



MARILYN EDWARDS  
County Judge

280 North College, Suite 500  
Fayetteville, AR 72701

WASHINGTON COUNTY, ARKANSAS  
County Courthouse

August 2, 2013

MEETING OF THE  
WASHINGTON COUNTY QUORUM COURT  
JAIL/LAW ENFORCEMENT/COURTS COMMITTEE

Monday, August 5, 2013  
5:30 p.m.  
*(Immediately following Personnel)*  
Washington County Quorum Court Room

A G E N D A

1. Call to Order.
2. Adoption of Agenda.
3. Report from the Juvenile Detention Facility. (3.1, 3.2)
4. Report from the Sheriff's Office on Enforcement and Adult Detention. (4.1- 4.3)
5. Other Business. Any other business to be discussed by the Committee will be brought up at this time.
6. Public Comment.
7. Adjournment.

/kb

**JUVENILE DETENTION CENTER  
DAILY POPULATION COUNT FOR JULY 2012**

This information was developed using the Center's Daily Population Count Forms, which were designed to provide the Juvenile court staff with daily population information.

<b>DAY</b>	<b>MONTH</b>	<b>POPULATION</b>
1	JULY	14
2	JULY	5
3	JULY	10
4	JULY	13
5	JULY	12
6	JULY	14
7	JULY	14
8	JULY	14
9	JULY	10
10	JULY	10
11	JULY	11
12	JULY	12
13	JULY	12
14	JULY	13
15	JULY	13
16	JULY	9
17	JULY	9
18	JULY	9
19	JULY	8
20	JULY	9
21	JULY	8
22	JULY	8
23	JULY	9
24	JULY	10
25	JULY	10
26	JULY	8
27	JULY	8
28	JULY	9
29	JULY	9
30	JULY	6
31	JULY	6

**POPULATION JULY CHANGE DURING THE COURSE OF THE DAY**

## REGIONAL JUVENILE CENTER DETENTION DATA COMPARISONS

The following information is a comparison of detention data elements for the month of July 2012 and 2013.

STATISTICAL INFORMATION		2012	2013
AVERAGE NUMBER OF INTAKES PER DAY		1.77	1.35
NUMBER OF INTAKES (total for period)		55	42
NUMBER OF DAYS OF DETENTION (total for period)		231	208
AVERAGE AGE		15.84	16.14
AVERAGE LENGTH OF STAY		4.20	4.95
<b>TOP FIVE OFFENSES USED FOR DETENTION</b>			
<b>2012</b>		<b>2013</b>	
<b>OFFENSE</b>	<b># OF INTAKES</b>	<b>OFFENSE</b>	<b># OF INTAKES</b>
JUVENILE IN NEED OF SUPPORT	11	PROBATION VIOLATION (Misdemeanor)	10
PROBATION VIOLATION (Misdemeanor)	6	TERRORISTIC THREATENING (Felony)	5
BREAKING & ENTERING (Felony)	5	THEFT OF PROPERTY (Misdemeanor)	4
CONTROLLED SUBSTANCE VIOLATION (Misdemeanor)	4	AGGRAVATED ASSAULT (Felony)	4
PROBATION VIOLATION (Felony)	4	JUVENILE IN NEED OF SUPPORT	3

WASHINGTON COUNTY JUVENILE DETENTION CENTER

**Jul-13**

Sentenced	4	
CURRENTLY HOLDING	0	
2	Charged as adults	
3	FINS	
1	DYS (unless drug treatment facility not available)	
0	Early release to treatment or other appropriate facility	
1	C-Step	
0	Interstate Compact	
1	Municipal Holds	
<b>TRANSPORTS</b>		
28	Transports	
20	Transports in town	
8	Out of town transports	
7	Other Law Enforcement Officer	
21	JDC Transports	



State of Arkansas  
Criminal Detention Facilities Review Committees  
Juvenile Detention Facility Compliance Report

Name of Facility: Washington County Juvenile Jail (4th Judicial District)

Address: 885 Clydesdale Drive, Fayetteville, AR 72701

County Judge: Judge Marilyn Edwards

Facility Supervisor: Jeanne Mack Facility Phone: 479-444-1670 x 221

Person Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_

Location of detention center: 885 Clydesdale Drive, Fayetteville, AR 72701

Date of Construction: 01-01-2000 Date Remodeled: \_\_\_\_\_

Cell Design: \_\_\_\_\_ Maximum Capacity: 36

1-Man \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

2-Man \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

3-Man \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

4-Man \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

How many paid personnel (male and female) are assigned duties in the detention center? 18

Supervisors 5 Full-time Males: 11 Full-Time Females: 8

Part-time Males: 0 Part-Time Females: 0

What is the Shift Formula?

