-ALDF-2A-23	5-ALDF-2B-02	5-ALDF-2C-03
5-ALDF-2A-24	5-ALDF-2B-03	5-ALDF-2C-04
5-ALDF-2A-25	5-ALDF-2B-04	5-ALDF-2C-06
5-ALDF-2A-26	5-ALDF-2B-05	5-ALDF-3A-01
5-ALDF-2A-27	5-ALDF-2B-06	5-ALDF-3A-02

1. Litigation

   Over the last three years, the facility had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

   The Outcome Measures provided were for year #2 of the audit cycle and did not reflect data for the last 12 months. The team requested a corrected copy but never received one. In addition, all data pertaining to grievances were marked as "DK" (Don't Know). According to administrative staff the new grievance software did not categorize grievances by subject matter and therefore statistical information could not be captured.

3. Departmental Visits

   Team members revisited the following departments to review conditions relating to departmental policy and operations:

Department Visited	Person(s) Contacted
Kitchen	Quinyea Mack, Officer
Warehouse	Dough Karcher, Warehouse Supervisor
Laundry	Melba Patton, Officer
Transportation	Renee O'Brien, Captain
Intake	Lexi Reeves, Case Manager
Property Room	Rose Finney, Clerk
Infirmary	Jason Jackson, Sergeant
Clinic	Kalcee Foreman, Nurse Manager
8th Floor Core	Lyric Powe, Officer
	Evan Blust, Lieutenant
4th Floor Core	Tiara Walker, Sergeant
Housing Unit 8B	Angela Stuart, Unit Manager
Maintenance	Cortez Cole, Maintenance Superintendent
Master Control	Yvette Harris, Officer
	Michael Heisserer, Officer

4. Shifts

a. Day Shift
The team arrived at the facility at 8:30 a.m. and stayed for the remainder of the shift. During this time the facility was toured, files were reviewed, posts were visited, and staff and inmates were interviewed.

b. Evening Shift

The team attended shift briefing and remained at the facility until 5:00 p.m. Several evening shift staff were interviewed.

c. Night Shift

Due to technical difficulties with electronic files, lack of access to documentation and revisiting areas of concern, the team was unable to visit the night shift.

5. Status of Previously Non-compliant Standards/Plans of Action

This facility had no standards that were previously found non-compliant for which a waiver was not granted.

G. Interviews

During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

1. Offender Interviews

The audit team interviewed 32 inmates. Those housed in Special Management Units were complimentary of the Unit Manager and staff and offered no significant complaints. Inmates in general population complained of excessive lockdowns due to staff shortages, no access to cleaning supplies, no hot water in the showers, food served on dirty wet trays and overall unsanitary conditions on the housing units. The audit team also received letters from inmates stating the same. During the course of the facility tour the team confirmed that these conditions did exist.

2. Staff Interviews

The audit team interviewed 35 staff members, most of whom were new to the facility or recently appointed/ promoted to their current positions. New staff expressed their appreciation for the support they received from supervisors and veteran officers while learning their job functions, while others complained the work was overwhelming. Staff expressed that when seeking information, they would receive conflicting answers from supervisions. One staff member expressed their frustration by stating, "Having to work like this is not sustainable." Veteran staff also stated that they were unaware of ALDF 5th Edition standards and therefore were unable to answer questions asked by the audit team.

H. Exit Discussion

The exit interview, via telephone, with ACA administrators was held at 9:30 a.m. in the conference room with Jonel Coleman, Acting Director, Nate Hayward Deputy Director and Jennifer Banes, Accreditation Manager.

David Haasenritter and Monica Glover of ACA were on the call, and explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

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AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	ALDF – 5th Edition
Supplement	None
Facility/Program	Buzz Westfall Justice Center (St. Louis County Jail)
Audit Dates	September 8-10, 2025
Auditor(s)	Carmen DeSadier, Chairperson Clayton Williams, Member Michael Welch, Member

	MANDATORY	**NON-MANDATORY**
Number of Standards in Manual	61	361
Number Not Applicable	3	48
Number Applicable	58	313
Number Non-Compliance	8	28 (+33 not reviewed) = 61
Number in Compliance	50	252
Percentage (%) of Compliance	86.2%	80.5%

- Number of Standards *minus* Number of Not Applicable *equals* Number Applicable
- Number Applicable *minus* Number Non-Compliance *equals* Number Compliance
- Number Compliance *divided by* Number Applicable *equals* Percentage of Compliance

<u>* 33 standards not reviewed due to difficulties with the electronic files.</u>

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COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Mandatory Standards

Non-Compliance

Standard #5-ALDF-1A-01 (MANDATORY)

THE FACILITY COMPLIES WITH ALL APPLICABLE LAWS AND REGULATIONS OF THE GOVERNING JURISDICTION, AND THERE IS DOCUMENTATION BY AN INDEPENDENT, OUTSIDE SOURCE THAT ANY PAST DEFICIENCIES NOTED IN ANNUAL INSPECTIONS HAVE BEEN CORRECTED. THE FOLLOWING INSPECTIONS ARE IMPLEMENTED:

- WEEKLY SANITATION INSPECTIONS OF ALL FACILITY AREAS BY A QUALIFIED DEPARTMENTAL STAFF MEMBER.
- COMPREHENSIVE AND THOROUGH MONTHLY INSPECTIONS BY A SAFETY/SANITATION SPECIALIST.
- AT LEAST ANNUAL INSPECTIONS BY FEDERAL, STATE, AND/OR LOCAL SANITATION AND HEALTH OFFICIALS OR OTHER QUALIFIED PERSON(S).

FINDINGS:

The facility lacked appropriate documentation to verify routine sanitation inspections were occurring and/or were corrected. According to an established sanitation plan, the facility is not routinely cleaned. Visual inspection by the team verified unsanitary conditions of living units, cells, staff offices, hallways, elevators, floors and the kitchen showed signs of long-term neglect. Additionally, the facility does not have trained or qualified departmental staff members making weekly sanitation inspections.

AGENCY RESPONSE:

Facility failed to submit a response.

Standard #5-ALDF-1C-01 (MANDATORY)

THERE IS A PLAN THAT GUIDES THE FACILITY RESPONSE TO EMERGENCIES. ALL FACILITY PERSONNEL ARE TRAINED ANNUALLY IN THE IMPLEMENTATION OF THE EMERGENCY PLAN.

FINDINGS:

The facility could not provide proof there is a plan that guides the facility response to emergencies or that facility personnel are trained annually in the implementation of the emergency plan.

AGENCY RESPONSE:

Plan of Action

The Professional Development Unit will maintain a roster, that will not be updated annually, to show all the staff that have completed the training. They will still maintain the master list that is updated annually, but there will be a separate roster strictly for ACA documentation.

Task
a. Maintain a roster of those that have completed training that will not be updated annually.
b. Ensure all staff complete all required training and maintain a roster.
c. Complete the roster for each year moving forward.

Responsible Agency
a. Dept. of Justice Services
b. Dept. of Justice Services
c. Dept. of Justice Services

Assigned Staff
a. Professional Development Unit
b. Professional Development Unit
c. Professional Development Unit

Anticipated Completion Date
a. 10-1-2025
b. Ongoing
c. Ongoing

AUDITOR'S RESPONSE:

The team does not support this Plan of Action. The standard requires an emergency "plan" that will guide the facility's response to emergencies. The Plan of Action does not address the creation of that plan. After development of that plan then facility personnel should be trained annually on the implementation of that plan.

Standard #5-ALDF-1C-02 (MANDATORY)

AN EVACUATION PLAN IS USED IN THE EVENT OF FIRE OR MAJOR EMERGENCY. THE PLAN IS APPROVED BY AN INDEPENDENT OUTSIDE INSPECTOR TRAINED IN THE APPLICATION OF NATIONAL FIRE SAFETY CODES AND IS REVIEWED ANNUALLY, UPDATED IF NECESSARY, AND REVIEWED WITH THE LOCAL FIRE JURISDICTION. THE PLAN INCLUDES THE FOLLOWING:

- LOCATION OF BUILDING/ROOM FLOOR PLAN.
- USE OF EXIT SIGNS AND DIRECTIONAL ARROWS FOR TRAFFIC FLOW.
- LOCATION OF PUBLICLY POSTED PLAN.
- AT LEAST QUARTERLY DRILLS IN ALL FACILITY LOCATIONS, AND ON EVERY SHIFT, INCLUDING ADMINISTRATIVE AREAS.
- DRILLS THAT INVOLVE ONLY STAFF IN INSTANCES WHEN EVACUATION OF EXTREMELY DANGEROUS INMATES IS NOT ADVISABLE.

FINDINGS:

The facility could not provide proof there is an evacuation plan that guides the facility in the event of a fire or any other emergency that has been approved by an independent outside inspector trained in the application of national fire safety codes.

AGENCY RESPONSE:

Plan of Action

Ensure the Fire Department signs off on the emergency policy each year when they review it as part of the annual inspection.

Task

a. Meet with Clayton Fire Department for a review of the emergency policies and have them signed by the appropriate staff member.
b. Ensure the policies are signed by Clayton Fire Department at each annual inspection.
c. Ensure policies are reviewed and signed annually.

Responsible Agency

a. Dept. of Justice Services
b. Dept. of Justice Services
c. Dept. of Justice Services

Assigned Staff

a. Security Major
b. Accreditation Manager
c. Accreditation Manager

Anticipated Completion Date
a. 10-1-2025
b. 9-30-2026
c. Ongoing

AUDITOR'S RESPONSE:

The team supports this Plan of Action in part. The standard requires an evacuation "plan" to be used in the event of fire or major emergency. The facility must provide proof of that plan with the required bullet points listed in the standard.

Standard #5-ALDF-1C-09 (MANDATORY)

THERE IS A COMPREHENSIVE AND THOROUGH MONTHLY INSPECTION OF THE FACILITY BY A QUALIFIED FIRE AND SAFETY OFFICER FOR COMPLIANCE WITH SAFETY AND FIRE PREVENTION STANDARDS. THERE IS A WEEKLY FIRE AND SAFETY INSPECTION OF THE FACILITY BY A QUALIFIED DEPARTMENTAL STAFF MEMBER. FIRE SAFETY EQUIPMENT IS TESTED AT LEAST QUARTERLY. THERE IS AN ANNUAL INSPECTION BY LOCAL OR STATE FIRE OFFICIALS OR OTHER QUALIFIED PERSONS.

FINDINGS:

This facility does not have a qualified fire and safety officer conducting weekly or monthly fire and safety inspections.

This facility could not provide proof or verification that they have a qualified fire and safety officer conducting weekly or monthly fire and safety inspections.

AGENCY RESPONSE:

Plan of Action

All staff who conduct safety/sanitation and fire inspections will complete and OSHA training course and training from the local fire department.

Task
a. Identify training and register staff to complete the training.
b. Ensure staff complete all required training.
c. Ensure any new staff placed in a role to conduct these inspections will attend training.

Responsible Agency
a. Dept. of Justice Services
b. Dept. of Justice Services
c. Dept. of Justice Services

Assigned Staff
a. Security Major
b. Security Major/Professional Development Unit
c. Security Major/Professional Development Unit

Anticipated Completion Date
a. 10-1-2025
b. 12-1-2025
c. Ongoing

AUDITOR'S RESPONSE:

The audit team supports this Plan of Action as these efforts should ensure there is a qualified fire and safety officer making inspections.

Standard #5-ALDF-1C-11 (MANDATORY)

WRITTEN POLICY, PROCEDURE, AND PRACTICE GOVERN THE CONTROL AND USE OF ALL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS.

FINDINGS:

The facility does not control the use of all flammable, toxic, and caustic materials. In the warehouse, flammable adhesive were found sitting on the floor not stored or inventoried in an appropriate cabinet. In the maintenance shop, flammable cabinet were filled with flammables and caustics were not properly secured due to a broken lock. There was no inventory or Safety Data Sheets present in the cabinet. The Maintenance Supervisor confirmed no inventory of the cabinet contents existed. Two half gallon bottles of oil were observed by the team on the floor next to the generator. In the kitchen, flammables (sterno) were found stored in a ketchup box inside the dry storage room.

AGENCY RESPONSE:

Plan of Action

The St. Louis County Department of Public Works will ensure any flammable, toxic, and caustic materials are locked in a flammable cabinet.

Task
a. Place all flammable, toxic, and caustic materials into a flammable cabinet.
b. Monitor to ensure flammable, toxic, and caustic materials are always locked in a flammable cabinet when stored.
c. Continuous monitoring to ensure compliance.

Responsible Agency
a. Dept. of Justice Services/Dept. of Public Works

b. Dept. of Justice Services/ Dept. of Public Works
c. Dept. of Justice Services/Dept. of Public Works

Assigned Staff
a. Security Major/Public Works Staff
b. Security Major/Public Works Staff
c. Security Major/Public Works Staff

Anticipated Completion Date
a. 10-1-2025
b. Ongoing
c. Ongoing

AUDITOR'S RESPONSE:

The audit team supports this Plan of Action as these efforts should ensure the control and use of all flammable, toxic, and caustic materials.

