



## Solicitation Addendum

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>Addendum No.:</b>        | 5                                 |
| <b>Solicitation No.:</b>    | 18-R068859AJ                      |
| <b>Solicitation Title:</b>  | Correctional Health Care Services |
| <b>Addendum Date:</b>       | July 18, 2018                     |
| <b>Procurement Contact:</b> | Abigail Jenkins                   |

**RFP 18-R068859AJ IS AMENDED AS SET FORTH HEREIN. RESPONSES TO QUESTIONS POSED BY PROSPECTIVE PROPOSERS ARE PROVIDED BELOW. THIS ADDENDUM IS HEREBY INCORPORATED IN AND MADE A PART OF RFP 18-R068859AJ.**

Add:

**EXHIBIT 7, EQUIPMENT AND INVENTORY LIST**

The attached, Exhibit 7, Equipment and Inventory List, is hereby incorporated into this RFP.

Add:

**EXHIBIT 8, INSPECTIONS AND ACCREDITATIONS CERTIFICATIONS**

The attached, Exhibit 8, Inspections and Accreditation Certification, is hereby incorporated into this RFP.

Add:

**EXHIBIT 9, MONTHLY HEALTH SERVICES REPORTS**

The attached, Exhibit 9, Monthly Health Services Reports (HSR), is hereby incorporated into this RFP.

Add:

**Exhibit 10, CONTRACT, EXHIBITS, AMENDMENTS**

The attached, Exhibit 10, Contract, Exhibits, Amendments, is hereby incorporated into this RFP.

Add:

**EXHIBIT 2, PROPOSAL RESPONSE, SECTION 2.02 PROPOSAL FORMAT, ITEM H. TAB 8-APPROACH TO QUALITY SERVICES, ITEM 18.**

18. Describe in detail how Proposer will provide services as outlined in Exhibit 1, Scope of Services, page 36, Items A through W.

Delete:

**EXHIBIT 2, PROPOSER RESPONSE, SECTION 2.02, ITEM K (2), FEES,**

~~2. Detail electronic resources that are to be utilized locally to enhance quality of care, reduce adverse events, and manage costs with the use of such resources that may include electronic medication administration records, medication dispense machines, physician orders, medical/health record, medication orders/requisitions, interfacing with community physician~~

~~records with access to resources such as the Health Information Exchange (HIE) to retrieve and upload pertinent medical information, and tele-medicine for specialty care needs~~

Delete:

**EXHIBIT 2, ITEM G. TAB 7, CAPACITY, ITEM 6**

~~6. Specify the proposed requirements for office space, facilities (including telephones) and office furniture necessary to render services, as well as utilities sufficient to enable the proposer to perform its obligations.~~

Delete:

**EXHIBIT 2, ITEM G, TAB 7, CAPACITY, ITEM 12**

~~12. Disclose any ownership interest in other entities proposed for services. This ownership disclosure includes ownership by the Proposer through a parent, subsidiary or holding company or any other form of business entity. Submit entity names and the percent of ownership for each.~~

Delete:

**EXHIBIT 2, SECTION 2.02, PROPOSAL FORMAT, ITEM B, TAB 2-MINIMUM QUALIFICATIONS, ITEM**

**3**

~~3. In addition to Florida Statutory requirements governing the provision of services and the requirements of this RFP, Proposer must agree to provide services per the standards and requirements of the following:~~

~~(a) American Correctional Association (ACA)~~

~~Manatee County BCC Request for Proposals 43~~

~~(b) Florida Model Jail Standards (FMJS)~~

~~(c) The Florida Correction Accreditation Commission (FCAC) standards~~

~~(d) Prison Rape Elimination Act (PREA).~~

~~**Provide a statement on company letterhead and signed by an authorized official of Proposer acknowledging its understanding of these standards and requirements and its agreement to provide services in accordance with Florida Statutory requirements governing the provision of services and the requirements of this RFP, Proposer must agree to provide services per the standards and requirements of the American Correctional Association (ACA), Florida Model Jail Standards (FMJS), The Florida Correction Accreditation Commission (FCAC) standards and Prison Rape Elimination Act (PREA).**~~

Change to:

**EXHIBIT 2, PROPOSER RESPONSE, SECTION 2.02 (F), TAB 6-PROPOSER AND TEAM'S EXPERIENCE, ITEM 7**

7. Identify any proposed sub-contractors to accomplish the work. Include the company name, the name of the individual(s) to be assigned, and an overview of their experience and qualifications related to corrosion and odor control equipment, chemicals and/or correctional health care services.

## QUESTIONS AND RESPONSES:

**Q1. Section A, page 10, A.25 / Minority and/or Disadvantaged Business Enterprise. Will vendors who are certified M/DBE providers in the State of Florida qualify to meet the RFP requirements? Will those vendors who are certified at a national qualify?**

R1. Refer to RFP Section A, Item A.15. The County will consider all responsive and responsible proposals.

**Q2. Exhibit 1, Scope of Service, page 36, Section 1.03, General Medical Services, Item D. Emergency Medical Services. What hospitals are currently utilized for ER services and/or inpatient admissions? Which location is the primary hospital?**

R2. Manatee Memorial Hospital-Primary, Blake Medical Center, Lakewood Ranch and Tampa General Hospital.

**Q3. Please provide the following off-site statistics over the past 2 years:**

R3. See the table below:

|                       | 2017 | 2016 |
|-----------------------|------|------|
| Inpatient Days        | 412  | 190  |
| Outpatient Visits     | 243  | 340  |
| Emergency Room Visits | 512  | 263  |
| Ambulance Transports  | 47   | 48   |

**Q4. Exhibit 1, Scope of Service, page 36, Section 1.03, General Medical Services Item H, Specialty Medical Services. Please advise which of the following services are provided on-site: OB/GYN, Optometry, Dialysis, Ultrasounds, Mammograms, EKG Other Specialty Services – please identify each**

R4. Dialysis, Ultrasound, and Some X-ray services are provided on-site.

**Q5. Exhibit 1, Scope of Service, page 36, Section 1.03, General Medical Services Item H, Specialty Medical Services. For any of the services provided on-site from the listing in Question 1, please provide the name of the current provider.**

R5. Proposer is responsible identifying and establishing relationships for any contracted services to meet the requirements of the RFP and as shown in Section 1.03 General Medical Services. The current providers are as follows:

Dialysis - Physicians Dialysis /BioMedical  
Application of FL Mobile Ultrasound  
Techcare - XRay

**Q6. Exhibit 1, Scope of Service, page 36, 1.03 / General Medical Services – H. Specialty Medical Services. Please provide a list of offsite providers who have rendered care the past 12 months including the following:**

- Dialysis services, OB/GYN, Oral surgery, Mammograms, Ultrasounds, Other Radiology,
- Other Specialty services – please identify each specialty

R6. Refer to the response to Q5.

**Q7. Please provide a list of all current subcontractors (x-ray, lab, dialysis, etc.)**

R7. Refer to the response to Q5.

**Q8. Exhibit 1, Scope of Service, page 37, Section 1.03, General Medical Services, Item K., Conduct Specimen Collection. Who is the current laboratory provider?**

R8. The Manatee County Health Department performs voluntary HIV, Hep C and screenings and sends to State Labs.