0700 To 1300 1300 To 2100 2100 To 0700  
FIRST SECOND THIRD

How many personnel to each shift including supervisors? 4

Signature: Cindy Johnson

Inspection Date: July 1, 2013

Signature: Debi Dvorak

Signature: Raymond D. Dora

Signature: Diana Strange

Signature: \_\_\_\_\_

Signature: Terry Jones

Signature: Juan E. Med, Director

**Juvenile Detention Center Information for the Full Calendar Year Preceding This Inspection:**

Name of Facility: Washington County Juvenile Jail (4th Judicial District)

Number of juveniles held in the full calendar year preceding this inspection:  
649

Total number of days these juveniles were held: 5524 (Average Stay 8.51)

Number of escapes for the year preceding this inspection: 0

Number of deaths for the year preceding this inspection: 0

Total operations cost for the year preceding this inspection: \$1,365,240.00

Total cost reimbursement for juvenile care from other jurisdictions.

ENTITY	AMOUNT REIMBURSED
<u>Crawford Cty</u>	<u>\$552.00</u>
<u>Madison Cty</u>	<u>\$35,420.00</u>
<u>Baxter Cty</u>	<u>\$920.00</u>
<u> </u>	<u> </u>

**State of Arkansas**  
**Juvenile Detention Facilities**

**Name of Facility:** Washington County Juvenile Jail **Date of Inspection:** July 1, 2013

All Juvenile Detention facilities in Arkansas must comply with all applicable mandatory requirements. Failure to meet applicable requirements will cause the facility to be considered in non-compliance and subject to future action by this Agency in compliance with 515 of 1989.

**MINIMUM MANDATORY REQUIREMENTS**

**IN COMPLIANCE**

**III. ADMINISTRATION**

Does the Facility's operations comply with requirements as stated in Chapter III relative to the following:

- |                  |   |   |  |   |
|------------------|---|---|--|---|
| Section 3 – 1001 | Has the governing body authority held semi-annual meetings with the facility administrator?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> N/A            |
| Section 3 – 1002 | Does the facility hold abused, neglected or dependent juveniles?  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A            |
| Section 3 – 1003 | Are maintenance workers supervised by staff when performing work in the facility?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> N/A            |
| Section 3 – 1004 | Does the facility have a proper policies and procedures manual and is the staff familiar with it?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> N/A            |
| Section 3 – 1005 | Is there an organizational chart for the facility staff that accurately reflects the structure of authority, responsibility and accountability within the facility? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> N/A            |
| Section 3 – 1006 | Is the facility privately operated?   | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A            |
| Section 3 – 1006 | If so, do they meet the requirements in Section 3-1006?   | <input type="checkbox"/> YES            | <input type="checkbox"/> NO            | <input checked="" type="checkbox"/> N/A |

**IV. MANAGEMENT INFORMATION SYSTEM**

- |                     |  |   |                             |                              |
|---------------------|--|---|-----------------------------|------------------------------|
| Section 4-1001-1004 | Does the facility have a system to keep up with the number and type of juveniles held? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
|---------------------|--|---|-----------------------------|------------------------------|

## V. FISCAL MANAGEMENT

- Section 5-1001 - 1002 Does the facility have a proper budget?  YES  NO  N/A
- Section 5- 1003 - 1004 Does the facility have a proper accounting procedure?  YES  NO  N/A

## VI. SECURITY & CONTROL

- Section 6 - 1001 Is sufficient personnel on duty at all times?  YES  NO  N/A
- Section 6 - 1002 Is there written policies and procedures governing the availability, control and use of chemical agents and related security devices?  YES  NO  N/A
- Section 6 - 1003 Is there written policies and procedures concerning the locking of perimeter entrances, exterior doors and other doors determined by the administrator?  YES  NO  N/A
- Section 6 - 1004 Is a proper detention log being kept as required?  YES  NO  N/A
- Section 6 - 1006 Does facility have weekly inspection and and maintenance of security devices?  YES  NO  N/A
- Section 6 - 1007 Are officers allowed in secure area armed?  YES  NO  N/A
- Section 6 - 1008 Does facility have a policy for key and equipment control?  YES  NO  N/A
- Section 6 - 1009 Are there written operation shift assignments?  YES  NO  N/A
- Section 6 - 1010 Are there written policies and procedures for handling escapees, runaways and unauthorized absences?  YES  NO  N/A
- Section 6 - 1011 Are there written plans that specify procedures, including evacuation routes, from or within facility, staff in charge and areas of responsibility, which must be followed in emergency situations?  YES  NO  N/A
- Section 6 - 1012 Are there written policies and procedures concerning the use of restraints?  YES  NO  N/A
- Section 6 - 1013 Are there written policies and procedures concerning the use of force?  YES  NO  N/A
- Section 6 - 1014 Are there written policies and procedures concerning safety and security of facility and staff vehicles?  YES  NO  N/A