Standard #5-ALDF-2D-03 (MANDATORY)

MEDICAL AND DENTAL INSTRUMENTS, EQUIPMENT, AND SUPPLIES (SYRINGES, NEEDLES, AND OTHER SHARPS) ARE CONTROLLED AND INVENTORIED.

FINDINGS:

Facility could not provide inventory of dental equipment.

The facility could not provide proper documents of inventories of dental equipment.

AGENCY RESPONSE:

Plan of Action

Dental tools will be inventoried thoroughly, and inventory checks will be documented.

Task
a. Update the inventory of dental tools.
b. Complete the inventory each time the dental office is open and in use.
c. Ensure completion of the inventory and address any discrepancies.

Responsible Agency
a. Dept. of Justice Services/Dept. of Public Health
b. Dept. of Justice Services/ Dept. of Public Health
c. Dept. of Justice Services/Dept. of Public Health
Assigned Staff

a. Security Major/Dental Staff
b. Security Major/Dental Staff
c. Security Major/Dental Staff

Anticipated Completion Date
a. 10-1-2025
b. Ongoing
c. Ongoing

AUDITOR'S RESPONSE:

The audit team supports this Plan of Action as it should ensure dental instruments are controlled and inventoried.

Standard #5-ALDF-4A-07 (MANDATORY)

THE FACILITIES DIETARY ALLOWANCES ARE REVIEWED AT LEAST ANNUALLY BY A QUALIFIED NUTRITIONIST OR DIETICIAN TO ENSURE THEY MEET THE NATIONALLY RECOMMENDED DIETARY ALLOWANCES FOR BASIC NUTRITION FOR APPROPRIATE AGE GROUPS. MENU EVALUATIONS ARE CONDUCTED AT LEAST QUARTERLY BY FOOD SERVICE SUPERVISORY STAFF TO VERIFY ADHERENCE TO THE ESTABLISHED BASIC DAILY SERVINGS.

FINDINGS:

Facility could not provide documentation for years #1 and #2.

AGENCY RESPONSE:

Plan of Action

Ensure the Kitchen Manager conducts quarterly evaluations of the menu to verify adherence to the established basic daily servings.
Task
a. Schedule a meeting with Trinity staff to communicate the importance of ensuring the mandated evaluations are completed at least quarterly and they are properly documented.
b. Follow-up with Trinity staff to ensure Dept. of Justice Services receives thorough and necessary documentation every quarter and that any discrepancies have been addressed.
c. Continued monitoring of all inspections to ensure they are completed thoroughly and quarterly.
Responsible Agency
a. Dept. of Justice Services/Trinity Staff
b. Dept. of Justice Services/ Trinity Staff
c. Dept. of Justice Services/Trinity Staff
Assigned Staff

a. Security Major
b. Security Major/Kitchen Manager
c. Security Major/Kitchen Manager
Anticipated Completion Date
a. 9-23-2025
b. Ongoing
c. Ongoing

AUDITOR'S RESPONSE:

Th audit team supports this Plan of Action as it should ensure that dietary allowances are reviewed at least annually.

Standard #5-ALDF-4A-11 (MANDATORY)

THERE IS DOCUMENTATION BY AN INDEPENDENT, OUTSIDE SOURCE THAT FOOD SERVICE FACILITIES AND EQUIPMENT MEET ESTABLISHED GOVERNMENTAL HEALTH AND SAFETY CODES. CORRECTIVE ACTION IS TAKEN ON DEFICIENCIES, IF ANY.

FINDINGS:

Public health inspection documentation was incomplete. Sections of the inspection form were left blank. Example: Food temperature section was left blank.

AGENCY RESPONSE:

Plan of Action

Work with the Department of Health to ensure inspections are thoroughly completed, to include checking the temperature of the food.

Task
a. Schedule a meeting and inspection with the Department of Health to ensure our staff and their staff are aware of necessary documentation.
b. Follow-up with Trinity staff to ensure Dept. of Justice Services receives thorough and necessary documentation.
c. Continued monitoring of all inspections to ensure they are completed thoroughly.

Responsible Agency
a. Dept. of Justice Services/Dept. of Public Health
b. Dept. of Justice Services/Dept. of Public Health/Trinity Staff
c. Dept. of Justice Services/Dept. of Public Health/Trinity Staff

Assigned Staff

a. Security Major
b. Security Major/Kitchen Manager
c. Security Major/Kitchen Manager

Anticipated Completion Date

a. 9-23-2025
b. Ongoing
c. Ongoing

AUDITOR'S RESPONSE:

The audit team supports this Plan of Action as it should ensure the forms are completed in their entirety.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #5-ALDF-1A-04

THE FACILITY IS CLEAN AND IN GOOD REPAIR. A HOUSEKEEPING AND MAINTENANCE PLAN ADDRESSES ALL FACILITY AREAS AND PROVIDES FOR DAILY HOUSEKEEPING AND REGULAR MAINTENANCE BY ASSIGNING SPECIFIC DUTIES AND RESPONSIBILITIES TO STAFF AND INMATES.

FINDINGS:

This facility was found to have poor sanitation and some areas were not in good repair. The team observed the following:

This facility was found to have poor sanitation, and some areas were not in good repair. The team observed housing unit showers and sinks were not clean and contained black mold; facility laundry room had ceiling water damage with hanging drywall and debris on the floor; chemical room had rusted inoperable eyewash sink; laundry officer confirmed the eyewash station had not worked for over a year; kitchen had non-working and leaking sinks; kitchen area had inoperable eye wash sinks; flammables (sterno) were found stored in the kitchen dry storage room; excessive grease was observed on ovens and counters; food in the kitchen was plated on wet trays; multiple open food product bags found in dry storage; food product stored against walls; vegetables stored in coolers and freezers were not covered; and raw meat (chicken) stored in coolers were not covered.

AGENCY RESPONSE:

Facility failed to submit a response.

Standard #5-ALDF-1A-09

MULTIPLE-OCCUPANCY ROOMS/CELLS HOUSE BETWEEN TWO AND 64 OCCUPANTS AND PROVIDE 25 SQUARE FEET OF UNENCUMBERED SPACE PER OCCUPANT. EHEN CONFINEMENT EXCEEDS TEN HOURS PER DAY, AT LEAST 35 SQUARE FEET OF UNENCUMBERED SPACE IS PROVIDED FOR EACH OCCUPANT.
FINDINGS:

Only 31 sq. ft. of unencumbered space is available for inmates confined more than ten hours a day.

AGENCY RESPONSE:

Facility failed to submit a response.

Standard #5-ALDF-1B-03

AN ANNUAL SAFETY INSPECTION OF ALL VEHICLES IS CONDUCTED BY QUALIFIED INDIVIDUALS AND IN ACCORDANCE WITH STATE STATUTES FOR ANY VEHICLE THAT IS OWNED, LEASED, OR USED IN THE OPERATION OF THE FACILITY.

FINDINGS:

Facility did not provide proof of completed inspections.

AGENCY RESPONSE:

Facility failed to submit a response.

Standard #5-ALDF-1C-06

A PLAN PROVIDES FOR CONTINUING OPERATIONS IN THE EVENT OF A STAFF WORK STOPPAGE OR OTHER JOB ACTION. COPIES OF THIS PLAN ARE AVAILABLE TO APPROPRIATE SUPERVISORY PERSONNEL.

FINDINGS:

Facility did not provide proof of a plan for continuing operations in the event of a work stoppage.

AGENCY RESPONSE:

Appeal

The Work Stoppage Plan is not available in the ACA files due to the confidentiality of the document, but it is available upon request as stated in the file. The Work Stoppage Plan is reviewed annually. Documentation will be provided upon request.

AUDITOR'S RESPONSE:

At the time of file review the audit team requested the Work Stoppage Plan but it was not provided for review.

Standard #5-ALDF-1C-13

PREVENTIVE MAINTENANCE IS GUIDED BY A PLAN THAT PROVIDES EMERGENCY REPAIRS OR REPLACEMENT IN LIFE-THREATENING SITUATIONS.

FINDINGS:

Facility did not provide proof of a plan that provides emergency repairs or replacement in life threatening situations.

AGENCY RESPONSE:

Appeal

The St. Louis County Department of Public Works provides the maintenance for the facility. They have policies on preventative maintenance, and they use a software tracking system to set up scheduled preventative maintenance as needed. Our policies guide us when to call Public Works in case emergent repairs are necessary, but preventative maintenance is scheduled by them. They do not have a "plan" written out, but their policies dictate what is necessary and when. Documentation can be provided as requested.

AUDITOR'S RESPONSE:

The facility must provide a plan that addresses emergency repairs or replacement in life-threatening situations. This plan can be developed in conjunction with the County Department of Public Works to delineate each agency's responsibility in life-threatening situations.

Standard #5-ALDF-1C-14

SAFETY AND SECURITY EQUIPMENT IS REPAIRED OR REPLACED IMMEDIATELY BY QUALIFIED PERSONNEL.

FINDINGS:

Facility did not provide proof that security equipment is repaired or replaced immediately by qualified personnel.

AGENCY RESPONSE:

Appeal

Documentation was provided to show that items such as pepper spray, restraints, radios, and other items are replaced or repaired immediately. If staff report an item as broken,

damaged, or empty, the equipment is replaced immediately. Any requested documentation will be provided.

AUDITOR'S RESPONSE:

At the time of file review the audit team requested documentation that security equipment is repaired or replaced immediately by qualified personnel. This documentation was not provided.

Standard #5-ALDF-2A-04

INMATES CLASSIFIED AS MEDIUM OR MAXIMUM SECURITY RISKS ARE PERSONALLY OBSERVED BY AN OFFICER TWICE PER HOUR, BUT NO MORE THAN 40 MINUTES APART, ON AN IRREGULAR SCHEDULE. INMATES CLASSIFIED AS MINIMUM OR LOW SECURITY RISKS ARE PERSONALLY OBSERVED BY AN OFFICER AT LEAST EVERY 60 MINUTES ON AN IRREGULAR SCHEDULE.

FINDINGS:

Documentation provided by the facility showed gaps in observations in excess of one hour.

AGENCY RESPONSE:

Plan of Action

Jail Security 2

Jail Security 2 The goal is to work to ensure all tours are completed on time even when other incidents are occurring that may occasionally delay a tour.

Task
a. Remind staff that tours are to be completed on time, each time.
b. Monitor tour times to ensure on-time completion and address any issues.
c. Continuous monitoring to ensure compliance.

Responsible Agency
a. Dept. of Justice Services
b. Dept. of Justice Services
c. Dept. of Justice Services

Assigned Staff
a. Unit Managers/Admin Staff
b. Unit Managers/Security Major
c. Unit Manager/Security Major

Anticipated Completion Date
a. Completed 9-10-25
b. Ongoing
c. Ongoing

AUDIT TEAM RESPOSE:

The audit team supports this Plan of Action. Frequent monitoring should ensure compliance with this standard.

Standard #5-ALDF-2A-08

NO INMATE OR GROUP OF INMATES IS GIVEN CONTROL, OR ALLOWED TO EXERT AUTHORITY, OVER OTHER INMATES.

FINDINGS:

Facility provided no documentation that inmates are not allowed to exert authority over other inmates.

AGENCY RESPONSE:

Appeal

Policies were provided, as well as post orders and other documentation to show that no inmate or group of inmates is given control, or allowed to exert authority, over other inmates. Unsure, other than observation, would prove the standard but any requested documentation will be provided.

AUDITOR'S RESPONSE:

At the time of file review the audit team requested the documentation but it was not provided.

Standard #5-ALDF-2A-09

ALL INMATE MOVEMENT FROM ONE AREA TO ANOTHER IS CONTROLLED BY STAFF.

FINDINGS:

Facility provided no documentation that all inmate movement is controlled by staff.

AGENCY RESPONSE:

Appeal

Policies were provided, as well as post orders and other documentation to show that inmate movement is controlled by staff. Unsure, other than observation, would prove the standard but any requested documentation will be provided.

AUDITOR'S RESPONSE:
At the time of file review the audit team requested documentation but it was not provided.

Standard #5-ALDF-2A-12

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT THE CHIEF SECURITY OFFICER OR QUALIFIED DESIGNEE CONDUCT AT LEAST WEEKLY INSPECTIONS OF ALL SECURITY DEVICES NOTING THE ITEMS NEEDING REPAIR OR MAINTENANCE. THE INSPECTIONS ARE REPORTED IN WRITING TO THE JAIL ADMINISTRATOR AND/OR CHIEF SECURITY OFFICER.

FINDINGS:

Facility did not provide a policy for this standard.