**Q9. Exhibit 1, Scope of Service, page 37, Section 1.03, General Medical Services, Item K, Conduct Specimen Collection. Is there a contract in place between the County and the Manatee County Health Department or is the contract between the current Healthcare Provider and Manatee County Health Department?**

R9. There is no contract between the Manatee County Health Department and the County or the current provider for specimen collection.

**Q10. Exhibit 1, Scope of Service, page 38, Section 1.04, Psychiatric Services. Aside from the activities mentioned in this section, are there additional BH services being provided by the current vendor? If so, please describe the services and the staffing (hours per week by title/licensure).**

R10. Proposer should provide information in its response regarding behavioral health services it proposes for the County.

**Q11. Exhibit 1, Scope of Service, Page 38, Section 1.04, Psychiatric Services. Are there any BH services being provided by community organizations or other County agencies? If yes, please describe the services and the staffing (hours per week by title/licensure). Please provide copies of any agreements supporting these services.**

R11. Centerstone of Florida is a local behavioral health agency, contracted by Manatee County Government and the State of Florida to provide a continuum of public behavioral health services. First Step of Sarasota is contracted to provide Peer Coach services which are available to inmates with opioid use disorder. Neither of these agreements with Manatee County are on behalf of the current provider but rather community at large.

**Q12. Exhibit 1, Scope of Service, page 38, Section 1.04, Psychiatric Services. Please describe current existing activities which are occurring regarding suicide prevention.**

R12. Centerstone of Florida, the current jail medical services provider, and the jail staff together have developed screening and assessment procedures to identify suicide risk and monitoring to prevent suicide events, incorporating interdisciplinary identification, monitoring, and intervention to prevent suicide events.

**Q13. Exhibit 1, Scope of Service, page 38, Section 1.04, Psychiatric Services. Are BH groups currently being provided? If so, please describe what type of groups, the frequency offered, and the job title/licensure of the staff providing the groups.**

R13. Yes, these are currently provided. The jail provides recovery pod services and behavioral health education in partnership with Centerstone of Florida and other community partners. Licensure and certification range based upon the group type.

**Q14. Exhibit 1, Scope of Service, page 38, Section 1.04, Psychiatric Services. How many days' supply of discharge medications is currently provided upon inmate release to the community? Are there any limits to the supply or type(s) of medication provided for release?**



R14. Three-day supply for somatic medications, seven (7) day vouchers for psychiatric medications are provided.

**Q15. Exhibit 1, Scope of Service, page 38, Section 1.04, Psychiatric Services. Are there currently any backlogs in care? If so, please provide the types of BH services with backlogs and the number for each?**  
R15. Currently, there are no backlogs.

**Q16. Exhibit 1, Scope of Service, page 38, Section 1.04, Psychiatric Services. Aside from psychiatrists, will the County allow for the use of nurse practitioners?**  
R16. Yes, the County will allow ARNP's who are supervised by a psychiatrist licensed in the State of Florida.

**Q17. Exhibit 1, Scope of Service, page 38, Section 1.04, Psychiatric Services. Does the facility have a BH Unit? What is the current capacity?**  
R17. Yes, the facility has a BH unit. The unit contains 32 single occupancy cells.

**Q18. Exhibit 1, Scope of Service, page 38, Section 1.04, Psychiatric Services. What is the monthly average of Baker Acts?**  
R18. This information is not available. Inmates under custody do not require a Baker Act from the jail as Manatee County has Baker Act Jail Diversion.

**Q19. Exhibit 1, Scope of Service, page 38, Section 1.04, Psychiatric Services. What forensic/inpatient hospital is utilized to treat patients that are transferred off site for psychiatric care?**  
R19. Centerstone of Florida provides civil psychiatric hospitalization services. State operated or otherwise subcontracted psychiatric and forensic treatment facilities would be accessed otherwise.

**Q20. Exhibit 1, Scope of Service, page 39, Section 1.06, Pharmacy Services. How are the medications orders currently sent to the pharmacy? If electronic, is the sending system HL7 compliant? Also, will this system remain in place with a new Contractor?**  
R20. Proposer is responsible providing details on how they propose to provide this service to meet the requirements of the RFP and as shown in Section 1.06 Pharmacy Services.

**Q21. Who is the current pharmacy vendor? How are med pass and sick call provided to those inmates housed in the Annex building?**  
R21. Proposer should provide information in its response regarding pharmacy services it proposes for the County. The current provider is Diamond Pharmacy Services

**Q22. Exhibit 1, Scope of Service, page 39, Section 1.06, Pharmacy Services. How many medication carts are currently in use?**  
R22. There is a total of four medication carts for the two facilities.

**Q23. Exhibit 1, Scope of Service, page 39, Section 1.06, Pharmacy Services. Does your facility have a DEA registration in the facility name? If not, is your facility's physical address listed as the business address on the DEA registration of one of your facility's providers?**  
R23. The facility maintains an Independent DEA Registration. The successful Proposer will be responsible for ensuring all service providers are maintaining a current DEA registration.

**Q24. Exhibit 1, Scope of Service, page 39, Section 1.06, Pharmacy Services. Does your facility have a state-issued pharmacy license or Pharmacy Controlled substance license?**

R24. The successful Proposer will be responsible for obtaining and providing State pharmacy license.

**Q25. Exhibit 1, Scope of Service, page 39, Section 1.06, Pharmacy Services. How many medication passes are there per day? Do inmates come to a central location, or are medications administered cell-to-cell?**

R25. Currently two medication passes per day. Proposer should provide information in its response regarding its proposed process for medication passes.

**Q26. Exhibit 1, Scope of Service, page 39, Item 1.06, Pharmacy Services. Will Manatee County allow pharmacy vendors to operate consistent with applicable state law and as further delineated by their existing Florida Board of Pharmacy issued licensure specific to their business model? Will Manatee County agree and acknowledge that holding an FDA Repacker registration is not required in order to provide services to the Manatee County?**

R26. Providers shall abide by all applicable law and licensure requirements delineated by the Board of Pharmacy. Provide shall abide by all applicable FDA registration requirements that are required to provide the services as outlined.

**Q27. Exhibit 1, Scope of Service, page 39, Item 1.06, Pharmacy Services. Will Manatee County agree and acknowledge that pedigree papers are not required in order to perform services under this contract?**

R27. Refer to the response to Q26.

**Q28. Exhibit 1, Scope of Service, page 39, Item 1.06, Pharmacy Services. Will Manatee County agree and acknowledge that bidders are not required to label their medications as described below in order to service Manatee County?**

R28. The Provider shall abide by state law and Board of Pharmacy requirements specific to their manner of medication packaging and dispensing, as applicable.

**Q29. Exhibit 1, Scope of Service, page 41, Section 1.12, Equipment and Existing Supplies. Please provide a complete list of the equipment that will be removed.**

R29. See Exhibit 7, Equipment and Inventory List incorporated into the RFP per this Addendum 5.

**Q30. Exhibit 1, Scope of Service, page 41, Section 1.12, Equipment and Existing Supplies. Please provide a comprehensive listing of all medical and office equipment that will be retained for the contractor's use, including description, age and current condition (new, good, fair, poor, broken, etc.) of the equipment. Please confirm if any of the on-site equipment to be available includes medication carts, optometry, EKG or dialysis services.**

R30. See Exhibit 7, Equipment and Inventory List incorporated into the RFP per this Addendum 5.