- Section 6 – 1015 Are there policies and procedures governing emergency and non-emergency transportation of juveniles outside facility from one jurisdiction to another?  YES  NO  N/A
- Section 6 – 1016 Are proper checks being made on juveniles with known mental or behavioral problems?  YES  NO  N/A
- Section 6 – 1018 Are there policies and procedures governing searches?  YES  NO  N/A

## VII. PERSONNEL

- Section 7 – 1001 Does the facility have written policies and procedures for hiring as described in Section 7-1001 A through K?  YES  NO  N/A
- Section 7 – 1002 Is each employee provided a copy of personnel policies and procedures manual?  YES  NO  N/A
- Section 7 – 1003 Has personnel policies manual been reviewed in the past year?  YES  NO  N/A
- Section 7 – 1004 Does the facility have a written policy for provisional appointments to ensure the availability of personnel for short-term, full-time or part-time work in emergencies?  YES  NO  N/A

## VIII. TRAINING AND STAFF DEVELOPMENT

- Section 8 – 1001 Does facility have written policies and procedures providing that all training programs are presented by persons who are qualified in the areas in which they are conducting training?  YES  NO  N/A
- Section 8 – 1002 Is there training curriculum developed, evaluated and updated based on an annual assessment that identifies current job-related training needs?  YES  NO  N/A
- Section 8 – 1003 Does the facility have written policies and procedures that allow all new full-time employees to receive juvenile orientation/training before being independently assigned to a particular job?  YES  NO  N/A
- Section 8 – 1003-A-D Does this orientation/training include areas A through D?  YES  NO  N/A

Section 8 – 1003-E	Does training follow the specific requirement for staff who supervise juveniles as set forth in Section E 1 through 13?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 8 – 1004	Does facility have policy and procedures that will provide a method for acknowledging and giving credit for prior training received?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 8 – 1005	Does facility have written policies and procedures for all clerical/support employees who have minimal contact with juveniles?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 8 – 1006	Does facility have proper training for part-time employees and volunteers?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 8 – 1007	Do all administrative/management staff receive the training described in A-E?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 8 – 1008	Does the facility have written policies and procedures to provide compensation for eligible staff for additional time spent in training or for replacement personnel when training occurs on the job?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 8 – 1009	Does the facility provide for professional development through participation in educational and professional opportunities?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**IX. ADMISSION, PROCEDURE AND CRITERIA**

Section 9 – 1001	Does the facility have written procedures for admitting new juveniles as stated in Section 9 – 1001 - A?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 9– 1002	Does the facility have written policies and procedures that provide orientation in a manner and method which is understandable to the juvenile?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 9– 1003	Are proper phone calls allowed and recorded where necessary?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**X. INTAKE**

Section 10 – 1001	Does the facility have a written policy governing detention of runaways?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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Section 10 – 1002 Are all juveniles, placed in detention under the jurisdiction of juvenile courts, brought for a hearing no later than 72 hours after being taken into custody?  YES  NO  N/A

**XI. RELEASE PREPARATION AND TRANSFER PROGRAMS**

Section 11 – 1001 Does the facility have written policies and procedures for releasing juveniles as provided in A through H?  YES  NO  N/A

**XII. JUVENILE RECORDS**

Section 12 – 1001 Does the facility have written policies and procedures governing record management as stated in this section?  YES  NO  N/A

Section 12– 1002 Does the facility's intake form contain the information as provided in A through T in this section?  YES  NO  N/A

Section 12 – 1003 Are all entrees recorded, dated and signed by a responsible staff member?  YES  NO  N/A

Section 12 – 1004 Is there a single master file identifying all juveniles detained in the facility?  YES  NO  N/A

Section 12 – 1005 Does the facility use proper "Release of Information Consent Forms"?  YES  NO  N/A

Section 12 – 1004 Is there proper access to records as prescribed in this chapter?  YES  NO  N/A

**XIII. JUVENILE RIGHTS**

Section 13 – 1001 While being detained are the rights of the juveniles being preserved as provided in this section A through P?  YES  NO  N/A

**XIV. RULES AND DISCIPLINE**

Section 14 – 1001-A Does the facility have written rules of conduct that specify acts that are prohibited and penalties that may be imposed for various degrees of violations?  YES  NO  N/A