AGENCY RESPONSE:

Facility failed to submit a response.

Standard #5-ALDF-2A-13

A COMPREHENSIVE STAFFING ANALYSIS IS CONDUCTED ANNUALLY. THE STAFFING ANALYSIS IS USED TO DETERMINE STAFFING NEEDS AND PLANS. RELIEF FACTORS ARE CALCULATED FOR EACH CLASSIFICATION OF STAFF THAT IS ASSIGNED TO RELIEVED POSTS OR POSITIONS. ESSENTIAL POSTS AND POSITIONS, AS DETERMINED IN THE STAFFING PLAN, ARE CONSISTENTLY FILLED WITH QUALIFIED PERSONNEL.
FINDINGS:

Facility did not provide a staffing analysis that is used to determine staffing needs.

AGENCY RESPONSE:

Appeal

The staffing analysis was provided in documentation, and it lists all necessary positions, shifts, etc. I am unsure what additional documentation to provide but will work to compile what is requested.

AUDITOR'S RESPONSE:

At the time of file review the audit team requested the comprehensive staffing analysis but it was not provided.

Standard #5-ALDF-2E-04

AN INMATE IS PLACED IN DISCIPLINARY DETENTION FOR A RULE VIOLATION ONLY AFTER A HEARING.

FINDINGS:

Facility did not provide documentation proving an inmate is placed in disciplinary detention only after a hearing.

AGENCY RESPONSE:

Appeal

When an inmate has violated a major rule, they are removed from the housing unit in which the incident occurred and placed in special management on Administrative Segregation Pending a Hearing. They continue to receive all privileges such as phone calls and visits, a nd the hearing is held within 3 days. If they are found guilty, they are then placed on disciplinary segregation and all privileges are removed until completion of lockdown time. This is how we have operated since we opened this facility in 1998. Removing the inmate at the time of the incident is done for the safety and security of staff, other inmates, and the facility.

AUDITOR'S RESPONSE:

At the time of file review the facility did not provide documentation that disciplinary detention placement occurred only after a hearing.

Standard #5-ALDF-2E-07

(EFFECTIVE NLT JANUARY 1, 2024) THERE SHALL BE A BEHAVIORAL HEALTH TRANSITION PROGRAM AVAILABLE FOR INMATES RELEASED FROM INTENSIVE BEHAVIORAL HEALTH TREATMENT TO ASSIST WITH THE TRANSITION TO GENERAL POPULATION OR THE COMMUNITY.

THE BEHAVIORAL HEALTH TRANSITION PROGRAM SHALL INCLUDE:

- INDIVIDUAL TREATMENT PLANS FOR INMATES IN THE PROGRAM.
- A SPECIFIC MISSION/GOAL OF THE PROGRAM.
- SUFFICIENT QUALIFIED STAFF TO MEET NEEDS OF THE PROGRAM.
- A MULTIDISCIPLINARY TEAM APPROACH THAT INCLUDES MENTAL HEALTH, CASE MANAGEMENT AND SECURITY.
- SAFE HOUSING TO MEET THE THERAPEUTIC NEEDS OF THE INMATE.

- A TRANSITION PLAN UPON DISCHARGE FROM THE BEHAVIORAL HEALTH TRANSITION PROGRAM.

FINDINGS:

Facility did not provide documentation of a Behavioral Health Transition Program with the required elements.

AGENCY RESPONSE:

Plan of Action

The Behavior Management Plan is currently used to gradually transition those with serious behavior problems to housing outside of special management. We will develop this program further to include a specific mission and goals, in order to create and maintain the proper documentation required for the standard.

Task
a. Multidisciplinary meetings to identify a mission and goals and create a more developed program.
b. Implement any necessary changes and obtain required documentation.
c. Ensure continued compliance with standard.

Responsible Agency
a. Dept. of Justice Services/Dept. of Public Health
b. Dept. of Justice Services/Dept. of Public Health
c. Dept. of Justice Services/Dept. of Public Health

Assigned Staff
a. Mental Health Staff/Special Management Case Managers and Unit Manager/Admin Staff
b. Mental Health Staff/Special Management Case Managers and Unit Manager/ Admin Staff
c. Mental Health Staff/Special Management Case Managers and Unit Manager/ Adm in Staff

Anticipated Completion Date
a. 12-1-2025
b. 1-1-2025
c. Ongoing

AUDITOR'S RESPONSE:
The audit team supports this Plan of Action provided the Transition Program that is developed includes the minimum requirements described in the standard.

Standard #5-ALDF-2E-12

STAFF ASSIGNED TO WORK DIRECTLY WITH INMATES IN SPECIAL MANAGEMENT UNITS ARE SELECTED BASED ON CRITERIA THAT INCLUDES THE FOLLOWING:

- COMPLETION OF PROBATIONARY PERIOD.
- EXPERIENCE
- SUITABILITY FOR THIS POPULATION.

STAFF ARE CLOSELY SUPERVISED AND THEIR PERFORMANCE IS DOCUMENTED AT LEAST ANNUALLY. THERE ARE PROVISIONS FOR ROTATION TO OTHER DUTIES.

FINDINGS:

Facility did not provide documentation of staff selection to work special management are based on completion of probationary period, experience, and suitability for this population.

AGENCY RESPONSE:

Appeal

Staff assigned to special management units have completed probation, have experience working with inmates, and have been deemed suitable by supervisory and administrative staff. Any additional requested documentation can be provided.

AUDITOR'S RESPONSE:

The audit team requested documentation for those staff members assigned to special management as proof that they completed probation, have experience working with these inmates and have been deemed suitable by supervisory staff. None were provided.

Standard #5-ALDF-2E-15

INMATES IN SPECIAL MANAGEMENT UNITS HAVE THE OPPORTUNITY TO SHAVE AND SHOWER AT LEAST THREE TIMES PER WEEK. INMATES IN SPECIAL MANAGEMENT UNITS RECEIVE LAUNDRY, BARBERING, AND HAIR CARE SERVICES, AND ARE ISSUED AND EXCHANGE CLOTHING, BEDDING, AND LINEN ON THE SAME BASIS AS INMATES IN THE GENERAL POPULATION. EXCEPTIONS ARE PERMITTED ONLY WHEN DETERMINED TO BE NECESSARY. ANY EXCEPTION IS RECORDED IN THE UNIT LOG AND JUSTIFIED IN WRITING.

FINDINGS:

Documentation provided does not show proof that inmates have the opportunity to shave and shower at least three times per week.

AGENCY RESPONSE:

Plan of Action

While the inmates in special management are offered the opportunity to shower and shave at least three times per week, documentation must be more thorough to note this was offered.

Task
a. Inform staff to document specifically what was offered (shower, shave, etc.), when it was offered, and if it was accepted or not.
b. Ensure compliance with documentation requirements.
c. Monitor documentation to ensure continued compliance.

Responsible Agency
a. Dept. of Justice Services
b. Dept. of Justice Services
c. Dept. of Justice Services

Assigned Staff
a. Unit Manager assigned to Special Management Units
b. Special Management Staff
c. Special Management Staff

Anticipated Completion Date
a. Completed 9-10-25
b. Ongoing
c. Ongoing

AUDITOR'S RESPONSE:

The audit team supports this Plan of Action and recommends that special management staff be trained on ALDF 5th Edition Standards as staff interviewed explained they were not aware of the standards.

Standard #5-ALDF-2E-16

WHEN AN INMATE IN SPECIAL MANAGEMENT IS DEPRIVED OF ANY USUAL AUTHORIZED ITEMS OR ACTIVITY, A REPORT OF THE ACTION IS MADE AND FORWARDED TO THE FACILITY ADMINISTRATOR.

FINDINGS:

No documentation was provided for year #3.

AGENCY RESPONSE:

Facility failed to submit a response.

Standard #5-ALDF-2E-22

INMATES IN SPECIAL MANAGEMENT UNITS RECEIVE A MINIMUM OF ONE HOUR OF EXERCISE PER DAY OUTSIDE THEIR CELLS, FIVE DAYS PER WEEK, UNLESS SECURITY OR SAFETY CONSIDERATIONS DICTATE OTHERWISE.

FINDINGS:

Facility did not provide documentation that inmates receive a minimum of one hour of exercise per day outside of their cells, five days per week.

AGENCY RESPONSE:

Appeal

Anytime an inmate in special management is deprived any usual authorized item or activity, a report is made and forwarded to the Unit Manager. Any requested documentation will be provided.

AUDITOR'S RESPONSE:

At the time of file review year #3 documentation was requested but not provided.

Standard #5-ALDF-4A-02

THE FOOD PREPARATION AREA INCLUDES SPACE AND EQUIPMENT FOR FOOD PREPARATION BASED ON POPULATION SIZE, TYPE OF FOOD PREPARATION, AND METHODS OF MEAL SERVICE. THERE ARE SANITARY, TEMPERATURE-CONTROLLED AREAS FOR FOOD STORAGE.

FINDINGS:

The kitchen was found in an unsanitary condition. Foir example, floors were dirty, washed wet trays were observed stacked on top of each other with water trapped within, ovens and countertops had excessive dirt and grease, open uncovered dry goods was food in storage room. Uncovered raw meat and vegetables were found in coolers and freezers. Inmate workers were observed preparing kosher meals on a non-kosher prep area. Also, a six foot piece of metal (previously fell from the ceiling) was observed on top of the dishwasher machine obstructing the soap and sanitizer unit.

AGENCY RESPONSE:

Plan of Action

Ensure the kitchen staff are maintaining standards by conducting regular inspections by staff trained in the proper standards for food storage.
Task
a. Identify staff to be trained to know if standards are being met in the kitchen and complete training.
b. Conduct inspections a minimum of one time per week, document findings, and ensure corrective action is taken if needed.
c. Ensure continued compliance through inspections and documentation.
Responsible Agency
a. Trinity/Dept. of Justice Services
b. Trinity/Dept. of Justice Services
c. Trinity/Dept. of Justice Services
Assigned Staff
a. Admin Staff/Trinity Staff
b. Admin Staff/Trinity Staff
c. Admin Staff/Trinity Staff
Anticipated Completion Date
a. 10-1-2025
b. 10-15-2025
c. Ongoing

AUDITOR'S RESPONSE:

The audit team supports this Plan of Action.

Standard #5-ALDF-4A-10

SPECIAL DIETS ARE PROVIDED FOR INMATES WHOSE RELIGIOUS BELIEFS REQUIRE THE ADHERENCE TO RELIGIOUS DIETARY LAWS WHEN APPROVED BY THE FACILITY CHAPLAIN.

FINDINGS:

The team observed inmate preparing kosher meals on a non-kosher prep area.

AGENCY RESPONSE:

Plan of Action

Create a separate workspace to prepare kosher meals.

Task
a. Identify an area to be separate from other food preparation and properly prepare for use as kosher preparation only.
b. Maintain that area as the kosher preparation area, not to be used to any other purpose, to avoid cross contamination.
c. Ensure continued compliance as use for kosher preparation only.

Responsible Agency
a. Trinity/Dept. of Justice Services
b. Trinity/Dept. of Justice Services
c. Trinity/Dept. of Justice Services

Assigned Staff
a. Admin Staff/Trinity Staff
b. Trinity Staff
c. Admin Staff/Trinity Staff

Anticipated Completion Date
a. 9-15-2025
b. 10-1-2025
c. Ongoing

AUDITOR'S RESPONSE:

The audit team supports this Plan of Action but recommends a Rabi be consulted to ensure religious dietary laws are being adhered to.

Standard #5-ALDF-5A-05

THERE IS A TREATMENT PHILOSOPHY WITHIN THE CONTEXT OF THE TOTAL CORRECTIONAL SYSTEM AS WELL AS GOALS AND MEASURABLE OBJECTIVES. THESE DOCUMENTS ARE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

FINDINGS:

Facility did not provide documentation that there is a treatment a treatment philosophy with goals and measurable objectives that are reviewed at least annually.

AGENCY RESPONSE:

Plan of Action

Programming is offered to encourage treatment for all, including anger management, Alcoholics Anonymous, etc. Goals and measurable objectives will be developed and reviewed annually and updated as needed

Task
a. Identify goals and measurable objectives for maintaining a treatment philosophy.
b. Implement any new programming identified as necessary to meet goals.
c. Ensure measurable objectives are being met and review annually, updating as needed.

Responsible Agency
a. Dept. of Justice Services
b. Dept. of Justice Services
c. Dept. of Justice Services

Assigned Staff
a. Admin Staff/Corrections Program Development Coordinators
b. Admin Staff/Corrections Program Development Coordinators
c. Admin Staff/Corrections Program Development Coordinators

Anticipated Completion Date
a. 11-1-2025
b. 1-1-2026
C. 1-1-2027

AUDITOR'S RESPONSE:
The audit team supports this Plan of Action but recommends the Healthcare provider be consulted to ensure the treatment objectives are appropriate.