**Q31. Exhibit 1, Section 1.15, Service Requirements, Item F, Bio-Medical. Will the Agreement between the Sheriff's office and the waste disposal vendor continue after contract award or will the new medical vendor be expected to contract with the waste disposal vendor directly?**

R31. The agreement between the Sheriff's office and waste disposal vendor is expected to continue.

**Q32. Exhibit 2, page 47, Item G. Tab 7, Capacity, Items 2 and 6 are the duplicates. Should we respond to 2 and note this is the case for item 6?**

R32. Exhibit 2, Item G (6) has been deleted per this Addendum No. 5

**Q33. Exhibit 2 page 47, Item G. Tab 7 – Capacity. Is there a training room or facility on-site? How many housing units have a medical counseling space in them?**

R33. There is a classroom on-site that is available for training. All the pods have a medical/counseling room available.

**Q34. Exhibit 2, page 50, Item I, Tab 9 - Approach to Intake and Discharge. Does the County expect every inmate to be seen by a nurse before being accepted at the sally port?**

R34. Yes, all inmates are to be seen by a qualified medical staff member prior to being accepted and processed.

**Q35. Exhibit 2, page 50, Item I, Tab 9 - Approach to Intake and Discharge It was noted during the pre-bid tour that there are usually two nurses in Booking. Please provide the daily schedule (24/7) for the booking area, including the level of licensure for each FTE.**

R35. The medical intake office in Intake/Release is staffed 24/7, one of the two nurses should be an RN.

**Q36. Exhibit 2, page 50, Item J, Tab 10 – Technical Requirements. Will the County provide resources to develop, configure, and test JMS side integration routines with the EHR and eMAR solutions? If not, how does the County intend for the Proposer to accomplish integration and testing with the JMS?**

R36. Yes, the County will provide resources for the integration.

**Q37. Exhibit 2, page 50, Item J, Tab 10 – Technical Requirements. Does the County currently provide Wi-Fi in all areas where medical services are performed?**

R37. Yes, there is Wi-Fi in the medical unit/offices. However, Wi-Fi coverage currently is not 100% available in all areas of the medical unit/offices.

**Q38. Exhibit 2, page 50, Item J, Tab 10 –Technical Requirements. What is the current number of wireless access points currently in use in the facility?**

R38. Estimated at 25+AP.

**Q39. Exhibit 2, page 50, Item J, Tab 10-Technical Requirements. – If Wi-Fi is not currently utilized, will vendor be allowed to install Wi-Fi in the jail facilities for purposes of providing health care?**

R39. Wi-Fi is installed, WPA-2 Enterprise encryption is in use with device certificates required for internal network access.

**Q40. Exhibit 2, page 50, Item J, Tab 10-Technical Requirements. Please confirm that incoming vendor will have access to the existing network system including Wi-Fi antennas, routers, and network switches.**

R40. Manatee County IT Department will provide network access requirements to successful Proposer.

**Q41. Exhibit 2, page 50, Item J, Tab 10-Technical Requirements. What is the total bandwidth being provided by your current network?**

R41. The bandwidth is 100MB.

**Q42. Exhibit 2, page 50, Item J, Tab 10-Technical Requirements. What is the current network infrastructure between the primary facility and the annex (i.e., copper/fiber)? If fiber, please describe mode.**

R42. The current infrastructure is multi-mode fiber. 62.5mm.

**Q43. Exhibit 2, page 50, Item J, Tab 10-Technical Requirements. If additional cabling is necessary, will vendor be allowed to utilize their own contractor to install network infrastructure?**

R43. If additional cabling is necessary, pricing for proposed work will be request from the successful Proposer. MSO will compare pricing with that from County contractors and make an award determination based on quality, resource availability, and cost.

**Q44. Exhibit 2, page 50, Item J, Tab 10-Technical Requirements. If additional network infrastructure (i.e., switches, WAP, fiber) is necessary based on site surveys, will the County or vendor be responsible for cost?**

R44. Yes, Vendor

**Q45. Exhibit 2, page 50, Item J, Tab 10-Technical Requirements. What Jail Management System (JMS) is currently being used in your facility?**

R45. The current management system is an I/LEADS Intergraph product.

**Q46. Exhibit 2, page 50, Item J, Tab 10-Technical Requirements. Is current JMS software HL7 capable? Does the County require the medical vendor to provide an electronic health record solution?**

R46. The current JMS software is HL7 capable. However, an interface will need to be created for I/LEADS Intergraph system. Proposer should specify the proposed electronic health record solution it proposes to perform its obligations.

**Q47. Exhibit 2, page 50, Item J, Tab 10-Technical Requirements. What is the current prescription management system in your facility?**

R47. Prescription management system is at the discretion of the Proposer. Proposer should specify in its response the proposed prescription management system it proposes to perform its obligations.

**Q48. Please provide a copy of the most current contract staffing, including the breakdown of hours by day, by shift, by job description/title.**

R48. Proposer should provide details in its response of the proposed staffing levels by hour per day, shift and job title that it proposes to perform its obligations.

**Q49. Please provide the current vacancies, including the number of FTEs by job title.**

R49. Refer to the response to Q48.

**Q50. Has the current vendor utilized staffing agency to cover onsite staff during 2016, 2017 or 2018 year to date? Please provide the job title(s) and percentage of FTEs by job title provided by agency staff over the requested period.**

R50. The County does not receive reporting from current provider on the resources it uses for staffing purposes.

**Q51. Please provide the annual 2017 and year-to-date 2018 turnover rates for current staff, broken down by job title.**

R51. The County does not receive report from the current provider on the turnover rates for its staffing.

**Q52. Is Telemedicine service being utilized today? If so, please provide the type of service (primary MD, psychiatry, specialty, etc.) and the number of encounters by month for 2017 and 2018.**

R52. No telemedicine service is currently being utilized.

**Q53. In the past, the facility utilized CNAs 24/7/365 in the mental health housing unit, keeping watch and rounding on these inmates. Is this process still in place?**

R53. No.

**Q54. Do inmates housed at the Annex access provider services (i.e., Doctor, Mid-level, Psychiatrist, and Dentist) in the Annex or are they brought to the Main Jail medical unit to be seen?**

R54. Inmates are transported to the Central Jail (main facility) for medical services.

**Q55. What medical services, if any, are currently being provided in the Annex (i.e., med pass, nurse sick call, history & physicals, etc.)?**

R55. Routine medical services are provided in the Annex.

**Q56. If the inmate population changes (increases or decreases) for the Annex, how does the County expect to handle staffing changes needed to provide these services?**

R56. Proposer should provide details in its response of the proposed staffing levels by hour per day, shift and job title that it proposes to perform its obligations.

**Q57. How are necessary staffing changes handled in the current contract?**

R57. Refer to Exhibit 10, incorporated into the RFP per this Addendum No. 5.

**Q58. What are the dates of the last ACA, FMJS, FCAC, and PREA audits/inspections?**

R58. The dates of the most recent audits/inspections are as follows:

- ACA- April 2017
- FMJS- April 2018
- FCAC- December 2017
- PREA- August 2017

**Q59. What were the results of the last ACA, FMJS, FCAC, and PREA audits/inspections?**

R59. All audits/inspections were passed.

**Q60. Please confirm the current credentials of the current discharge planner/reentry specialist (LPN, RN, LMHC, etc.).**

R60. Registered Nurse (RN) and Certified Correctional Health Professional (CCHP).