- |                     |  |   |                             |                              |
|---------------------|--|---|-----------------------------|------------------------------|
| Section 14 – 1001-B | Are these rules reviewed annually and updated if necessary?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1002   | Is a copy of the detention rules posted and are all juveniles given a copy?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1003   | Are there written guidelines for informally resolving minor juvenile misbehavior?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1004   | Does the facility have a written policy describing "room restriction"?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1005   | Are disciplinary actions recorded in writing, including the information provided in A through G?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1006   | Does the facility have written policies and procedures for solitary confinement?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1007   | Whenever juveniles are removed from the, regular program are they seen by the supervisor, counselor or probation office assigned?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1008   | Does the facility have written policies and procedures specifying that juveniles placed in confinement are afforded proper privileges?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1009   | Are all disciplinary actions reviewed by the facility administrator to assure conformity with policies and regulations?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1010   | Does the facility have written policies and procedures to insure that before room restriction or privilege suspension the juvenile has had the reasons explained to them and they understand?                        | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1011   | Does the facility have written policies and procedures that provide that if a juvenile is alleged to have committed a crime, the case is referred to appropriate law enforcement officials for possible prosecution? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

**XV. MEDICAL AND HEALTH CARE SERVICES**

- |                   |   |   |                             |                              |
|-------------------|---|---|-----------------------------|------------------------------|
| Section 15 – 1001 | Does the facility have written policies and procedures that provide for the delivery of health care services including medical, dental and mental health care services? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
|-------------------|---|---|-----------------------------|------------------------------|

Section 15 – 1002	Does the medical staff understand that they have sole responsibility in all medical matters; but where applicable, they fall under the same security regulations as other facility staff?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 15 – 1003	Are all health care policies and procedures approved by the responsible physician and/or medical administrator?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 15 – 1004	Does the facility have a written policy that authorizes health care treatment by personnel other than a physician, dentist, psychologist, optometrist or podiatrist?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 15 – 1005	Does the facility have appropriate state and federal certificates of registration and restrictions that apply to personnel who provide health care services to juveniles?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 15 – 1006	Are the results of all juvenile medical screenings recorded on a printed screening form approved by the health authority?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 15 – 1007	Does the facility have a 24 hour written emergency medical and dental plan as provided in this section, which includes the provisions A through D?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 15 – 1008	Are medications stored properly?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 15 – 1009	Does the facility have proper staff training procedures for health-related situations?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**XVI. SANITATION AND HYGIENE**

Section 16 – 1001	Does the facility comply with applicable federal, state and local sanitation and health codes?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1002	Does the facility have weekly sanitation inspections of all the facility areas?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1003	Is there a written housekeeping plan for the facility's physical plant?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1004	Is there a plan to provide for the control of vermin and pests?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Section 16 – 1005	Does the facility provide for proper waste disposal?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1006	Are there hair care services available to juveniles?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1007	Are proper articles for personal hygiene available for all juveniles?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1008	Does the facility provide proper clothing and linens and is there proper storage for these items?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1009	Does the facility provide daily showers and showers after strenuous exercise?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**XVII. COMMUNICATIONS, MAIL, VISITATION AND TELEPHONE**

Section 17 – 1001	Does facility have written policies governing correspondence? Is it available to all staff and juveniles and is it reviewed annually?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 17 – 1002	Are stamps provided to all juveniles as applied in this section?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 17 – 1003	Does the facility have written policies concerning all correspondence and incoming and outgoing mail?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 17 – 1004	Does the facility have written policies for control of contraband?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 17 – 1005	Does the facility have written policies governing incoming and outgoing packages as described in this section?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 17 – 1006	Does the facility have written policies covering uncensored mail as described in this section?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 17 – 1007	Does the facility have a proper visitation area?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 17 – 1008	Is a visitors' log kept where necessary?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 17 – 1009	Does the facility have written policies covering special visits?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 17 – 1010	Do juveniles have proper access to incoming/outgoing telephone calls?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 17 – 1011	Is there a written policy governing the forwarding of	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

First-class letters and packages after transfer or release?

