

DETENTION FACILITY SUPPLEMENTAL QUESTIONNAIRE

CLIENT INFORMATION			
Name			
POLICY TERM			
Effective Date		Expiration Date	

Facility				
Year of construction		Year of last renovations		
Number of cells		Total number of beds		
Certified capacity		Average inmates over the last year		Capacity at the time of this application
Corrections Staff				
Total number of detention facility staff				
Number of corrections officers				
Number of certified corrections officers				
Do corrections officers also act as dispatchers or in other capacities while performing corrections duties				
If Yes, describe duties				
Minimum required training for corrections officers				
Is any in-service training provided by the entity				
If Yes, describe in-service training				
Medical Staff				
Number of detention facility medical staff				
Describe medical staff including professional designation, responsibilities, hours, etc.				
If there is no medical staff how is medical care provided				
Controls/Procedures				
Is there video and audio surveillance of all detention and intake areas				
If No, describe areas with no video and/or audio surveillance				
Describe procedures for suicide watch for both intake and ongoing incarceration				
Are violent offenders segregated from nonviolent offenders				
Describe segregation of violent offenders from nonviolent				
Are female inmates segregated from male inmates				
Describe segregation of female from male offenders				
Are juveniles housed in the detention facility for any amount of time				

If Yes, are the juvenile offenders segregated from adults	
If Yes, describe segregation of juvenile from adult offenders	
Does the facility house prisoners for other entities or the state	
If Yes, what is the average number of prisoners housed for other entities	
Does the facility allow any work release, furlough or other unsupervised release	
If Yes, describe release or furlough program	