**Q61. How frequently are MAC meetings required?**

R61. Monthly MAC meetings are required.

**Q62. Please provide the name of the current contract monitor.**

R62. The current contract monitors are as follows:

- Lynette Miralla-Ramirez, MA
- Renese Remy, Ed.D.
- Joshua Barnett, MHS, MA, ICCDP-D
- Captain Susan Jones of the Manatee County Sheriff's Office

**Q63. What programs is the current medical vendor providing if any?**

R63. Proposer should specify in its response the programs it proposes for the County.

**Q64. Please provide the monthly statistics for 2016, 2017 and calendar to date 2018 for the following item, Segregation bed counts (beds filled, or beds identified)**

R64. The Segregation Bed Count-64

**Q65. Please provide the monthly statistics for 2016, 2017 and calendar to date 2018 for the following item, Medical Infirmary bed counts (beds filled)**

R65. Medical Unit Bed Count-28. The Medical Unit is consistently over capacity. Bed/boats are utilized to accommodate those over capacity.

**Q66. Please provide the monthly statistics for 2016, 2017 and calendar to date 2018 for the following item, MH housing unit bed counts (beds filled)**

R66. Behavioral Unit/Mental Health Bed Count-32.

**Q67. Please provide the following monthly statistics for 2016, 2017 and calendar to date 2018 for the following items:**

**Intakes, Health & Physicals (H&Ps), Medical Provider Sick call, Nursing Sick call, Psychiatry provider evaluation, MH Staff individual's evaluations, Inpatient Admissions, Inpatient Days, ER visits (not admitted), # of ambulance runs, Offsite surgeries, Hospital observation stays, Offsite specialty medical appointments (provide by specialty)**

R67. Refer to Exhibit 9, Health Services Report, which is incorporated into the RFP per this Addendum No. 5.

**Q68. Please provide the following monthly statistics for 2016, 2017 and calendar to date 2018 for the following items: Oral surgeries , Dialysis, Optometry visits, Oral surgeries , Dialysis, Optometry visits, # of eyeglasses prescribed, Ultrasounds, Mammograms, Routine x-rays offsite, Dialysis treatments, OB/GYN, EKGs, Patients received medication for HCV, Patients receiving medications for HIV, Patients receiving medications for psychotropics, Patients receiving medications for cancer, Patients receiving medications for hemophilia, Average # of patients on medications, # of prescriptions reviewed, # of patient specific medication orders, # of stock medication orders.**

R68. The County is working to gather this information and if available prior to the deadline for the final addendum, will make available through a separate addendum to be posted on the County website.

**Q69. Aggregate Cap Report – Offsite, For the years ending September 30 – 2016, 2017 and 2018 (through May 31<sup>st</sup>), please provide a copy of the aggregate cap reporting for offsite services, including the total amount of expenditures, payable claims, and amount charged or credited to the County against the risk share arrangement.**

R69. If needed to conduct its operations, this information will be provided to the successful Proposer.

**Q70. Aggregate Cap Report – Pharmacy. For the years ending September 30 – 2016, 2017 and 2018 (through May 31<sup>st</sup>), please provide a copy of the aggregate cap reporting for pharmacy services, including the total amount of expenditures, pending pharmacy charges, and amount charged or credited to the County against the risk share.**

R70. If needed to conduct its operations, this information will be provided to the successful Proposer.

**Q71. Aggregate Cap Report – Ambulance Services. For the years ending September 30 – 2016, 2017 and 2018 (through May 31<sup>st</sup>), please provide a copy of the aggregate cap reporting for ambulance services, including the total amount of expenditures, payable claims, and amount charged or credited to the County against the risk share.**

R71. If needed to conduct its operations, this information will be provided to the successful Proposer.

**Q72. Hospital and Specialty Services. For the years ending September 30 – 2016, 2017 and 2018 (through May 31<sup>st</sup>), please provide a detailed listing of each and all hospital and specialty services claims paid or pending for offsite services, including the provider name, date of service, billed charges, provider paid (or payable) amount. Please include unique masked patient identifiers for each claim paid.**

R72. If needed to conduct its operations, this information will be provided to the successful Proposer.

**Q73. Ambulance Services. For the years ending September 30 – 2016, 2017 and 2018 (through May 31<sup>st</sup>), please provide a detailed listing of each and all ambulance claims paid or pending for offsite services, including the provider name, date of service, billed charges, provider paid (or payable) amount. Please include unique masked patient identifiers for each claim paid.**

R73. If needed to conduct its operations, this information will be provided to the successful Proposer.

**Q74. Pharmacy Services. For the years ending September 30 – 2016, 2017 and 2018 (through May 31<sup>st</sup>), please provide a detailed listing of each and all pharmacy orders billed, including the provider name, date of service, billed charges, provider paid (or payable) amount. Please include unique masked patient identifiers for each pharmacy order.**

R74. If needed to conduct its operations, this information will be provided to the successful Proposer.

**Q75. Compensation Rates and Shift Differentials. Please provide the current average hourly/salaried compensation rates for job title of the current incumbents. Please also provide shift differentials (by job title/shift) for all current staff.**

R75. Refer to Exhibit 10, incorporated into the RFP per this Addendum No. 5.

**Q76. Please provide a copy of your current health services contract, exhibits, amendments, to include pricing and staffing matrices.**

R76. See the attached Exhibit 10, Contract, Exhibits, Amendments incorporated into the RFP per this Addendum No. 5.

**Q77. Has the County exceeded any existing contract spending caps during the past two years? If so, by how much for each year?**

R77. If needed to conduct its operations, this information will be provided to the successful Proposer.

**Q78. Has the County successfully negotiated any discounted financial agreements/rates (e.g. Indigent, Medicaid, Medicare, etc.) with off-site providers? If so, please disclose what rates have been negotiated with each provider.**

R78. None negotiated.

**Q79. Please provide any special arrangements (formal or informal) or contracts with local hospitals and specialty providers regarding inmate services, along with any amendments and attachments.**

R79. If needed to conduct its operations, this information will be provided to the successful Proposer.

**Q80. Are inmates charged a co-pay for medication, sick calls/doctors' visits? If so, how much are the co-pay amounts? How is the inmate co-pay system currently managed?**

R80. Jail staff manages co-pays as follows: \$8 Doctor/Dentist; \$5 Nurse/Rx; \$4 Labs; \$34 X-Rays. Amounts are deducted from the inmates' commissary accounts, if applicable. Access to medically necessary healthcare services is not denied due to non-payment.

**Q81. Does the facility hold any U.S. Marshall, Federal inmates? If so, how many on an average month? Please confirm process to provide billing of medical care/services/offsite costs.**

R81. Yes, arrested subjects who have an active warrant issued by the U.S. Marshall are held at the County facility. The County does not have information on the number of Federal inmates per month. Proposer should provide details of its billing process for medical care provided to Federal inmates as part of its response.

**Q82. Does the facility hold any ICE inmates? If so, how many on an average month? If holding ICE inmates, please confirm that the facility operates under ICE's Performance-Based National Detention Standards 2011 (PBNDS 2011)?**

Q82. No, inmates arrested on Manatee County charge(s) or an active warrant and upon determining the inmate's release date/time, ICE is given 48hours from that date/time to pick up subject, under an existing agreement entered into with ICE.

**Q83. How many juveniles on average are housed?**

R83. The average number of juveniles is five.