Section 17 – 1012 Does the juvenile have proper access to publications?  YES  NO  N/A

### XVIII. FOOD SERVICES

Section 18 – 1001 Are menus approved by dietician?  YES  NO  N/A

Section 18 – 1002 Are quarterly evaluations conducted to verify adherence to the nationally recommended basic daily servings as defined by the United States Department of Agriculture?  YES  NO  N/A

Section 18 – 1003 Are menus planned in advance according to this section?  YES  NO  N/A

Section 18 – 1004 Does the food service plan provide for a single menu for staff and juveniles?  YES  NO  N/A

Section 18 – 1005 Does the facility have a written policy for special diets when properly prescribed?  YES  NO  N/A

Section 18 – 1006 Is there a record of food actually served?  YES  NO  N/A

Section 18 – 1007 Has the facility been inspected by the Health Department in the past year?  YES  NO  N/A

### XIX. SAFETY

Section 19 – 1001 Has the chief executive established rules, regulations and inspection procedures for the facility to insure, to the greatest degree possible, the health, safety and well-being of the juvenile?  YES  NO  N/A

Section 19 – 1002 Has the facility been inspected by the Fire Department at least twice annually?  YES  NO  N/A

Section 19 – 1003 Does the facility have a proper fire plan and are staff members familiar it?  YES  NO  N/A

Section 19 – 1004 Does the facility have proper fire-fighting equipment and access to an emergency compressed air breathing apparatus?  YES  NO  N/A

Section 19 – 1005 Does the facility have a written plan which  YES  NO  N/A

covers all emergencies other than fire and are all personnel familiar with it?

Section 19 – 1006 Are all emergency exits plainly marked?  YES  NO  N/A

Section 19 – 1007 Is there proper storage for all flammable, toxic and caustic materials?  YES  NO  N/A

**XX. PROGRAMS**

Section 20 – 1001 Does the facility provide the minimum services and programs as outlined in A through I?  YES  NO  N/A

Section 20 – 1002 Are the programs initiated for all juveniles as soon as they have completed the admission process?  YES  NO  N/A

Section 20 – 1003 Are all educational programs made available to all juveniles except where the juvenile is disruptive or out-of-control?  YES  NO  N/A

Section 20 – 1004 Are all educational programs designed to enable the juvenile to be able to keep up with their studies and are they available a minimum of three hours per day, but not limited to the normal school year?  YES  NO  N/A

Section 20 – 1005 Are all instructors licensed or accredited by the state?  YES  NO  N/A

Section 20 – 1006 Does the facility provide proper recreation and leisure time?  YES  NO  N/A

Section 20 – 1007 Are detainees afforded access to religious, mental health counseling and crisis intervention services in accordance with their needs?  YES  NO  N/A

Section 20 – 1008\* Do work assignments conflict with educational programs?  YES  NO  N/A

Section 20 – 1009 Are juveniles permitted to perform any work prohibited by state and federal regulations and statutes pertaining to child labor?  YES  NO  N/A

Section 20 – 1010 Do pre-adjudicated juveniles perform housekeeping chores in their living areas only?  YES  NO  N/A

\* **NOT APPLICABLE TO HOLDOVER FACILITIES**



## XXI. CITIZEN AND VOLUNTEER INVOLVEMENT

- |                   |  |   |                             |                              |
|-------------------|--|---|-----------------------------|------------------------------|
| Section 21 – 1001 | Does the facility have written policies and procedures for securing citizen involvement in programs?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 21 – 1002 | Does the written policies and procedures specify the lines of authority, responsibility and accountability for the volunteer program?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 21 – 1003 | Does the written policies and procedures provide the screening and selection of volunteers, allowing for recruitment from all cultural and socio-economic segments of the community? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 21 – 1004 | Do all volunteers agree, in writing, to abide by all facility policies, particularly those relating to security and confidentiality of information?                                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 21 – 1005 | Is there a written policy providing the administrator the authority to postpone or discontinue volunteer services when there are substantial reasons for doing so?                   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

## XXII. EXISTING FACILITIES

- |                             |   |   |                             |                              |
|-----------------------------|---|---|-----------------------------|------------------------------|
| Section 22 – 1005           | Is lighting adequate?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 22 – 1005           | Is temperature maintained at a proper level?                                    | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 22 – 1005           | Is an automatic cut-in generator for emergency lighting and equipment provided? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 22 – 1006           | Are smoke and fire alarms present?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 22 – 1007           | Is there a cell that can be used to house the handicapped?                      | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 22 – 1008           | Are there at least two exits from each housing area?                            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 22 – 1009           | Is there a proper booking area located inside the secure area?                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 22 – 1010           | Do cells meet general housing requirements?                                     | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 22 – 1011<br>& 1012 | Do cells meet the footage requirement?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 22 – 1013*          | Is there an observation cell?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