Standard #5-ALDF-5A-06

THERE IS AN APPROPRIATE RANGE OF PRIMARY TREATMENT SERVICES FOR ALCOHOL AND OTHER SUBSTANCE-ABUSING INMATES THAT INCLUDE, AT A MINIMUM, THE FOLLOWING:

- INMATE DIAGNOSIS.
- IDENTIFIED PROBLEM AREAS.
- INDIVIDUAL TREATMENT OBJECTIVES.
- TREATMENT GOALS.
- COUNSELING NEEDS.
- DRUG EDUCATION PLAN.
- RELAPSE PREVENTION AND MANAGEMENT.
- CULTURALLY SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE.
- THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT.

- PRERELEASE AND TRANSITIONAL SERVICES.
- COORDINATION EFFORTS WITH COMMUNITY SUPERVISION AND TREATMENT STAFF DURING
  THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT.

FINDINGS:

Facility did not provide documentation that there is a range of primary treatment services for alcohol and other substance-abusing inmates.

AGENCY RESPONSE:

Waiver Request

Upon being brought into custody, there are thorough withdrawal protocols to ensure the safety of anyone with a known substance abuse history. Choices, a 90-day substance abuse treatment program, has been offered at the St. Louis County Jail for over 25 years. This is a court-ordered program for those with significant substance abuse issues. While that program meets all the components of the standard to be compliant, it is not offered to everyone. We also offer the Medication Assisted Treatment (MAT) program to those that wish to participate and qualify. This includes suboxone while in custody and vivitrol, if necessary, upon release.

The number of inmates who arrive at the St. Louis County Jail with a history of substance abuse is too significant for each person to take part in such in-depth programming.

AUDITOR'S RESPONSE:
The audit team does not support this waiver. There must be an appropriate range of primary treatment services for alcohol and other substance-abusing inmates to treat their addictions while in custody.

Standard #5-ALDF-5A-07

THE FACILITY USES A COORDINATED STAFF APPROACH TO DELIVER TREATMENT SERVICES. THIS APPROACH TO SERVICE DELIVERY IS DOCUMENTED IN TREATMENT PLANNING CONFERENCES AND IN INDIVIDUAL TREATMENT FILES.

FINDINGS:

Facility did not provide documentation that there is a coordinated staff approach to deliver treatment services.

AGENCY RESPONSE:

Plan of Action
While we currently have a mental health unit, in which inmates must meet certain criteria, such as maintaining compliance with medication to remain in the unit, the more in-depth therapeutic unit is in development, which will include a coordinated staff approach to deliver and document treatment services. This will be in addition to services already provided through the Medication
Assisted Treatment (MAT) program and the Choice Treatment Program, in which there is a coordinated staff approach that includes screening and assessments, individual treatment plans, dosing, mental health care, if necessary, follow-up appointments, and preparation for release to include continuing treatment with community resources.

Task
a. Research programming and resources available to provide a therapeutic atmosphere and treatment with individualized plans and obtain funding.
b. Hire and train staff to start program
c. Begin program

Responsible Agency
a. Dept. of Justice Services
b. Dept. of Justice Services
c. Dept. of Justice Services

Assigned Staff
a. Admin Staff/Mental Health Staff/Medical Staff
b. Admin Staff/Mental Health Staff/Medical Staff
c. Admin Staff/Mental Health Staff/Medical Staff

Anticipated Completion Date
a. January 1, 2026
b. April 2026
c. May 2026
AUDITOR'S RESPONSE:

The audit team supports this Plan of Action.

Standard #5-ALDF-5A-08

THERE ARE INCENTIVES FOR TARGETED TREATMENT PROGRAMS TO INCREASE AND MAINTAIN THE INMATE'S MOTIVATION FOR TREATMENT.

FINDINGS:

Facility did not provide documentation that there are incentives for targeted treatment programs to increase the inmate's motivation for treatment.

AGENCY RESPONSE:

Plan of Action
While we currently have a mental health unit, in which inmates must meet certain criteria, such as maintaining compliance with medication to remain in the unit, the more in-depth therapeutic unit is in development, which will include incentives to increase and maintain the inmate's motivation for treatment.

Task
a. Research programming and resources available to provide a therapeutic atmosphere and treatment with individualized plans and obtain funding.
b. Hire and train staff to start program
c. Begin program

Responsible Agency
a. Dept. of Justice Services
b. Dept. of Justice Services
c. Dept. of Justice Services

Assigned Staff
a. Admin Staff/Mental Health Staff/Medical Staff
b. Admin Staff/Mental Health Staff/Medical Staff
c. Admin Staff/Mental Health Staff/Medical Staff
Anticipated Completion Date
a. January 1, 2026
b. April 2026
c. May2026

AUDITOR'S RESPONSE:

The audit team supports this Plan of Action

Standard #5-ALDF-5C-05

LIBRARY SERVICES ARE AVAILABLE TO ALL INMATES. A QUALIFIED STAFF MEMBER COORDINATES AND SUPERVISES LIBRARY SERVICES.

FINDINGS:

Books are currently not offered in general population, except on the tablets, due to the introduction of contraband. The facility does not have a qualified staff member who coordinates and supervises library services.

AGENCY RESPONSE:

Facility failed to submit a response.

Standard #5-ALDF-7B-08

ALL NEW PROFESSIONAL AND SUPPORT EMPLOYEES, INCLUDING CONTRACTORS, WHO HAVE REGULAR OR DAILY INMATE CONTACT RECEIVE TRAINING DURING THEIR FIRST YEAR OF EMPLOYMENT. 40 HOURS ARE COMPLETED PRIOR TO BEING INDEPENDENTLY ASSIGNED TO A PARTICULAR JOB. AN ADDITIONAL 40 HOURS OF TRAINING IS PROVIDED EACH SUBSEQUENT YEAR OF EMPLOYMENT. AT A MINIMUM, THIS TRAINING COVERS THE FOLLOWING AREAS:

- SECURITY PROCEDURES AND REGULATIONS.
- SUPERVISION OF INMATES.
- SIGNS OF SUICIDE RISK.
- SUICIDE PRECAUTIONS.
- DE-ESCALATION STRATEGIES.
- REPORT WRITING.
- INMATE RULES AND REGULATIONS.
- KEY CONTROL.
- RIGHTS AND RESPONSIBILITIES OF INMATES.
- SAFETY PROCEDURES.
- ALL EMERGENCY PLAN AND PROCEDURES.
- INTERPERSONAL RELATIONS.
- SOCIAL/CULTURAL LIFESTYLES OF THE INMATE POPULATION.
- CULTURAL DIVERSITY.
- COMMUNICATION SKILLS.
- CPR/FIRST AID.
- COUNSELING TECHNIQUES.
- SEXUAL HARASSMENT/SEXUAL MISCONDUCT AWARENESS.
- CODE OF ETHICS.

FINDINGS:

Facility did not provide documentation that new employees, including contractors, received training during their first year of employment.

AGENCY RESPONSE:

Plan of Action

While professional and support employees do complete the necessary training prior to being independently assigned to a particular job, the documentation has been difficult to maintain due to the current tracking software. We are in the process of purchasing a new system to better track and document training.

Task
a. Research available programs to track and monitor training.
b. Implement the approved system to document and track completed training.
c. Ensure all required training is completed and document.

Responsible Agency
a. Dept. of Justice Services
b. Dept. of Justice Services
c. Dept. of Justice Services

Assigned Staff
a. Acting Director Jonel Coleman/Admin Staff
b. Professional Development Unit
c. Professional Development Unit

Anticipated Completion Date
a. 10-15-2025
b. 2-15-2025
c. Ongoing

AUDITOR'S RESPONSE:

The audit team supports this Plan of Action but recommends the facility use class sign in sheets during training until software issues can be addressed.

Standard #5-ALDF-7B-09

ALL NEW FULL-TIME HEALTH CARE EMPLOYEES COMPLETE A FORMALIZED, 40-HOUR ORIENTATION PROGRAM BEFORE UNDERTAKING THEIR ASSIGNMENTS. AT A MINIMUM, THE ORIENTATION PROGRAM INCLUDES INSTRUCTION IN THE FOLLOWING:

- THE PURPOSE, GOALS, POLICIES, AND PROCEDURES FOR THE FACILITY AND PARENT AGENCY.
- SECURITY AND CONTRABAND REGULATIONS.
- KEY CONTROL.
- APPROPRIATE CONDUCT WITH INMATES.
- RESPONSIBILITIES AND RIGHTS OF EMPLOYEES.
- THE EMERGENCY PLAN.

FINDINGS:

Facility did not provide documentation that full-time health care employees completed 40-hours orientation before undertaking their assignments.

AGENCY RESPONSE:

Appeal

Health care employees complete a thorough orientation and training prior to assuming their job duties. Any requested documentation will be provided.

AUDITOR'S RESPONSE:

At the time of file review the audit team requested documentation that full-time health care employees completed 40-hours orientation before undertaking their assignments. These documents were not provided.

Standard #5-ALDF-7D-18

PROCEDURES GOVERN THE OPERATION OF ANY FUND ESTABLISHED FOR INMATES. ANY INTEREST EARNED ON MONIES, OTHER THAN OPERATING FUNDS, ACCRUES TO THE BENEFIT OF THE INMATES.

FINDINGS:

Facility did not provide documentation that interest earned on monies, accrues to the benefit of the inmate.

AGENCY RESPONSE:

Appeal

The interest that accrues in the inmate account remains in that account and is used to benefit the inmates. Any documentation requested will be provided.

AUDITOR'S RESPONSE:

At the time of file review the audit team requested documentation that interest earned on monies, accrues to the benefit of the inmate. These documents were not provided.

Standard #5-ALDF-7F-05

EACH VOLUNTEER COMPLETES AN APPROPRIATE, DOCUMENTED ORIENTATION AND/OR TRAINING PROGRAM PRIOR TO ASSIGNMENT. THE LINES OF AUTHORITY, RESPONSIBILITY, AND ACCOUNTABILITY FOR VOLUNTEERS ARE SPECIFIED.

FINDINGS:

Facility did not provide documentation that volunteers complete orientation and/or training prior to assignment.

AGENCY RESPONSE:

Appeal

The volunteers at this facility have always completed an orientation and training. We will continue to provide all necessary training and provide any requested documentation.

AUDITOR'S RESPONSE:

At the time of file review the audit team requested documentation that volunteers complete orientation and/or training prior to assignment. These documents were not provided.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard #5ALDF-2F-03

(EFFECTIVE NLT JANUARY 1, 2024) **(MANDATORY)** WHEN AN INMATE IS TRANSFERRED TO RESTRICTIVE HOUSING, HEALTH CARE PERSONNEL ARE INFORMED IMMEDIATELY AND PROVIDE SCREENING AND REVIEW OF MEDICAL AND MENTAL HEALTH RISKS FACTORS AS INDICATED BY THE PROTOCOLS ESTABLISHED BY THE HEALTH AUTHORITY. UNLESS MEDICAL ATTENTION IS NEEDED MORE FREQUENTLY, EACH INMATE IN RESTRICTIVE HOUSING RECEIVES A DAILY VISIT FROM A QUALIFIED HEALTH CARE PROVIDER. THE PRESENCE OF A HEALTH CARE PROVIDER IN RESTRICTIVE HOUSING IS ANNOUNCED AND RECORDED. THE HEALTH AUTHORITY DETERMINES THE FREQUENCY OF PHYSICIAN VISITS TO RESTRICTIVE HOUSING UNITS.

FINDINGS:

The facility does not operate a restrictive housing unit.

Standard #5-ALDF-4C-24

(MANDATORY) ALL INTRASYSTEM TRANSFER INMATES RECEIVE A HEALTH SCREENING BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL, WHICH COMMENCES ON THEIR ARRIVAL AT THE FACILITY. ALL FINDINGS ARE RECORDED ON A SCREENING FORM APPROVED BY THE HEALTH AUTHORITY. AT A MINIMUM, THE SCREENING INCLUDES THE FOLLOWING:

INQUIRY INTO:

- WHETHER THE INMATE IS BEING TREATED FOR A MEDICAL OR DENTAL PROBLEM.
- WHETHER THE INMATE IS PRESENTLY ON MEDICATION.
- WHETHER THE INMATE HAS A CURRENT MEDICAL OR DENTAL COMPLAINT.

OBSERVATION OF:

- GENERAL APPEARANCE AND BEHAVIOR.
- PHYSICAL DEFORMITIES.
- EVIDENCE OF ABUSE OR TRAUMA.

MEDICAL DISPOSITION OF INMATES:

- CLEARED FOR GENERAL POPULATION.
- CLEARED FOR GENERAL POPULATION WITH APPROPRIATE REFERRAL TO HEALTH CARE SERVICE.
- REFERRAL TO APPROPRIATE HEALTH CARE SERVICE FOR EMERGENCY TREATMENT.