**Q84. Please describe the County's financial responsibility for medical care for any of the contract inmates for U.S. Marshalls, ICE or juveniles, including whether any of these agencies are billed directly for pharmaceuticals or other medical services.**

R84. Manatee County is financially responsible for medically necessary care as identified at booking and following assessment of medical needs within the identified timeframes of assessment procedures.

**Q85. Please provide your projected inmate population for the next three years.**

R85. Refer to the RFP Exhibit 1, Scope of Service, Section 1.02, to calculate projections.

**Q86. Please provide the County's plans for any facility expansions, if any.**

R86. No formal plans are in development for facility expansions.

**Q87. Please explain the County's detention officers' role in assisting with the management of inmate medical, mental and ancillary healthcare programs and services.**

R87. The detention/correction deputies' primary responsibility is to provide security. When medical staff are interacting with an inmate, the corrections deputy will be within sight and/or sound.

**Q88. The RFP states the average daily population is 1084. Please confirm the population the county would like bidders to submit pricing for.**

R88. The 2016 ADP was 1084, 2017 is 1096. Proposer shall detail pricing in a manner it believes conveys their pricing most accurately.

**Q89. Regarding Exhibit 2, Tab 2 Items 3. and 10., please confirm whether two separate documents are required or whether a signed Attachment E will meet both requirements.**



R89. Exhibit 2, Section 2.02, Proposal Format, Item B, Tab 2-Minimum Qualifications, Item 3 has been deleted per this Addendum No. 5 NOTE: It is understood the background and PREA forms will be completed by all of successful Proposer's employees and subcontractors during the Agreement term.

**Q90. Exhibit 2, pg. 47, Tab 6 Item 7. appears to be inapplicable to this project – please confirm.**

R90. Exhibit 2, Proposal Response, Section 2.02 (F), Tab 6-Proposer and Teams' Experience, Item 7, has been revised per this Addendum No. 5.

**Q91. Exhibit 1, page 37, Section 1.03, General Medical Services, subsection K. The RFP states: "Conduct specimen collection (e.g., blood draws, oral swabs) from inmates, or other persons presenting for such services to satisfy certain orders of the court to meet the requirements of F.S.796.08 (Prostitution Screenings and HIV Screenings), F.S.943.325 (DNA Database) and/or F.S.960.003 (Victim Notification of Results), and F.S. 943.325 (Comparative Analysis)." Please provide thea number of court ordered specimen collecting required by the provider by year for past three years.**

R91. This Information is not currently available. If needed to conduct its operations, this information will be provided to the successful Proposer.

**Q92. Exhibit 1, Scope of Services, page 37, Section 1.03, General Medical Services, subsection S. The RFP states: "Maintain up-to-date policies and procedures to ensure adequate staffing and preparation for increased numbers of inmate admissions, primarily due to law enforcement "sweeps" activities". Please provide process of notifying the provider of law enforcement "sweeps".**

R92. When corrections staff are notified of a law enforcement sweep, the HSA & DON will be notified via email of the dates and times and, if possible, the anticipated number of arrest.

**Q93. How much notification (if any) will be provided regarding a 'sweep' to increase staffing?**

R93. The medical provider will be notified approximately one week prior to the sweep.

**Q94. Please confirm sufficient clinical space to allow increased medical staff to complete inmate admissions while maintaining HIPAA.**

R94. Sufficient space is provided to allow for HIPAA compliant processes to occur.

**Q95. Please provide average number of law enforcement "sweeps" activities on a monthly basis.**

R95. This Information will be provided to the successful Proposer.

**Q96. Does the County currently provide discharge (re-entry) planning services and, if so, please describe?**

R96. The County provides pre-trial and probation/parole services. Re-entry is not a service provided by the County. The discharge planner helps with limited re-entry (e.g., locate available programs, housing, and continuation of care with appointments and medications) if needed.

**Q97. Exhibit 1, Scope of Services, page 39, Section 1.07, Discharge/Intake Services, Item A. The RFP states: "Collect thorough and accurate medical and history and physical information from inmate including accessing the County's electronic Health Information Exchange (HIE)." Please provide process of how provider will access HIE.**

R97. The HIE utilized in Manatee County is accessed via the HIE online portal.

**Q98. Exhibit 1, Scope of Services, page 40, Section 1.07, Discharge/Intake Services, Item E. The RFP states: "Inmates who are both uninsured and indigent are enrolled into the County's indigent health services and are established with a health home such as a local Federally Qualified Health Center (FQHC)." Please confirm who will be responsible for identifying and enrolling inmates into the County's indigent health services program.**

R98. The successful Proposer's discharge planner will be ultimately responsible for identifying and enrolling inmates into services and resources to enhance access to follow-up health services.

**Q99. Exhibit1, page 40, Section 1.08, Telephone Services. The RFP states: "Language line charges and long-distant charges for telephone and fax services will be responsible of the Provider." Please confirm that the County has a language line program available for the Provider.**

R99. Yes, the County has a Language line, long distance and fax service lines available.

**Q100. For each of the last three years, please provide the number of cases and total costs of cases exceeding \$10,000, \$25,000, and \$50,000 associated with offsite services.**

R100. Below is the number of cases by year:

| Number Cases      | Y2015 | Y2016 | Y2017 |
|-------------------|-------|-------|-------|
| Exceeding 10,000  | 14    | 8     | 11    |
| Exceeding 25, 000 | 7     | 3     | 12    |
| Exceeding 50,000  | 3     | 4     | 7     |

**Q101. Will Provider be financially responsible for pre-existing conditions?**

R101. The provider will not be responsible for pre-existing conditions assessed prior to entry that exceed the provider's ability to treat within the jail as these individuals are instead transported directly to the local hospital for treatment. Pre-existing conditions that do not exceed the ability of the provider to treat, the provider shall treat all medically necessary conditions, regardless of when the illness was acquired.

**Q102. Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.). Also, please provide years of service or hire dates.**

R102. Hourly rates and salaries for Proposer's staff are solely at the discretion of the Proposer.

**Q103. Please provide the DOLLARS spent on offsite services by year for the last three years by the following categories: Hospitalization, Emergency room visits, Specialty visits, Outpatient surgeries, Diagnostics.**

R103. Offsite services per year are provided in the table below:

|                              | 2015                                | 2016                                | 2017                                |
|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>Hospitalization</b>       | \$768,301                           | \$628,123                           | \$1,722,346                         |
| <b>Emergency room visits</b> | \$160,736                           | \$237,714                           | \$199,913                           |
| <b>Specialty visits</b>      | \$32,028                            | \$66,670                            | \$44,164                            |
| <b>Outpatient surgeries</b>  | 4173,066                            | \$51,141                            | \$106,609                           |
| <b>Diagnostics</b>           | Information currently not available | Information currently not available | Information currently not available |

**Q104. Please provide the offsite EVENTS by year for the last three years by the following categories:**

Hospital days, Hospital admissions, Emergency room visits, Specialty visits , Outpatient surgeries, Diagnostics.

R104. Refer to Exhibit 9, Health Services Report, which is incorporated into the RFP per this Addendum No. 5.