Section 22 – 1014*	Will activity rooms meet requirements?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 22 – 1015	Is there proper storage space for bedding and clothing?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 22 – 1016*	Are indoor and outdoor exercise areas provided?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 22 – 1017	Is there adequate storage space for security equipment and cleaning supplies?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 22 – 1018	Is adequate space for administrative and staff functions provided?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 22 – 1019	Is there adequate space provided for food preparation and handling?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 22 – 1020	Is there a proper visiting area?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

\* NOT APPLICABLE TO HOLDOVER FACILITIES

**XXIV. JUVENILE DETENTION FACILITIES OR JUVENILE HOLDOVER FACILITIES WITHIN ADULT JAILS**

Section 24 – 1002	Does the facility provide for separate spatial areas for entrance, intake/processing, dining, indoor recreation, outdoor recreation, education, counseling, other programs, living units, visitation and day rooms?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 24 – 1003	Does the facility have total separation between juvenile and adult programs including recreation, education, counseling, health care, dining, sleeping and general living activities?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 24 – 1005	Does the facility have a separate staff?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 24 – 1007	Does the facility rotate staff between the juvenile and adult facility?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 24 – 1009	Are adult detainees ever allowed contact with juveniles?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A



**Washington County Sheriff's Office**  
Activity Report

**4.1**

	<u>July</u>		<u>January-July</u>	
	2013	2012	2013	2012
<b>Patrol</b>				
Calls for Service:	2,899	2,819	18,002	18,365
Animal Calls:	109	130	835	791
<b>Civil Process</b>				
Papers Entered:	444	321	2,660	2,647
No Charge:	348	199	2,027	1,763
Papers Served:	359	321	2,515	2,656
Service Attempts:	564	521	3,740	4,402
<b>Warrants</b>				
Warrants Entered:	675	445	3,730	3,532
Warrants Served:	528	494	3,911	3,617
<b>Training</b>				
Hours Trained:	1,167	2,318	22,214	29,072
<b>Communications</b>				
Regular Calls:	12,471	14,115	87,016	91,540
911 Calls:	625	732	4,297	4,682

# Washington County Detention Center

## Activity Report

4.2

### July

### January-July

**2013**

**2012**

**2013**

**2012**

### **Detention**

Intakes:	1,043	1,043	7,152	7,396
Sent To Prison:	62	98	482	587
Daily Average:	529	463	482	465
Daily Average: (Female)	92	79	78	64

### **Detention Board Days**

State Prisoners:	4,631	2,888	30,049	27,313
Federal Prisoners:	1,940	1,484	11,126	9,040
County Commits:	1,407	2,167	10,155	14,597
Pre-Trial:	7,469	6,833	47,273	44,525
All Detainees:	15,896	13,894	101,893	98,644

### **Outside Workers**

Community Service:	123	206	950	1,630
Work Release:	325	480	2,956	3,368

### **Transport**

Transport Miles:	24,225	25,945	195,671	192,178
In County:	784	662	4,639	4,663
Out of County:	165	139	897	804

### **Animal Shelter**

Total Workers: 271  
Total Hours: 1368



STATE OF ARKANSAS  
Criminal Detention Facilities Review Committees  
Detention Facility Compliance Report

Name of Facility: Washington County Jail (4th Judicial District)

Address: 1155 West Clydesdale Drive, Fayetteville, AR 72701

County Judge or Mayor: County Judge Marilyn Edwards

Facility Supervisor: Major Randall Denzer Facility Phone: 479-444-5700

Person Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_

Sheriff or Chief of Police: Sheriff Tim Helder

Location of Jail: 1155 West Clydesdale Drive, Fayetteville, AR 72701

Date of Construction: 2004 Date Remodeled: \_\_\_\_\_

Cell Design: \_\_\_\_\_ Maximum Capacity: 710

1-Man \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

2-Man \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

3-Man \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

4-Man \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

How many Paid Personnel (Jailors and Matrons) are assigned duties in the Jail? 160

Supervisors: 60 Full-time Males: 98 Full-time Females: 62

Part-time Males: 5 Part-time Females: 1

What is the Shift Formula?

6 AM To 6 PM 6 PM To 6 AM \_\_\_\_\_ To \_\_\_\_\_

How many Personnel to each Shift including Supervisors? 25

Signature: Diana Strange  
Committee Member

Inspection Date: July 1, 2013

Signature: Cindy Henderson  
Committee Member

[Signature]  
Committee Member

Signature: Veronica Donohue  
Committee Member

Boyer R. Davis  
Chairperson

Signature: Gary D. Jones  
Committee Member

Randall Denzer  
Person Interviewed

Name of Facility: Washington County Jail (4th Judicial District) Date of Inspection: July 1, 2013

All Adult Detention Facilities in Arkansas must comply with all applicable mandatory requirements. Failure to meet applicable requirements will cause the facility to be considered in non-compliance and subject to future action by this Agency in compliance with 1185 of 2001.