FINDINGS:

This facility is the only facility used to house inmates for St. Louis County, therefore there are no intra-system transfers.

Standard #5-ALDF-4D-21

(MANDATORY) THE USE OF RESTRAINTS ON INMATES FOR MEDICAL OR PSYCHIATRIC PURPOSES INCLUDES:

- CONDITIONS UNDER WHICH RESTRAINTS MAY BE APPLIED.
- TYPES OF RESTRAINTS TO BE APPLIED.
- IDENTIFICATION OF A QUALIFIED MEDICAL OR MENTAL HEALTH PROFESSIONAL WHO MAY AUTHORIZE THE USE OF RESTRAINTS AFTER REACHING THE CONCLUSION THAT LESS INTRUSIVE MEASURES ARE NOT SUCCESSFUL.
- MONITORING PROCEDURES.
- LENGTH OF TIME RESTRAINTS ARE TO BE APPLIED.
- DOCUMENTATION OF EFFORTS FOR LESS RESTRICTIVE TREATMENT ALTERNATIVES AS SOON AS POSSIBLE.
- AN AFTER-INCIDENT REVIEW.

FINDINGS:

The facility health authority does not use restraints on inmates for medical or psychiatric purposes.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #5-ALDF-1A-05

THE FACILITY CONFORMS TO APPLICABLE FEDERAL, STATE, AND LOCAL BUILDING CODES. (RENOVATION, ADDITIONS, NEW CONSTRUCTION ONLY)

FINDINGS:

This facility has had no renovations, additions or new construction

Standard #5-ALDF-2A-33

INMATES PARTICIPATING IN WORK OR EDUCATIONAL RELEASE PROGRAMS ARE SEPARATED FROM INMATES IN THE GENERAL POPULATION.

FINDINGS:

This facility does not offer work or educational release programs.

Standard #5-ALDF-2A-35

IF YOUTHFUL OFFENDERS ARE HOUSED IN THE FACILITY, THEY ARE HOUSED IN A SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS EXCEPT WHEN:

- A VIOLENT, PREDATORY YOUTHFUL OFFENDER POSES AN UNDUE RISK OF HARM TO OTHERS WITHIN THE SPECIALIZED UNIT, OR
- A QUALIFIED MEDICAL OR MENTAL-HEALTH SPECIALIST DOCUMENTS THE YOUTHFUL OFFENDER WOULD BENEFIT FROM PLACEMENT OUTSIDE THE UNIT.
- A WRITTEN STATEMENT IS PREPARED DESCRIBING THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE FACILITY ADMINISTRATOR

OR HIS/HER DESIGNEE.CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE ADMINISTRATOR OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDINGS:

This facility does not house youthful offenders.

Standard #5-ALDF-2A-36

DIRECT SUPERVISION IS EMPLOYED IN THE SPECIALIZED UNIT TO ENSURE THE SAFETY AND SECURITY OF YOUTHFUL OFFENDERS.

FINDINGS:

This facility does not house youthful offenders.

Standard #5-ALDF-2A-37

CLASSIFICATION PLANS FOR YOUTHFUL OFFENDERS DETERMINE THE LEVEL OF RISK AND PROGRAM NEEDS DEVELOPMENTALLY APPROPRIATE FOR ADOLESCENTS. CLASSIFICATION PLANS INCLUDE CONSIDERATION OF PHYSICAL, MENTAL, SOCIAL, AND EDUCATIONAL MATURITY OF THE YOUTHFUL OFFENDER.

FINDINGS:

This facility does not house youthful offenders.

Standard #5-ALDF-2A-38

ADEQUATE PROGRAM SPACE IS PROVIDED TO MEET THE PHYSICAL, SOCIAL, AND EMOTIONAL NEEDS OF YOUTHFUL OFFENDERS AND ALLOWS FOR THEIR PERSONAL INTERACTIONS AND GROUP-ORIENTED ACTIVITIES.

FINDINGS:

This facility does not house youthful offenders.

Standard #5-ALDF-2A-39

YOUTHFUL OFFENDERS SHALL NOT HAVE PHYSICAL CONTACT WITH ANY ADULT INMATE THROUGH USE OF A SHARED DAYROOM, SHOWER AREA, OR SLEEPING QUARTERS. IN AREAS OUTSIDE THE HOUSING UNITS, AGENCIES SHALL EITHER: (1) MAINTAIN SIGHT AND SOUND SEPARATION BETWEEN YOUTHFUL OFFENDERS OR (2) PROVIDE DIRECT STAFF SUPERVISION WHEN YOUTHFUL INMATES AND ADULT OFFENDERS HAVE SIGHT, SOUND, OR PHYSICAL CONTACT.

FINDINGS:

This facility does not house youthful offenders.

Standard #5-ALDF-2A-40

PROGRAM PERSONNEL WHO WORK WITH YOUTHFUL OFFENDERS ARE TRAINED IN THE DEVELOPMENTAL, SAFETY, AND OTHER SPECIFIC NEEDS OF YOUTHFUL OFFENDERS. WRITTEN JOB DESCRIPTIONS AND QUALIFICATIONS REQUIRE TRAINING FOR STAFF WHO ARE RESPONSIBLE FOR PROGRAMMING OF YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT BEFORE BEING ASSIGNED TO WORK WITH YOUTHFUL OFFENDERS. TRAINING INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING AREAS:

- ADOLESCENT DEVELOPMENT.
- EDUCATIONAL PROGRAMMING.
- CULTURAL AWARENESS.
- CRISIS PREVENTION AND INTERVENTION.
- LEGAL ISSUES.
- HOUSING AND PHYSICAL PLANT.
- POLICIES AND PROCEDURES.
- MANAGEMENT OF, AND PROGRAMMING FOR, SEX OFFENDERS.
- SUBSTANCE-ABUSE SERVICES.
- COGNITIVE-BEHAVIORAL INTERVENTIONS, INCLUDING ANGER MANAGEMENT, SOCIAL-SKILLS TRAINING, PROBLEM SOLVING.
- RESISTING PEER PRESSURE.
- SUICIDE PREVENTION.
- NUTRITION.
- MENTAL-HEALTH ISSUES.
- GENDER-SPECIFIC ISSUES.
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION.

FINDINGS:

This facility does not house youthful offenders.

Standard #5-ALDF-2C-05

MANUAL OR INSTRUMENT INSPECTION OF BODY CAVITIES IS CONDUCTED ONLY WHEN THERE IS REASONABLE BELIEF THE INMATE IS CONCEALING CONTRABAND AND WHEN AUTHORIZED BY THE FACILITY ADMINISTRATOR OR DESIGNEE. HEALTH CARE PERSONNEL CONDUCT THE INSPECTION IN PRIVATE.

FINDINGS:

This facility does not perform cavity searches.

Standard #5-ALDF-2F-01

(EFFECTIVE NLT JANUARY 1, 2024) WRITTEN POLICY, PROCEDURE, AND PRACTICE EXIST HAT PROVIDE FOR PLACEMENT IN RESTRICTIVE HOUSING ONLY FOR BEHAVIORS WHICH POSE A DIRECT THREAT TO THE SAFETY OF PERSONS, OR A CLEAR THREAT TO THE SAFE AND SECURE OPERATIONS OF THE FACILITY. THE POLICY AND PROCEDURE WILL DICTATE THE PROCESS AND CONSIDERATIONS THAT WILL BE USED IN DETERMINING PLACEMENT IN RESTRICTIVE HOUSING TO INCLUDE:

- THE LEVEL OF THREAT OF THE INDIVIDUAL IN RELATIONSHIP TO THE BEHAVIORS OUTLINED IN THE POLICY.
- THE INPUT OF MEDICAL AND MENTAL HEALTH PRACTITIONERS/PROVIDERS REGARDING THE IMPACT OF RESTRICTIVE HOUSING ON INDIVIDUALS.
- SANCTIONS OTHER THAN RESTRICTIVE HOUSING THAT IS ADEQUATE TO ADDRESS THE BEHAVIOR AND MAINTAIN A SAFE ENVIRONMENT.

FINDINGS:

This facility does not operate Restrictive Housing Units.

Standard #5-ALDF-2F-02

(EFFECTIVE NLT JANUARY 1, 2024) THE FACILITY ADMINISTRATOR OR DESIGNEE CAN ORDER IMMEDIATE PLACEMENT IN RESTRICTIVE HOUSING WHEN IT IS NECESSARY TO PROTECT TEN MATE OR OTHERS. THE ACTION WILL BE APPROVED, DENIED, OR MODIFIED WITHIN 24 HOURS BY AN APPROPRIATE AND HIGHER AUTHORITY WHO IS NOT INVOLVED IN THE INITIAL PLACEMENT.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-04

(EFFECTIVE NLT JANUARY 1, 2024) THE PURPOSE FOR PLACEMENT OF INMATES IN RESTRICTIVE HOUSING IS REVIEWED BY A SUPERVISOR EVERY SEVEN DAYS FOR THE FIRST 60 DAYS AND AT LEAST EVERY 30 DAYS THEREAFTER.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-05

(EFFECTIVE NLT JANUARY 1, 2024) THERE IS A REVIEW PROCESS USED TO TRANSFER AN INMATE FROM RESTRICTIVE HOUSING.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-06

(EFFECTIVE NLT JANUARY 1, 2024) RESTRICTIVE HOUSING UNITS PROVIDE LIVING CONDITIONS THAT APPROXIMATE THOSE OF THE GENERAL INMATE POPULATION. ALL EXCEPTIONS ARE CLEARLY DOCUMENTED.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-07

(EFFECTIVE NLT JANUARY 1, 2024) RESTRICTIVE HOUSING CELLS/ROOMS PERMIT THE INMATES ASSIGNED TO THEM TO CONVERSE WITH AND BE OBSERVED BY STAFF MEMBERS. ALL CELLS/ROOMS IN RESTRICTIVE HOUSING PROVIDE A MINIMUM OF 70 SQUARE FEET AND SHALL PROVIDE 35 SQUARE FEET OF UNENCUMBERED SPACE FOR THE FIRST OCCUPANT AND 25 SQUARE FEET OF UNENCUMBERED SPACE FOR EACH ADDITIONAL OCCUPANT.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-08

(EFFECTIVE NLT JANUARY 1, 2024) WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT ALL RESTRICTIVE HOUSING INMATES ARE PERSONALLY OBSERVED BY A CORRECTIONAL OFFICER TWICE PER HOUR, BUT NO MORE THAN 40 MINUTES APART, ON AN IRREGULAR SCHEDULE. INMATES WHO ARE VIOLENT OR MENTALLY DISORDERED OR WHO DEMONSTRATE UNUSUAL OR BIZARRE BEHAVIOR, SELF-HARM RECEIVE MORE FREQUENT OBSERVATION; SUICIDAL INMATES ARE UNDER CONTINUOUS OBSERVATION. IDENTIFICATION OF THE TYPE OF OBSERVATION (MINIMAL TO CONSTANT) IS DETERMINED BY A HEALTH PROFESSIONAL AND DOCUMENTED ON A LOG.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-09

(EFFECTIVE NLT JANUARY 1, 2024) INMATES IN RESTRICTIVE HOUSING RECEIVE DAILY VISITS FROM THE FACILITY ADMINISTRATOR OR DESIGNEE AND FROM WEEKLY VISITS FROM MEMBERS OF THE PROGRAM STAFF.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-10

(EFFECTIVE NLT JANUARY 1, 2024) STAFF ASSIGNED, ON A REGULAR BASIS, TO WORK DIRECTLY WITH INMATES IN RESTRICTIVE HOUSING UNITS ARE SELECTED BASED ON CRITERIA THAT INCLUDES:

- EXPERIENCE
- SUITABILITY FOR THIS POPULATION.
- SPECIALIZED TRAINING.