**Q105. Please provide statistics for the last two years for the following– General - # of sick calls per month/year, # of bookings per month/year, # hospitalizations and # of hospital days, # of emergency room visits, # of offsite specialty visits, # or outpatient surgeries, Pharmacy - # inmates on medications, # inmates on psychotropic medications, # patients on HIV medications, # patients on Hepatitis C medications, # patients on hemophilia medications Mental health - # of mental health visits per month/year, # of suicide attempts, # of completed suicides.**

R105. Refer to Exhibit 9, Health Services Report, which is incorporated into the RFP per this Addendum No. 5.

**Q106. Based on the tour provided, it's our understanding the county is currently operating the medical unit as an infirmary or outpatient housing unit (OHU) on-site. Please confirm. Also, please provide the average census and average length of stay.**

R106. The County does not operate any medical component of the jail medical services. They are contracted by the County and are within the scope of this RFP. The infirmary is managed by the current jail medical provider.

**Q107. What hospitals are currently used for emergencies and for inpatient care?**

R107. Manatee Memorial Hospital-Primary, Blake Medical Center, Lakewood Ranch and Tampa General Hospital.

**Q108. Do the hospitals currently provide any clinics? If so, please identify.**

R108. No, the hospitals do not currently provide any clinics.

**Q109. Is there a methadone program? If so, please describe and please confirm if services are provided on-site, offsite, or both.**

R109. Pregnant women access Methadone off-site. It is encouraged for those on some type of Medication Assisted Treatment (MAT) prior to arrest to remain on MAT while incarcerated. Vivitrol is provided to some inmates as well, dependent upon their use histories and motivation.

**Q110. Does the county health department provide any services to inmates? If so, please describe.**

R110. Yes, voluntary HIV/AIDS, Syphilis, and Hepatitis-C screenings are provided by the county health department.

**Q111. Exhibit 1, Scope of Services, page 36, Section 1.03, General Medical Services, Item F- subsection E (1), the RFP states: "Medication Assisted Treatment (MAT) using approved medications and clinically comprehensive counseling modalities." Please provide information whether MAT onsite or offsite. If offsite, who is responsible for cost of service? If offsite, who is responsible for transportation and cost of transportation? If offsite, please provide number of clinic visits by year for the past three years.**

R111. MAT is provided both off-site and on-site. Pregnant inmates receive methadone off-site. Off-site care costs are covered by state/federal grants. Jail staff provide this transportation and cost is accounted for by the off-site provider. The number of clinic visits by year is as follows: Y2017=299; Y2016=723; Y2015=398

**Q112. Exhibit 1, Scope of Service, page 36, Section 1.03, General Medical Services, Item F. The RFP states: "Provide thorough bio-psycho-social History & Physical (H&P) assessment as well as the opportunity for sick call in according to Specifications and Program Requirements." Please provide timeframe for H&P completion if it is required to be completed prior to 14 days. If H & P is to be completed prior to 14 days, please provide date H & P is to be completed. Please provide information on inmate worker clearance process and timeframes for completion. Please provide number of H&P's completed by year for past three years.**

R112. The Proposer is responsible for providing the proposed timeframes. The Proposer is responsible for providing the proposed completion timelines. The Proposer is responsible for providing the timeframes in which worker clearance procedures could be completed. Proposer should include this information in its response to the RFP. Refer to Exhibit 9, Health Services Report, which is incorporated into the RFP per this Addendum No. 5.

**Q113. Exhibit 1, Scope of Services, page 37, Section 1.03, General Medical Services, Item N (1). The RFP states: "The Director of Medical Services shall be a board-certified M.D. or D.O." Will the county allow for a A.C.N. (Area of Critical Need) provider in lieu of a board-certified M.D. or D.O.?**

R113. Yes

**Q114. Please provide the County's census for pregnant females each of the past two years? What is the average length of stay for this population?**

R114. The census for 2017 is 41 and 2016 is 96. Length of stay specific to this population is not tracked.

**Q115. Is the County's infirmary appropriately set-up to provide basic OB/GYN programs and services on-site? When possible, does the County/court system work well with the County to release these inmates as appropriate?**

R115. Yes, the infirmary is set-up to provide basic OB/GYN services.

**Q116. Would the County like the Proposer to administer flu and/or Hepatitis B vaccinations to inmates and County employees, and if so how many are projected annually, and does the County bear the cost and provide the serum?**

R116. Successful Proposer can administer flu and Hep B vaccinations to inmates. The County does not have information on the projected number. The Proposer bears the costs for these vaccinations. Proposer should provide details in its response to the RFP for providing vaccinations and any alternate solutions.

**Q117. On average, how many TB skin tests for employees and detainees should be considered on an annual basis? Does the County bear the cost and provide the serum?**

R117. Refer to Exhibit 9, Health Services Report, which is incorporated into the RFP per this Addendum No. 5.

**Q118. Would the County like the Proposer to provide pre-employment drug screens on prospective County employees and/or volunteers on an annual basis? If so, how many should be considered?**

R118. The successful Proposer will not be required to provide pre-employment drug screens for the County.

**Q119. Please provide a listing of all medical equipment onsite that will be available for use by the Proposer. Please identify year purchased and condition.**

R119. Refer to Exhibit 7, Equipment and Inventory List, which is incorporated into the RFP per this Addendum No. 5.

**Q120. Please list any office equipment (computers, laptops, printers, etc.) that will be available for use by the Proposer, including year purchased and condition.**

R120. Refer to Exhibit 7, Equipment and Inventory List, which is incorporated into the RFP per this Addendum No. 5.

**Q121. Who owns/maintains AED's?**

R121. The Manatee County Sheriff's Office Training Unit maintains the Automated External Defibrillators (AEDs).

**Q122. Are there currently any vacant positions among healthcare staff? If so, identify the positions and the length of their vacancy.**

R122. The current provider is solely responsible for its staffing. The County does not have specific information on current vacancies.

**Q123. Are nursing agency/temporary services being used by your current provider? If so, how often?**

R123. At its sole discretion, nursing agency/temporary services can be utilized by the provider. The County does not have information of when or how often the current provider uses these types of services.

**Q124. Please provide the current annual medical and mental health staff turnover rate.**

R124. The current provider is solely responsible for its staffing. The County does not have specific information on staffing turnover.

**Q125. Which JMS system is currently in use by the County?**

R125. Refer to R45. The current management system is an Intergraph product.

**Q126. Please confirm whether or not County would like bidders to submit a proposal to include electronic medical records or prefers to remain with paper charts.**

R126. The method for maintaining medical records is at the successful Proposer's discretion. Proposer should include in its proposal information regarding the method it will utilize for storing medical records.

**Q127. Is Provider solely responsible for electronic medical record (EMR) installation?**

R127. The method for maintaining medical records is at the successful Proposer's discretion. Proposer should include in its proposal information regarding the method it will utilize for storing medical records.

**Q128. Please confirm who would be responsible for EMR costs – annual license fees, training, technical support and maintenance?**

R128. Refer to R127. The method is at the successful Proposer's discretion. Proposer should include in its proposal information regarding the method it will utilize for storing medical records.

**Q129. Is County Jail Management System (JMS) capable of interfacing with an EMR system?**

R129. Yes.

**Q130. Is there wireless access available in the Pods, Clinic or Other Areas of Health Delivery.**

R130. Yes, it is available in all these areas.

**Q131. Will the County assume the responsibility of system administration and routine maintenance of data center additions and/or upgrades?**

R131. County maintains all administrative rights.