**MINIMUM MANDATORY REQUIREMENTS**

**IN COMPLIANCE**

**III. ADMINISTRATION:**

Does the Facility's operations comply with requirements as stated in Chapter III relative to the following:

- Section 3 – 1004 Written Policy  YES  NO  N/A
- Section 3 – 1005 Budget  YES  NO  N/A

**IV. PERSONNEL:**

Does the Facility's operations meet personnel requirements as stated in Chapter IV relative to the following:

- Section 4 – 1002 Personnel file with required records.  YES  NO  N/A  
A – B – C – D
- Section 4 – 1002 - E Has each employee completed the basic jail course?  YES  NO  N/A
- Section 4 – 1002 - H Does the Facility have sufficient personnel?  YES  NO  N/A  
If not, has the administrator requested such in writing?  YES  NO  N/A

**V. RECORD SYSTEM:**

Does the Facility's maintain a minimum record system in compliance with Chapter V relative to the following:

- Section 5 – 1002 Are proper papers for commitment being maintained?  YES  NO  N/A
- Section 5 – 1003 Is a proper jail log or detention record being kept?  YES  NO  N/A
- Section 5 – 1004 Is confinement information being gathered for each inmate?  YES  NO  N/A
- Section 5 – 1005 Is prisoner's personal property being handled properly?  YES  NO  N/A
- Section 5 – 1006 Are proper medical records being kept relating condition of inmate at intake?  YES  NO  N/A
- Section 5 – 1007 Does the facility have a written policy on strip searches?  YES  NO  N/A

**V. RECORD SYSTEM: continued**

- Section 5 – 1008 Is a copy of the jail rules provided to the inmate?  YES  NO  N/A
- Section 5 – 1010 Are disciplinary actions recorded in writing?  YES  NO  N/A
- Section 5 – 1011 Is there a written record of unusual occurrences?  YES  NO  N/A

**VI. RIGHTS OF THE ACCUSED IN CUSTODY:**

- Section 6 – 1001 Are inmate rights posted and is a copy furnished them?  YES  NO  N/A
- Section 6 – 1002 Do inmate rights contain provisions A through G?  YES  NO  N/A
- Section 6 – 1003 Does written policy for disciplinary actions provide for requirements A through D?  YES  NO  N/A

**VII. RULES OF CONDUCT FOR PERSONEL:**

- Section 7 – 1001 Does facility policy and procedures manual provide  YES  NO  N/A  
1002 for requirements listed in these sections?

**VIII. PRISONER SEPARATION:**

- Section 8 – 1001 Does the Facility provide complete separation of  YES  NO  N/A  
Females from the area where males are confined?
- Section 8 – 1001 Are juveniles, charged as adults, separated  YES  NO  N/A  
from the rest of the inmates?
- Section 8 – 1001 Are inmates under age 18, under the jurisdiction of  YES  NO  N/A  
Juvenile Court incarcerated?
- Section 8 – 1001 If so, are they completely separated from the rest of  YES  NO  N/A  
the jail population?
- Section 8 – 1001 Are inmates being separated by class?  YES  NO  N/A
- Section 8 – 1002 Are work release and trustee-status inmates separated  YES  NO  N/A  
from other prisoners?



**IX. SECURITY:**

Does the facility's security procedures and practices comply with the minimum requirements as stated in Chapter IX relative to the following:

- |                          |   |   |                             |                              |
|--------------------------|---|---|-----------------------------|------------------------------|
| Section 9 – 1001         | Does the Facility have sufficient personnel on duty at all times?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 9 – 1001 - A - B | Are proper cell checks being made and recorded?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 9 – 1001 - C     | Are female officers on duty where females are incarcerated?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 9 – 1001 - D     | Does the policy manual have a search procedure for control of contraband?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 9 – 1001 - E     | Does the policy manual have a procedure for emergency situations which includes what to do in case of fire, escapes, riots, smoke situations, inmate disturbances and assaults? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 9 – 1001 - G     | Are officers' weapons removed before entering secure areas?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 9 – 1001 - I     | Does the Facility have a policy for key control?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 9 – 1001 - J     | Does the Facility have a written policy addressing security measures for trustee-status inmates?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