STAFF IS CLOSELY SUPERVISED AND THEIR PERFORMANCE IS DOCUMENTED AT LEAST ANNUALLY. THERE ARE PROVISIONS FOR ROTATION OF SECURITY STAFF TO OTHER DUTIES.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-11

(EFFECTIVE NLT JANUARY 1, 2024) WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE ALL INMATES IN RESTRICTIVE HOUSING ARE PROVIDED MEDICATION AS PRESCRIBED.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-12

(EFFECTIVE NLT JANUARY 1, 2024) WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE ALL INMATES IN RESTRICTIVE HOUSING ARE PROVIDED SUITABLE CLOTHING, AND ACCESS TO BASIC PERSONAL ITEMS FOR USE IN THEIR CELLS UNLESS THERE IS IMMINENT DANGER AN INMATE OR ANY OTHER INMATE(S) WILL DESTROY AN ITEM OR INDUCE SELF-INJURY.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-13

(EFFECTIVE NLT JANUARY 1, 2024) INMATES IN RESTRICTIVE HOUSING UNITS HAVE THE OPPORTUNITY TO SHAVE AND SHOWER A LEAST THREE TIMES PER WEEK. INMATES IN RESTRICTIVE HOUSING NITS RECEIVE LAUNDRY AND HAIR CARE SERVICES AND ARE ISSUED AND EXCHANGE CLOTHING, BEDDING, AND LINEN ON THE SAME BASIS AS INMATES IN THE GENERAL POPULATION. EXCEPTIONS ARE PERMITTED ONLY WHEN DETERMINED TO BE NECESSARY. ANY EXCEPTION IS RECORDED IN THE UNIT LOG AND JUSTIFIED IN WRITING.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-14

(EFFECTIVE NLT JANUARY 1, 2024) WHEN AN INMATE IN RESTRICTIVE HOUSING IS DEPRIVED OF ANY USUAL AUTHORIZED ITEMS OR ACTIVITY, A REPORT OF THE ACTION IS MADE AND FORWARDED TO THE FACILITY ADMINISTRATOR OR DESIGNEE.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-15

(EFFECTIVE NLT JANUARY1, 2024) INMATES IN RESTRICTIVE HOUSING UNITS CAN WRITE AND RECEIVE LETTERS ON THE SAME BASIS AS INMATES IN THE GENERAL POPULATION.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-16

(EFFECTIVE NLT JANUARY 1, 2024) INMATES IN RESTRICTIVE HOUSING UNITS HAVE OPPORTUNITIES FOR VISITATION UNLESS THERE ARE SUBSTANTIAL REASONS FOR WITHHOLDING SUCH PRIVILEGES. ALL DENIALS FOR VISITATION ARE DOCUMENTED.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-17

(EFFECTIVE NLT JANUARY 1, 2024) INMATES IN RESTRICTIVE HOUSING UNITS HAVE ACCESS TO LEGAL MATERIALS.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-18

(EFFECTIVE NLT JANUARY 1, 2024) INMATES IN RESTRICTIVE HOUSING UNITS HAVE ACCESS TO READING MATERIALS.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-19

(EFFECTIVE NLT JANUARY 1, 2024) INMATES IN RESTRICTIVE HOUSING UNITS ARE OFFERED A MINIMUM OF ONE HOUR OF EXERCISE FIVE DAYS A WEEK OUTSIDE THEIR CELLS. UNLESS SECURITY OR SAFETY CONSIDERATIONS DICTATE OTHERWISE.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-20

(EFFECTIVE NLT JANUARY 1, 2024) INMATES IN RESTRICTIVE HOUSING ARE ALLOWED AT A MINIMUM TELEPHONE PRIVILEGES TO ACCESS THE JUDICIAL PROCESS AND FAMILY EMERGENCIES AS DETERMINED BY THE FACILITY ADMINISTRATOR OR DESIGNEE.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-21

EFFECTIVE NLT JANUARY 1, 2024) INMATES IN RESTRICTIVE HOUSING, HAVE ACCESS TO PROGRAMS AND SERVICES THAT INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- LEGALLY REQUIRED EDUCATIONAL SERVICES.
- HYGIENE ITEMS.
- SOCIAL SERVICES.
- RELIGIOUS GUIDANCE.
- RECREATIONAL PROGRAMS.
- MEDICAL, DENTAL AND BEHAVIORAL HEALTH SERVICES.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-22

EFFECTIVE NLT JANUARY 1, 2024) RESTRICTIVE HOUSING UNITS HAVE EITHER OUTDOOR UNCOVERED OR OUTDOOR COVERED EXERCISE AREAS. THE MINIMUM SPACE REQUIREMENTS FOR OUTDOOR EXERCISE AREAS FOR RESTRICTIVE HOUSING UNITS ARE AS FOLLOWS:

- GROUP YARD MODULES: 330-SQUARE FEET OF UNENCUMBERED SPACE CAN ACCOMMODATE TWO INMATES. FOR EACH ADDITIONAL 150-SQUARE FEET OF UNENCUMBERED SPACE, AN ADDITIONAL INMATE MAY USE THE EXERCISE AREA SIMULTANEOUSLY. (FORMULA: FOR EACH 150 SQUARE FEET OF UNENCUMBERED SPACE EXCEEDING THE BASE REQUIREMENT OF 180 SQUARE FEET FOR THE FIRST INMATE, EQUALS THE MAXIMUM NUMBER OF INMATES WHO MAY USE THE RECREATION AREA SIMULTANEOUSLY).

- INDIVIDUAL YARD MODULES: 180 SQUARE FEET OF UNENCUMBERED SPACE.

IN CASES WHERE COVER IS NOT PROVIDED TO MITIGATE INCLEMENT WEATHER, APPROPRIATE WEATHER-RELATED EQUIPMENT AND ATTIRE SHALL BE MADE AVAILABLE TO INMATES WHO DESIRE TO TAKE ADVANTAGE OF THEIR AUTHORIZED EXERCISE TIME.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-23

(EFFECTIVE NLT JANUARY 1, 2024) WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE STEP DOWN PROGRAMS FROM EXTENDED RESTRICTIVE HOUSING ARE OFFERED TO INMATES TO FACILITATE THE REINTEGRATION OF THE INMATE INTO GENERAL POPULATION OR THE COMMUNITY. (DOES NOT APPLY TO IMMEDIATE COURT ORDER RELEASE) THESE PROGRAMS SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING:

- WEEKLY EVALUATIONS USING A MULTIDISCIPLINARY APPROACH TO DETERMINE THE INMATE'S COMPLIANCE WITH PROGRAM REQUIREMENTS.
- SUBJECT TO WEEKLY EVALUATIONS.
- GRADUALLY INCREASING OUT-OF-CELL TIME.
- GRADUALLY INCREASING GROUP INTERACTION.
- GRADUALLY INCREASING EDUCATION AND PROGRAMMING OPPORTUNITIES.
- GRADUALLY INCREASING PRIVILEGES.
- STEP-DOWN COMPLIANCE REVIEW.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-24

(EFFECTIVE NLT JANUARY 1, 2024) FEMALE INMATES DETERMINED TO BE PREGNANT SHALL NOT BE HOUSED IN EXTENDED RESTRICTIVE HOUSING.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-25

(EFFECTIVE NLT JANUARY 1, 2024) CONFINEMENT OF OFFENDERS UNDER THE AGE OF 18 YEARS OF AGE IN EXTENDED RESTRICTIVE HOUSING IS PROHIBITED.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-26

(EFFECTIVE NLT JANUARY 1, 2024) WRITTEN POLICY, PROCEDURE AND PRACTICE SHALL SUPPORT PROGRAMS OF CRIMINAL JUSTICE DEFLECTION AND DIVERSION FOR THOSE INDIVIDUALS EXHIBITING SIGNS AND SYMPTOMS OF MENTAL ILLNESS.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-27

(EFFECTIVE NLT JANUARY 1, 2024) AN INMATE SHALL NOT BE PLACED IN RESTRICTIVE HOUSING ON THE BASIS OF GENDER IDENTITY ALONE.

FINDINGS:

This facility does not operate a restrictive housing unit.

Standard #5-ALDF-2F-28

(EFFECTIVE NLT JANUARY 1, 2024) THE AGENCY WILL NOT PLACE A PERSON WITH SERIOUS MENTAL ILLNESS IN EXTENDED RESTRICTIVE HOUSING.

FINDINGS:

This facility does not operate an extended restrictive housing unit.

Standard #5-ALDF-4A-14

WHEN REQUIRED BY STATUTE, FOOD PRODUCTS THAT ARE GROWN OR PRODUCED WITHIN THE SYSTEM ARE INSPECTED AND APPROVED BY THE APPROPRIATE GOVERNMENT AGENCY; THERE IS A DISTRIBUTION SYSTEM THAT ENSURES PROMPT DELIVERY OF FOODSTUFFS TO FACILITY KITCHENS.
FINDINGS:

This facility does not grow or produce food products.

Standard #5-ALDF-4C-02

WHEN MEDICAL CO-PAYMENT FEES ARE IMPOSED, THE PROGRAM ENSURES THAT, AT A MINIMUM:

- ALL INMATES ARE ADVISED, IN WRITING, AT THE TIME OF ADMISSION TO THE FACILITY OF THE GUIDELINES OF THE CO-PAYMENT PROGRAM.
- COPAYMENT FEES ARE WAIVED WHEN APPOINTMENTS OR SERVICES, INCLUDING FOLLOW-UP APPOINTMENTS, ARE INITIATED BY MEDICAL STAFF.

FINDINGS:

This facility does not impose medical co-payment fees.

Standard #5-ALDF-4C-38

WHEN INMATES HAVE NONPRESCRIPTION MEDICATIONS AVAILABLE OUTSIDE OF HEALTH SERVICES, THE ITEMS, AND ACCESS, ARE APPROVED JOINTLY BY THE FACILITY ADMINISTRATOR AND THE HEALTH AUTHORITY. THE ITEMS AND ACCESS ARE REVIEWED ANNUALLY BY THE HEALTH AUTHORITY AND ADMINISTRATOR.

FINDINGS:

This facility does not allow inmates access to nonprescription medications outside of health services.

Standard #5-ALDF-4D-04

A HEALTH-TRAINED STAFF MEMBER COORDINATES THE HEALTH DELIVERY SERVICES UNDER THE JOINT SUPERVISION OF THE RESPONSIBLE HEALTH AUTHORITY AND FACILITY ADMINISTRATOR, WHEN QUALIFIED HEALTH CARE PERSONNEL ARE NOT ON DUTY.

FINDINGS:

This facility maintains on duty qualified health care personnel 24/7.

Standard #5-ALDF-5B-18

WHERE WORK RELEASE AND/OR EDUCATIONAL RELEASE ARE AUTHORIZED, THE FACILITY ADMINISTRATOR HAS AUTHORITY TO APPROVE OR DISAPPROVE PARTICIPATION FOR EACH INMATE.

FINDINGS:

This facility does not operate work or educational release programs.

Standard #5-ALDF-5C-13

WHERE AN INDUSTRIES PROGRAM EXISTS, ITS ESTABLISHMENT IS AUTHORIZED AND AREA OF AUTHORITY, RESPONSIBILITY, AND ACCOUNTABILITY ARE DELINEATED.

FINDINGS:

This facility does not offer industries programs.

Standard #5-ALDF-5C-14

THE NUMBER OF INMATES ASSIGNED TO INDUSTRIES' OPERATIONS MEETS THE REALISTIC WORKLOAD NEEDS OF EACH OPERATING UNIT.

FINDINGS:

This facility does not offer industries programs.

Standard #5-ALDF-5C-15

THERE IS A COMPREHENSIVE QUALITY CONTROL PROCESS.

FINDINGS:

This facility does not offer industries programs.

Standard #5-ALDF-5C-16

A COST ACCOUNTING SYSTEM FOR EACH INDUSTRY UNIT IS DESIGNED, IMPLEMENTED, AND MAINTAINED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

FINDINGS:

This facility does not offer industries programs.

Standard #5-ALDF-6B-06

APPROPRIATELY TRAINED INDIVIDUALS ARE ASSIGNED TO ASSIST DISABLED INMATES WHO CANNOT OTHERWISE PERFORM BASIC LIFE FUNCTIONS.

FINDINGS:

This facility does not use inmates to assist disabled inmates.

Standard #5-ALDF-7B-13

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT CORRECTIONAL OFFICERS ASSIGNED TO AN EMERGENCY UNIT HAVE AT LEAST ONE YEAR OF CORRECTIONS AND 40 HOURS OF SPECIALIZED TRAINING BEFORE UNDERTAKING THEIR ASSIGNMENTS.

FINDINGS:

This facility does not operate an emergency unit.

Standard #5-ALDF-7F-07

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTION, TRAINING, STAFF SUPERVISION, FACILITY ORIENTATION, AND A DEFINITION OF TASKS, RESPONSIBILITIES AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING. VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

This facility does not use volunteers in the delivery of health care.

Significant Incident Summary

This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: Buzz Westfall Justice Center Reporting Period: September 2024- August 2025

Incident Type	Months ⇨	Sept	October	Nov	Dec	January	February	March	April	May	June	July	August	Total for Reporting Period
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender / Offender	0	0	0	0	0	1	1	0	0	0	1	0	3
	Offender / Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with a Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0	0	0	0	0

**May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.*

Significant Incident Summary Glossary

Assaults: An altercation which results in serious injury requiring urgent and immediate medical attention and restricts usual activities.

Disturbance: Offender action that resulted in loss of control of the facility or a portion of the facility and required extraordinary measures to regain control.

Escape: As defined by the jurisdiction reporting.

Fire: A fire which results in evacuation of staff or offenders and/or significant damage to a facility or part of a facility structure.

Homicide: As defined by the jurisdiction reporting.