**Q132. Will the county assume responsibility of performing routine back-ups and offsite storage of back-ups?**

R132. This is to be determined. Proposer should include information regarding backups and off-site storage in its response.

**Q133. Does the lab vendor have an interface with the EMR?**

R133. There is currently no electronic medical record (EMR) in place.

**Q134. What hours are behavioral health services on-site? Are the mental health providers available 24/7?**

R134. Mental health providers must be accessible 24/7, however; are on-site minimally 40 hours per week, which includes overlapping schedules.

**Q135. Are inmates currently given forced or involuntary psychiatric medications when they're a danger to self or others as a result of a psychiatric disease, disorder, or illness?**

R135. Psychiatric medication regimes are provided in manners suited to address patient needs, in accordance with Florida law and treatment standards.

**Q136. Does the County coordinate with any locally based community-based providers to assist with your mental health population? If so, who are these providers and what assistance do they provide?**

R136. Centerstone of Florida is a local behavioral health agency, contracted by Manatee County Government and the State of Florida to provide a continuum of public behavioral health services. First Step of Sarasota is contracted to provide Peer Coach services which are available to inmates with opioid use disorder. Neither of these agreements with Manatee County are on behalf of the current provider but rather community at large.

**Q137. Please describe the current discharge planning system in place.**

R138. 1 FTE of a fully-dedicated Discharge Planner that is to organize treatment history of inmate, MARs, labs, and medical record to equip inmate with necessary community resources, both social and medical, to appropriately access community resources. This process is to include establishment of health appointments, RX fills, and coordination of health information to inform the treatment community-provider of the inmate treatment history and current needs, ensuring minimal to zero gaps in treatment hand-off.

**Q138. Exhibit 1, Scope of Services pg. 38, 1.04 Psychiatric Services. Regarding Section 1.04 Psychiatric Services in the RFP, please clarify whether the bidders, requirement to provide "necessary psychiatric and counseling services" is intended to cover all behavioral health services and personnel, or whether some of these services are provided by a third-party other than the bidder. If the latter, who is responsible for the cost and supervision of the third-party services?**

R138. Proposer will be responsible for the provision of psychiatric services, either directly or through subcontract and will be responsible for those associated costs as funded by the contract with Manatee County.

**Q139. Please clarify the role of Centerstone Behavioral Health as it relates to the required provision of Psychiatric Services.**

R139. Centerstone of Florida is the current sub-contracted agency for the provision of psychiatric services.

**Q140. Please provide a detailed explanation of services provided by Central Florida Behavioral Health Network, if any.**

R140. Central Florida Behavioral Health Network does not provide any services as part of current the jail medical agreement.

**Q141. Exhibit 1, Scope of Services, pg. 36, Section 1.03, General Medical Services, Item F. The RFP states: "Provide thorough bio-psycho-social History & Physical (H&P) assessment as well as the opportunity for sick call in according to Specifications and Program Requirements."**

Please provide timeframe for H & P completion if it is required to be completed prior to 14 days.

If H & P is to be completed prior to 14 days, please provide date H & P is to be completed.

Please provide information on inmate worker clearance process and timeframes for completion.

Please provide number of H & P's completed by year for past three years.

R141. Refer to the response to Q113.

**Q142. Does the facility currently have the following staff on-site, and if so, how many hours per week?**  
**Social workers?**

**Licensed mental health professionals**

R142. Proposer should provide details in its response of the proposed staffing levels by hour per day, shift and job title that it proposes to perform its obligations.

**Q143. Does a psychiatrist come on site to perform examinations or are psychiatric patients taken off site for services? If on-site, how many hours per week?**

R143. Both on and off site as needed. This is at the discretion of the Proposer.

**Q144. Is there a social worker or counselor that comes on site to evaluate mentally ill patients prior to a psychiatric visit? if so, how many hours per week?**

R144. The process for evaluation mentally ill patients is at the discretion of the Proposer. Proposer should provide details in its response regarding its processes.

**Q145. Please provide the following Mental Health information:**

**Number of completed suicides in the last 24 months.**

**Number of attempted suicides in the last 24 months.**

**How many patients are placed on suicide precaution on average per month?**

**Are patients deemed suicidal kept on precaution at the jail?**

**Number of inmates placed into segregation in last 24 months?**

**Are psychiatric restraint devices used at the facility?**

**If so, are these restraints beds or chairs?**

**What was the use of these restraints in the last 24 months?**

R145. See answers to questions below:

- There have been no completed suicides in last 24 months.
- There have been three attempted suicides in the last 24 months.

- Approximately 14 patients are placed on suicide precaution on average each month.
- Patients deemed suicidal are kept on precaution at the jail facility.
- There have been 594 inmates placed into segregation in the last 24 months.
- Psychiatric chair restraint devices are used at the facility
- This information is not available.

**Q146. How many patients were prescribed anti-psychotic medications for the last 24 months, on average per month? How many patients does that facility average per month on psychotropic medications, for 24 months?**

R146. Prescribed meds - 1116 total, 45 on average per month. Patients on meds - 1800 total, 72 on average per month.

**Q147. Please provide the five most frequently prescribed psychotropic medications by name.**

R147. This information is not currently available, but can be provided to the successful Proposer if required for its operations.

**Q148. Are medications stock or patient specific?**

R148. Both stock and patient specific.

**Q149. Are patients with mental health diagnoses deemed too acute to house in the jail sent to a public mental health facility or does the jail currently have a contract with a private mental health facility? If yes, how many mentally ill patients were sent out to this jail's appropriate catchment mental health facility per month on average?**

R149. No contract is in place. Manatee County has a jail diversion program for those with mental illness, therefore inmates found to have acute psychiatric health needs are treated either within the jail, acute needs can be released and transferred to civil hospital (Centerstone Hospital) or transferred to State Hospital. No more than 1 has been transferred to State Hospital per year based on five year history.

**Q150. Does the facility provide and/or encourage group services? If so, what group services are currently being provided and how often?**

R150. Provision of group services is at the discretion of the successful Proposer. Proposer should provide information in its response regarding this.

**Q151. Who provides dental services for the County? Is the dentist accompanied by a dental assistant?**

R151. Provision of group services is at the discretion of the successful Proposer. Proposer should provide information in its response regarding this.

**Q152. If you currently provide on-site dentistry, how many hours per week do you have a dentist and/or dental assistant on-site?**

R152. Refer to the response to Q148.

**Q153. How long is the typical wait to see the dentist?**

R153. This information is not available.

**Q154. Who is the current pharmacy provider?**

R154. The current pharmacy is Diamond Pharmacy Services. However, the selection of a pharmacy for the provision of services is solely at the discretion of the Proposer.



**Q155. Does the county allow family members to provide inmate medications?**

R155. The County will permit family members to provide inmate's medications as long as it is in accordance with Board of Pharmacy licensure and abides by State law.

**Q156. Please describe your Keep on Person (KOP) policy, if any.**

R156. Manatee County Jail does not currently have a KOP policy in place other than for over-the-counter (OTC) medications purchased from the commissary.

**Q157. Please confirm if the county currently receives credit for returned medications?**

R157. Yes, the County receives credit.