**X. MEDICAL, DENTAL AND MENTAL HEALTH CARE:**

- |                   |   |   |                             |                              |
|-------------------|---|---|-----------------------------|------------------------------|
| Section 10 – 1001 | Does the Facility have a medical and dental plan in writing and on file to insure that medical services or practices are available to all those in custody? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 10– 1002  | If medical care is provided at the facility, is proper space provided?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 10 – 1003 | Does the facility have an emergency and sick-call procedure?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 10 – 1004 | Are written records of an inmate's medical and dental complaints being kept? Does this record include results of the medical procedure?                     | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 10 – 1005 | Are records kept of medicine prescribed and administered?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 10 – 1005 | Is medicine kept in a secure area?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 10 – 1009 | Is there a medical training program such as CPR and first aid or a suitable alternative?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

**XI. MAIL, COMMUNICATIONS AND VISITING:**

Does the Facility comply with minimum requirements regarding privileges as stated in Chapter XI relative to the following:

- |                          |   |   |                             |                              |
|--------------------------|---|---|-----------------------------|------------------------------|
| Section 11 – 1001        | Rules for visiting?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 11 – 1002        | Is a visitor's log kept?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 11 – 1005 - 1009 | Is there a written policy for correspondence and incoming mail?                                   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 11 – 1010        | Is there a written policy for the use of the phone and are inmates' calls logged where necessary? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

**XII. FOOD SERVICE:**

- |                    |   |   |                             |                              |
|--------------------|---|---|-----------------------------|------------------------------|
| Section 12 – 1001  | Are meals being served as required?                         | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 12 – 1001* | Are menus approved by a dietician?                          | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 11 – 1002  | Are records being kept of the food actually served?         | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 12 – 1003  | Has the kitchen been inspected by the Health Department?    | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 12 – 1006  | Is garbage removed from the cells immediately after eating? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

\*24-hour facilities are exempt

**XIV. SAFETY:**

- |                   |   |   |                             |                              |
|-------------------|---|---|-----------------------------|------------------------------|
| Section 14 – 1002 | Has the Facility been inspected by the local Fire Department in the past year?                                | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1003 | Does the Facility have written fire plan and are personnel familiar with it?                                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1004 | Does the Facility have a written plan for all other emergencies and are evacuation procedures detailed?       | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1005 | Are exits plainly marked?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1006 | Are cleaning fluids, toxic and caustic materials stored properly?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 14 – 1008 | Does the facility have up-to-date fire fighting equipment and access to a compressed air breathing apparatus? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

**XV. INMATE SERVICES:**

- |                     |   |   |                             |                              |
|---------------------|---|---|-----------------------------|------------------------------|
| Section 15 – 1002*  | Does the facility have a written policy to provide recreation and leisure time activities, library services, social and religious services? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Section 15 – 1005** | Is outside exercise provided?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

\* 14-day (and under) facilities are exempt

\*\* 24-hour overnight facilities are exempt

**XVI. EXISTING FACILITIES:**

Section 16 – 1004	Is lighting adequate?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1004	Is temperature maintained at a proper level?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1004	Is an automatic cut-in generator for emergency lighting and equipment provided?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1005	Are smoke and fire alarms present?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1006	Is there a cell that can be used to house the disabled?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1007	Are there at least two exits from each housing area?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1008	Is there a proper booking area located inside the secure area?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1009	Is there an alcohol unit?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1010**	Do the cells meet general housing requirements?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1011* - 1012**	Do the cells meet the footage requirement?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1013	Is there an observation cell?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1014*, **	Will activity rooms meet requirements?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1015	Is there proper storage space for bedding and clothing?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1016*, **	Are indoor or outdoor exercise areas provided?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1017	Is there storage space for security equipment and cleaning supplies?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1018	Is adequate space provided for administrative and staff functions?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1019	Is there adequate space provided for food preparation and handling?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Section 16 – 1020	Is there a proper visiting area?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

\*14 day (and under) facilities are exempt

\*\* 24 hour overnight facilities are exempt

Inspection Date: 07/01/2013 Initial Inspection or Re-inspection: initial

Inspection Time Shift: First: X Second \_\_\_\_\_ Third \_\_\_\_\_

Re-inspection Required?  Yes  No Signed \_\_\_\_\_

Mailings Sent: County Judge: X County Clerk: X

Sheriff: X Quorum Court: X

Chief of Police: \_\_\_\_\_ Mayor: \_\_\_\_\_

City Council: \_\_\_\_\_ Circuit Judge: X

Any action required for immediate non-compliance:  Yes  No

Director's Help Required?  Yes  No

List Reasons for No and N/A

Section No.	No or N/A	Reason
Population: 490	Budget: \$11,924,312.00	

4-1002-E No Fourteen new employees need basic jail training course.

Note: There is mold in some of the showers but this was corrected on-site.

Note: Jail administrator and staff are doing an excellent job.