Non-Compliance with Mandatory Expected Practices: Determination that a condition results in non-compliance with a mandatory standard that is expected to result in sustained non-compliance.

Natural Disaster: A natural event such as a flood, tornado, tsunami, earthquake, or hurricane that causes great damage or loss of life.

Other: Any significant negative event or distraction that adversely impacts normal operations.

Serious Injury: Is a physical injury which creates a substantial risk of death, or which causes serious and protracted impairment of health or protracted loss or impairment of the function of any bodily organ.

Sexual Violence (as defined by PREA)**:** A substantiated, non-consensual sexual act includes one or more of the following behaviors:

- Contact between the penis and the vagina or the penis and the anus involving penetration, however slight. It does not include kicking, grabbing or punching genitals when the intent is to harm or debilitate rather than to sexually exploit.
- Contact between the mouth and the penis, vagina, or anus.
- Penetration of the anal or genital opening of another person by a hand, finger, or other object.

Unnatural Death – Death of a person in confinement for causes other than suicide, homicide, or accident that is contrary to the ordinary course of nature or otherwise abnormal.

Name of Facility: Buzz Westfall Justice Center (St. Louis County Jail) Date 3/12/2025
Number of Months Data Collected Jan 2024 – Dec 2024 (12)

ALDF Outcome Measure Worksheet

1A	Outcome Measure	Numerator/Denominator **The community, staff, contractors, volunteers, and inmates are protected from injury and illness caused by the physical environment.**	Value	Calculated O.M
	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months.	57	
	divided by	Average number of Full-Time Equivalent (FTE) staff positions in the past 12 months.	362	15.75%
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1,177	0.00
	(3)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	5,226	0.00
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(5)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	5,226	0.00
	(6)	Number of sanitation or health code violations identified by external agencies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(7)	Number of health code violations corrected in the past 12 months.	0	
	divided by	The number of health code violations identified in the past 12 months.	0	0.00
	(8)	Number of inmate grievances related to safety or sanitation found in favor of inmates in the past 12 months.	DK	
	divided by	The number of inmate's grievances related to safety or sanitation in the past 12 months.	DK	DK
	(9)	Number of fire code violations corrected in the past 12 months.	0	

	divided by	The number of fire code violations cited by jurisdictional authority in the past 12 months.	0	0.00
	(10)	Number of inmate injuries resulting from fires requiring medical treatment in a 12-month period.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(11)	Number of inmate injuries (other than by fire) requiring medical treatment in the past 12 months.	86	
	divided by	The average daily population of inmates in the past 12 months.	1,177	7.31%
	(12)	Number of staff injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population of staff in the past 12 months.	324	0.00
	(13)	Number of staff injuries (other than fire) requiring medical treatment in the past 12 months.	33	
	divided by	The average daily population of staff in the past 12 months.	324	10.19%
	(14)	Number of inmate lawsuits related to safety or sanitation found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to safety or sanitation in the past 12 months.	0	0.00
1B		**Vehicles are maintained and operated in a manner that prevents harm to the community, staff, contractors, volunteers, and inmates.**		
	(1)	Number of vehicle accidents resulting in property damage in the past 12 months.	2	
	divided by	The average daily population in the past 12 months.	1,177	0.17%
	(2)	Number of vehicle accidents resulting in injuries requiring medical treatment for any party in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(3)	Amount dollar of damage from vehicle accidents in the past 12 months.	$2,976	
	divided by	The average daily population in the past 12 months.	1,177	$2.53
1C		**The number and severity of emergencies are minimized. When emergencies occur, the response minimizes the severity.**		
	(1)	Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.	0	
	divided by	The number emergencies.	0	0.00
	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months.	3	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(3)	Number of times that normal facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1,177	0.00008

	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	The number of emergencies caused by forces external to the facility.	0	0.00
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(6)	Number of injuries requiring medical attention that resulted from emergencies that were not caused by forces external to the facility in the past 12 months.	10	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(7)	Number of times that normal facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	2	
	divided by	The average daily population in the past 12 months.	1,177	0.17%
	(8)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	16	
	divided by	The number of emergencies.	2	800%
	(9)	Number of injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(10)	Number of fires that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(11)	Amount dollar of property damage from fire in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(12)	Number of code violations cited in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months.	3	
	divided by	The average daily population in the past 12 months.	1,177	0.25%
	(14)	Number of incidents of inventory discrepancies in the past 12 months.	53	
	divided by	The average daily population in the past 12 months.	1,177	4.50%

2A	Outcome Measure	Numerator/Denominator **The community, staff, contractors, volunteers, and inmates are protected from harm. Events that pose risk of harm are prevented. The number and severity of events are minimized.**	Value	Calculated O.M
	(1)	Number of incidents involving harm in the past 12 months.	279	
	divided by	The average daily population in the past 12 months.	1,177	23.70%
	(2)	Number of incidents in the past 12 months involving harm.	279	
	divided by	The number of admissions in the past 12 months.	5,226	5.34%
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of incidents in the past 12 months.	86	
	divided by	The average daily population in the past 12 months.	1,177	7.31%
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	86	
	divided by	The number of admissions in the past 12 months.	5,226	1.65%
	(5)	Number of unauthorized inmate absences from the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(6)	Number of instances of unauthorized access to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
2B		**Physical force is used only in instances of self-protection, protection of the inmate or others, prevention of property damage, or prevention of escape.**		
	(1)	Number of instances in which force was used in the past 12 months.	146	
	divided by	The average daily population in the past 12 months.	1,177	12.40%
	(2)	Number of instances in which force was used in the past 12 months.	146	
	divided by	The number of admissions in the past 12 months.	5,226	2.79%
	(3)	Number of times that staff use of force were found to have been inappropriate in the past 12 months.	6	
	divided by	The number of instances in which force was used.	146	4.11%
	(4)	Number of inmate grievances filed alleging inappropriate use of force in the past 12 months.	DK	
	divided by	The average daily population in the past 12 months.	1,177	DK
	(5)	Number of grievances alleging inappropriate use of force decided in favor of inmate in the past 12 months.	DK	
	divided by	The number of grievances alleging inappropriate use of force filed.	DK	DK
	(6)	Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months.	2	
	divided by	The average daily population in the past 12 months.	1,177	0.17%

2C		**Contraband is minimized. It is detected when present in the facility.**		
	(1)	Number of incidents involving contraband in the past 12 months.	919	
	divided by	The average daily population in the past 12 months.	1,177	78.08%
	(2)	Number of incidents involving contraband in the past 12 months.	919	
	divided by	The number of admissions in the past 12 months.	5,226	17.59%
	(3)	Number of weapons found in the facility in the past 12 months.	13	
	divided by	The average daily population in the past 12 months.	1,177	1.10%
	(4)	Number of controlled substances found in the facility in the past 12 months.	22	
	divided by	The average daily population in the past 12 months.	1,177	1.87%
	(5)	Number of controlled substances found in the facility in the past 12 months.	22	
	divided by	The number of admissions in the past 12 months.	5,226	0.42%
2D		**Improper access to and use of keys, tools and utensils are minimized.**		
	(1)	Number of incidents involving keys in the past 12 months.	2	
	divided by	The average daily population in the past 12 months.	1,177	0.17%
	(2)	Number of incidents involving tools in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(3)	Number of incidents involving culinary equipment in the past 12 months.	2	
	divided by	The average daily population in the past 12 months.	1,177	0.17%
	(4)	Number of incidents involving medical equipment and sharps in the past 12 months.	3	
	divided by	The average daily population in the past 12 months.	1,177	0.25%
3A		**Inmates comply with rules and regulations.**		
	(1)	Number of rule violations in the past 12 months.	4,819	
	divided by	The average daily population in the past 12 months.	1,177	409.43%
	(2)	Number of assaults—inmate against inmate, inmate against staff in the past 12 months.	365	
	divided by	The average daily population in the past 12 months.	1,177	31.01%
4A		**Food service provides a nutritionally balanced diet. Food service operations are hygienic and sanitary.**		
	(1)	Number of documented inmate illnesses attributed to food service operations in the past 12 months.	12	
	divided by	The average daily population in the past 12 months.	1,177	1.02%
	(2)	Number of inmate grievances about food service decided in favor of the inmate the past 12 months.	DK	
	divided by	The number of inmate grievances about food service in the past 12 months.	DK	DK
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months.	0	
		Divided by number of violations cited by independent authorities in the past 12 months.	0	0.00
4B		**Inmates maintain acceptable personal hygiene practices.**		

	(1)	Inmate grievances regarding inmate access to personal hygiene decided in favor of the inmate in the past 12 months.	DK	
	divided by	The average daily population in the past 12 months.	1,177	DK
	(2)	Number of inmate illnesses attributed to poor hygiene practices in the past 12 months.	28	
	divided by	The average daily population in the past 12 months.	1,177	2.38%
	(3)	Number of inmates diagnosed with hygiene-related conditions (scabies, lice, or fungal infections) in the past 12 months.	28	
	divided by	The average daily population in the past 12 months.	1,177	2.38%
	(4)	Number of inmate grievances related to hygiene found in favor of the inmate in the past 12 months.	DK	
	divided by	The number of inmate grievances related to hygiene in the past 12 months.	DK	DK
	(5)	Number of inmate lawsuits related to hygiene found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to hygiene in the past 12 months.	0	0.00
4C		**Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.**		
	(1)	Number of inmates with a positive tuberculin skin test in the past 12 months.	22	
	divided by	The number of admissions in the past 12 months.	5,226	0.42%
	(2)	Number of inmates diagnosed with active tuberculosis in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(3)	Number of conversions to a positive tuberculin skin test in the past 12 months.	0	
	divided by	The number of tuberculin skin tests given in the past 12 months.	548	0.00
	(4)	Number of inmates with a positive tuberculin skin test who completed prophylaxis treatment for tuberculosis in the past 12 months.	4	
	divided by	The number of inmates with a positive tuberculin skin test on prophylaxis treatment for tuberculosis in the past 12 months.	4	100%
	(5)	Number of Hepatitis C positive inmates in the past 12 months.	69	
	divided by	The average daily population in the past 12 months.	1,177	5.86%
	(6)	Number of HIV positive inmates in the past 12 months.	51	
	divided by	The average daily population in the past 12 months.	1,177	4.33%
	(7)	Number of HIV positive inmates who are being treated with highly active antiretroviral treatment in the past 12 months.	51	

	divided by	The number of known HIV positive inmates in the past 12 months.	51	100%
	(8)	Number of offenders with an individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time.	712	
	divided by	The average daily population in the past 12 months.	1,177	60.49%
	(9)	Number of inmate suicide attempts in the past 12 months.	42	
	divided by	The average daily population in the past 12 months.	1,177	3.57%
	(10)	Number of inmate suicides in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(11)	Number of inmate deaths due to homicide in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(12)	Number of inmate deaths due to injuries in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(13)	Number of medically expected inmate deaths in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(14)	Number of medically unexpected inmate deaths in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(15)	Number of inmate admissions to the infirmary (where available) in the past 12 months.	1,119	
	divided by	The average daily population in the past 12 months.	1,177	95.07%
	(16)	Number of inmate admissions to off-site hospitals in the past 12 months.	39	
	divided by	The average daily population in the past 12 months.	1,177	3.31%
	(17)	Number of inmates transported off-site (via an ambulance or correctional vehicle) for treatment of emergency health conditions in the past 12 months.	109	
	divided by	The average daily population in the past 12 months.	1,177	9.26%
	(18)	Number of inmate specialty consults completed in the past 12 months.	348	
	divided by	The number of specialty consults (on-site or off-site) ordered by primary health care provider (MD, NP, PA) in the past 12 months.	360	96.67%
	(19)	Number of inmate grievances about access to health care services found in favor of the inmate in the past 12 months.	DK	
	divided by	The number of inmate grievances about access to healthcare services in the past 12 months.	DK	DK
	(20)	Number of inmate grievances related to the quality of health care found in favor of inmates in the past 12 months.	DK	
	divided by	The number of inmate grievances related to the quality of health care in the past 12 months.	DK	DK
	(21)	Number of inmates' lawsuits about access to healthcare services found in favor of inmates in the past 12 months.	0	

	divided by	The number of inmate's lawsuits about access to healthcare services in the past 12 months.	0	0.00
	(22)	Number of individual sick call encounters in the past 12 months.	5,724	
	divided by	The average daily population in the past 12 months.	1,177	486.32%
	(23)	Number of physician visits contacts in the past 12 months.	5,293	
	divided by	The average daily population in the past 12 months.	1,177	449.70%
	(24)	Number of individualized dental treatment plans in the past 12 months.	2,041	
	divided by	The average daily population in the past 12 months.	1,177	173.41%
	(25)	Number of hypertensive inmates enrolled in a chronic care clinic in the past 12 months.	421	
	divided by	The average daily population in the past 12 months.	1,177	35.77%
	(26)	Number of diabetic inmates enrolled in a chronic care clinic in the past 12 months.	126	
	divided by	The average daily population in the past 12 months.	1,177	10.71%
	(27)	Number of incidents involving pharmaceuticals as contraband in the past 12 months.	10	
	divided by	The average daily population in the past 12 months.	1,177	0.85%
	(28)	Number of cardiac diets received by inmates with cardiac disease in the past 12 months.	0	
	divided by	The number of cardiac diets prescribed in the past 12 months.	0	0.00
	(29)	Number of hypertensive diets received by inmates with hypertension in the past 12 months.	0	
	divided by	The number of hypertensive diets prescribed in the past 12 months.	0	0.00
	(30)	Number of diabetic diets received by inmates with diabetes in the past 12 months.	1930	
	divided by	The number of diabetic diets prescribed in the past 12 months.	14	13785.71%
	(31)	Number of renal diets received by inmates with renal disease in the past 12 months.	0	
	divided by	The number of renal diets prescribed in the past 12 months.	0	0.00
	(32)	Number of needle-stick injuries in the past 12 months.	3	
	divided by	The number of employees on average in the past 12 months.	72	4.17%
	(33)	Number of pharmacy dispensing errors in the past 12 months.	3	
	divided by	The number of prescriptions dispensed by the pharmacy in the past 12 months.	21,770	0.01%
	(34)	Number of nursing medication administration errors in the past 12 months.	19	
	divided by	The number of medications administered in the past 12 months.	1,602,417	0.001%

4D		**Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.**		
	(1)	Number of staff with lapsed licensure and/or certification in the past 12 months.	0	
	divided by	The number of licensed or certified staff in the past 12 months.	0	0.00
	(2)	Number of new employees in the past 12 months who completed orientation training prior to undertaking job assignments.	22	
	divided by	The number of new employees in the past 12 months.	22	100%
	(3)	Number of employees completing in-service training requirements in the past 12 months.	105	
	divided by	The number of employees eligible in the past 12 months.	105	100%
	(4)	Number of MD staff who left employment in the past 12 months.	2	
	divided by	The number of authorized MD staff positions in the past 12 months.	2	100%
	(5)	Number of RN staff who left employment in the past 12 months.	26	
	divided by	The number of authorized RN staff positions in the past 12 months.	16	162.50%
	(6)	Number of LPN staff who left employment in the past 12 months.	14	
	divided by	The number of authorized LPN staff positions in the past 12 months.	12	114.67%
	(7)	Number of medical records staff who left employment in the past 12 months.	0	
	divided by	The number of medical records staff positions in the past 12 months.	0	0.00
	(8)	Number of alleged sexual misconduct incidents between staff and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1,177	0.00
	(9)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1,177	0.00
	(10)	Number of confirmed sexual misconduct incidents between staff and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1,177	0.00
	(11)	Number of confirmed sexual misconduct incidents between volunteers and/or contact personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1,177	0.00
	(12)	Number of detainees identified as high risk with a history of sexually assaultive behavior in the past 12 months.	3	
	divided by	Average daily population in the past 12 months.	1,177	0.25%
	(13)	Number of detainees identified as at risk for sexual victimization in the past 12 months.	6	
	divided by	Average daily population in the past 12 months.	1,177	0.51%

5A		**Inmates have opportunities to improve themselves while confined.**		
	(1)	Number of inmates who passed GED exams while confined in the past 12 months.	8	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	21	38.1%
	(2)	Total number of grade levels advanced by inmates in the past 12 months.	DK	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	21	DK
	(3)	Number of certificates of vocational competency awarded to inmates in the past 12 months.	146	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	21	695.24%
5B		**Inmates maintain ties with their families and the community.**		
		NONE		
5C		**The negative impact of confinement is reduced.**		
		NONE		
6A		**Inmates' rights are not violated.**		
	(1)	Total number of inmate grievances in the past 12 months, regarding: (a) access to court; (b) mail or correspondence; (c) sexual harassment; (d) discipline; (e) discrimination; (f) protection from harm.	DK	
	divided by	The average daily population in the past 12 months.	1,177	DK
	(2)	Number of inmate grievances (see [a] through [e] above) decided in favor of inmates in the past 12 months.	DK	
	divided by	The total number of grievances filed in the past 12 months.	DK	DK
	(3)	Total number of inmate court suits alleging violation of inmate rights filed against the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(4)	Number of inmate court suits alleging violation of inmate rights decided in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate suits filed in the past 12 months.	0	0.00
6B		**Inmates are treated fairly.**		
	(1)	Number of inmate grievances regarding discrimination in the past 12 months.	DK	
	divided by	The average daily population in the past 12 months.	1,177	DK
	(2)	Number of inmate grievances regarding discrimination resolved in favor of inmates in the past 12 months.	DK	
	divided by	The total number of inmate grievances filed regarding discrimination in the past 12 months.	DK	DK
	(3)	Number of grievances resolved in favor of inmates in the past 12 months.	DK	
	divided by	The average daily population in the past 12 months.	1,177	DK
	(4)	Number of grievances resolved in favor of inmates in the past 12 months.	DK	
	divided by	The total number of inmate grievances filed in the past 12 months.	DK	DK
	(5)	Number of court malpractice or torte liability cases found	0	

		in favor of the inmate in the past 12 months.		
	divided by	The number of court malpractice or torte liability cases in the past 12 months.	0	0.00
6C		**Alleged rule violations are handled in a manner that provides inmates with appropriate procedural safeguards.**		
	(1)	Number of disciplinary incidents resolved informally in the past 12 months.	DK	
	divided by	The average daily population in the past 12 months.	1,177	DK
	(2)	Number of formal inmate disciplinary decisions that were appealed in the past 12 months.	12	
	divided by	The total number of disciplinary decisions made in the past 12 months.	3,453	0.35%
	(3)	Number of appealed disciplinary decisions decided in favor of the inmate in the past 12 months.	3	
	divided by	The total number of disciplinary decisions made in the past 12 months.	3,453	0.09%
	(4)	Number of grievances filed by inmates challenging disciplinary procedures in the past 12 months.	DK	
	divided by	The average daily population in the past 12 months.	1,177	DK
	(5)	Number of disciplinary-related grievances resolved in favor of the inmate in the past 12 months.	DK	
	divided by	The total number of disciplinary-related grievances filed in the past 12 months.	DK	DK
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months.	0	
	divided by	The total number of court decisions regarding discipline decided in the past 12 months.	0	0.00
	(8)	Number of rule violations in the past 12 months.	4,819	
	divided by	The average daily population in the past 12 months.	1,177	409.43%
	(9)	Number of inmates terminated from the facility due to rule violations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00
6D		**Inmates take responsibility for their actions.**		
	(1)	Number of inmates released in the past 12 months who made regular payments toward their restitution obligations.	DK	
	divided by	The number of inmates who had restitution obligations in the past 12 months.	DK	DK
	(2)	Number of inmates who satisfy their court cost/fines obligations in the past 12 months.	DK	
	divided by	The number of inmates who had court cost/fine obligations in the past 12 months.	DK	DK
	(3)	Total amount of restitution paid by inmates in the past 12 months.	DK	
	divided by	The average daily population in the past 12 months.	1,177	DK
	(4)	Total number of hours of community service donated by inmates in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1,177	0.00

	(5)	Total number of inmates who participated in restitution in the past 12 months.	DK	
	divided by	The total number of inmates housed in the past 12 months.	13,525	DK
	(6)	Total number of inmates who participated in community service work in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	13,525	0.00
	(7)	Total number of inmates who participated in victim awareness programs in the past 12 months.	DK	
	divided by	The total number of inmates housed in the past 12 months.	13,525	DK
	(8)	Total amount of restitution paid by inmates in the past 12 months.	DK	
	divided by	The total number of inmates housed in the past 12 months	13,525	DK
	(9)	Total number of hours delivered by inmates who participated in community service work in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	13,525	0.00
7A		**The facility operates as a legal entity.**		
		NONE		
7B		**Staff, contractors, and volunteers demonstrate competency in their assigned duties.**		
	(1)	Total number of years of staff members' education as of the end of the last calendar year.	4,624	
	divided by	The number of staff at the end of the last calendar year.	316	1463.29%
	(2)	Number of staff who left employment for any reason in the past 12 months.	204	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	362	56.35%
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months.	DK	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	362	DK
	(4)	Number of professional development events attended by staff in the past 12 months.	49	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	362	13.64%
7C		**Staff, contractors, and volunteers are professional, ethical and accountable.**		
	(1)	Number of incidents in which staff was found to have acted in violation of facility policy in the past 12 months.	14	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	362	3.87%
	(2)	Number of staff terminated for conduct violations in the past 12 months.	15	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	362	4.14%
	(3)	Number of inmate grievances attributed to improper staff conducts which were upheld in the past 12 months.	DK	

	divided by	The number of inmate grievances alleging improper staff conduct filed in the past 12 months.	DK	DK
	(4)	Number of inmate grievances attributed to improper staff conduct which were upheld in the past 12 months.	DK	
	divided by	The average daily population for the past 12 months.	1,177	DK
	(5)	Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.	0	
	divided by	The number of staff substance abuse tests administered in the past 12 months.	0	0.00
	(6)	Number of staff terminations for violation of drug-free work policy in the past 12 months.	0	
	divided by	The number of staff terminations in the past 12 months.	58	0.00
	(7)	The average number of physicians employed in the past 12 months.	2	
	divided by	The number of physician positions authorized in the past 12 months.	2	100%
	(8)	The average number of nurses employed in the past 12 months.	55	
	divided by	The number of nurse positions authorized in the past 12 months.	55	100%
	(9)	The average number of mid-level health care practitioners employed in the past 12 months.	7	
	divided by	The number of mid-level health care practitioner positions authorized in the past 12 months.	7	100%
	(10)	The average number of ancillary health care staff employed in the past 12 months.	9	
	divided by	The number of ancillary health care staff positions authorized in the past 12 months.	9	100%
7D		**The facility is administered efficiently and responsibly.**		
	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures).	+ $4,538,415	
	divided by	The budget for the past 12 months.	$37.422.661	$12.13
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit.	0	
		NONE		
	(3)	Number of grievances filed by inmates regarding their records or property in the past 12 months.	DK	
	divided by	The average daily population in the past 12 months.	1,177	DK
	(4)	Number of inmate grievances (records/property) decided in favor of inmates in the past 12 months.	DK	
	divided by	The total number of inmate grievances (records/property) in the past 12 months.	DK	DK
	(5)	Number of objectives achieved in the past 12 months.	4	
	divided by	The number of objectives for the past 12 months.	6	66.67%
	(6)	Number of program changes made in the past 12 months.	6	
	divided by	The number of program changes recommended in the past 12 months.	10	60%
	(7)	Number of problems identified by internal health care review that were corrected in the past 12 months.	92	
	divided by	The number of problems identified by internal health care review in the past 12 months.	165	55.76%

7E		**Staff are treated fairly.**		
	(1)	Number of grievances filed by staff in the past 12 months.	9	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	362	2.49%
	(2)	Number of staff grievances decided in favor of staff in the past 12 months.	0	
	divided by	The total number of staff grievances in the past 12 months.	9	0.00
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year.	1,977	
	divided by	The number of staff at the end of the last calendar year (e.g. average number of years experience).	316	625.63%
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months.	0	
	divided by	The number of staff termination or demotion hearings requested in the past 12 months.	0	0.00
7F		**The facility is a responsible member of the community.**		
	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months.	5,484	
	divided by	The average daily population of inmates in the past 12 months.	1,177	465.93%
	(2)	Total number of individual community members who provided voluntary service in the past 12 months.	214	
	divided by	The average daily population of inmates in the past 12 months.	1,177	18.18%
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	1,177	0.00
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months.	9	
	divided by	The average daily population of inmates in the past 12 months.	1,177	0.76%
	(5)	Total number of complaints from the community in the past 12 months.	18	
	divided by	The average daily population of inmates in the past 12 months.	1,177	1.53%
	(6)	Total number of hours of community service work delivered by inmates in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	1,177	0.00

Redaction Log

Reason	Page (# of occurrences)	Description
Jail Resident Safety	**14** (3)	Redacted under Sec. 610.021(19)(a)& (d) RMso and Sec. 114.020.1 (21) SLCRO.
Jail Security	**5** (2)	Redacted under Sec. 610.021(19a), (20), (21) RMso and Sec. 114.020.1(18), (23) SLCRO.
Jail Security 2	**5** (2) **6** (9) **7** (2) **8** (1) **9** (1) **10** (2) **42** (3)	Redacted under Sec. 610.021(19)(a)& (d), (20), (21) RMso and Sec. 114.020.1(18), (21), (23) SLCRO.
Personnel Information	**25** (2)	This redaction was made pursuant Sections 610.021(13) RSMo and 114.020.1(13) SLCRO.