**Q158. Please provide total dollars spent on the following for the past two years: All medications, HIV medications, psychotropic medications**

R158. See the table below for dollars spent.

|                   | 2017       | 2016       |
|-------------------|------------|------------|
| Total Medications | \$438,309* | \$566,420* |
| HIV Medications   | \$221,883  | \$232,442  |
| Psych Medications | \$27,006   | 72,947     |

Does not include Management fees \*

**Q159. How often are medication passes conducted each day? Are they conducted at the inmate's cell side or are the inmates brought to the pill window? Who conducts medication pass?**

R159. Two medication passes per day. Nursing staff go to the pods/dorms to pass medication. Pod Deputy provides security for the medical staff while in the pod. Proposer should provide details of its proposed medication pass services in the proposal response.

**Q160. Exhibit 1, Scope of Services, pg.39, Section 1.06, Pharmacy Services, Item H. The RFP states: "Regularly perform on-site inspections and reviews not less than once per month." Please confirm that a subcontracted Pharmacist Consultant providing monthly inspections will fulfill this RFP requirement.**

R160. Yes, a subcontracted pharmacist consultant can be used to provide monthly inspections.

**Q161. Is dialysis provided on-site or off-site? Who is the current dialysis provider? How many dialysis patients did you have in each of the past two years?**

R161. On-Site. The current dialysis provider is Physicians Dialysis /BioMedical. However, the selection of a dialysis provider for the provision of services is solely at the discretion of the successful Proposer.

**Q162. Please provide the name of the diagnostic/x-ray provider the County currently uses for diagnostic/x-ray services. How often are they on-site? Please provide the annual cost for diagnostic/x-ray services?**

R162. The current diagnostic/x-ray provider is Techcare - Xray. However, the selection of a diagnostic/xray provider for the provision of services, the frequency of service, and the annual costs is solely at the discretion of the successful Proposer.

**Q163. Please provide the name of the laboratory provider the County currently uses for lab services. How often are they on-site? Please provide the annual cost for lab services?**

R163. The current laboratory provider is Manatee County Rural Health Services Inc. However, the selection of a laboratory for the provision of services, the frequency of service, and the annual costs is solely at the discretion of the successful Proposer.

**Q164. Please provide the name of medical waste provider the County currently uses. How often are they on-site? Please provide the annual cost for medical waste services?**

R164. The current County bio-waste provider is American Bio Waste, who will provide these services for the successful Proposer. Pick up every other week and no cost to the successful Proposer.

**Q165. During the pre-bid tour, it was shared that ambulatory services are available on grounds. Please describe how these services are provided and who is financially responsible.**

R165. The determination of service is solely at the discretion of the Proposer and the cost of service will be included as part of the negotiation process with the awarded Proposer.

**Q166. Will Vendor be responsible for contracting with an ambulance service, or will the vendor use a County system?**

R166. This is at the sole discretion of the successful Proposer. However, the successful Proposer will be financially responsible for the associated costs, if the County EMS is not available.

**Q167. Exhibit 1, pg.35, Section 1.02, Scope of Services. The RFP states, "The scope of services provides a general description of the requirements needed to provide healthcare over and in accordance with: Florida Model Jail Standards (FMJS), American Correctional Association (ACA), and the Florida Correctional Accreditation Commission (FCAC) standards, and Prison Rape Elimination Act PREA)."**

Please provide dates of all future accreditation surveys, provide reports of most recent accreditation surveys, and provide outstanding corrective action to maintain accreditation, if applicable.

R167. Refer to Exhibit 8, Inspections and Accreditation Certification, incorporated into the RFP per this Addendum No. 5. All of the most recent audits/inspections of County facilities were passed. Below are the dates of all future accreditation surveys:

Florida Model Jail Standards (FMJS) – Annual Inspection: April 5, 2019

Florida Corrections Accreditation Commission (FCAC) – Occurs Every 3 YRS: December 9-11, 2020

American Correctional Association (ACA) – Occurs Every 3 YRS: April 8-10, 2020

Prison Rape Elimination Act (PREA) – Occurs Every 3 YRS: July 29-31, 2010

**Q168. Does the County intend to pursue any accreditations in the upcoming year – if so, which one(s), and who will be responsible for associated costs?**

R168. See the response to Q167. The costs associated with these accreditations is solely the responsibility of Manatee County with the exception of the FMJS, which is the responsibility of the provider.

**Q169. During the pre-bid tour, it was shared that a basic and history medical intake is performed. Please provide the process in place for the basic medical intakes and the history medical intake. Also, please identify what level of credentialed staff performs each duty.**

R169. The process for intake and the number of staff required to perform this work is solely at the discretion of the successful Proposer. Proposer should provide information regarding its intake process and staffing in its response.

**Q170. Please provide Monthly Healthcare Service Reports for the past 2 years.**

R170. Refer to Exhibit 9, Monthly Health Services Reports (HSR) incorporated into the RFP per this Addendum No 5.

**Q171. Exhibit 1, Scope of Service, pg. 40, Section 1.11, Access to Records. The RFP states: "Sheriff/County shall have the complete and unlimited right to access and all information, in whatever**

form maintained by Provider, which may be needed to ensure compliance with contract terms and conditions, to monitor contracted services, and to comply with State and federal laws governing public records.” Will the County provide a list of Sheriff/County names permitted to access medical records and will the county provide a written request for medical records to the Provider?

R171. Yes, the County will provide notification to successful Proposer of those individuals authorized to access this information.

**Q172. Will the County entertain suggestions for operational changes to the health services program if such changes remain in compliance with governing standards and result in an overall cost savings?**

R172. Yes, the successful Proposer can make recommendations for changes to the program.

**Q173. Please confirm the schedules of the following staff members:**

Correctional Staff: 8 hours, 12 hours, or a combination of both.

Health Care Staff: 8 hours, 12 hours, or a combination of both.

Please provide a breakdown of the positions that work both if a combination exists.

R173. The schedule is as follows: Correctional Staff/Deputies, work 12.3-hour shifts. All Operations/Pod/Dorm security staff work 12.3-hour shifts. Certified deputies, civilian staff, and the majors and captains work an eight-hour shift. The number of hours and shifts for the health care staff are at the discretion of the successful Provider. This is at the discretion of the Proposer.

**Q174. Please identify whether the following services are available on-site or off-site, the frequency (hours or visits per week/month), and who provides the services for the provider. Dental, Oral Surgery, Optometry, Laboratory, Radiology (specify mobile or fixed equipment), Fluoroscopy, Mammography, Physical Therapy, Dialysis, Chronic Care Clinics (specify which clinics and frequency), Specialty Clinics (specify which clinics and frequency), OB/Prenatal Care.**

R174. See the table below for the location of the provision of services. The frequency, types of clinics, type of equipment to be used, and provider of these services is solely at the discretion of the Proposer.

|                             |   |
|-----------------------------|---|
| <b>Dental</b>               | Both, as needed                                       |
| <b>Oral Surgery</b>         | Offsite as needed                                     |
| <b>Optometry</b>            | Offsite as needed                                     |
| <b>Laboratory</b>           | Onsite, as needed                                     |
| <b>Radiology</b>            | Both, as needed                                       |
| <b>Fluoroscopy</b>          | Offsite as needed                                     |
| <b>Mammography</b>          | Offsite as needed                                     |
| <b>Physical Therapy</b>     | Both, as needed                                       |
| <b>Dialysis</b>             | Both, as needed                                       |
| <b>Chronic Care Clinics</b> | Onsite, as needed                                     |
| <b>Specialty Clinics</b>    | Would depend on the specialty service. Both as needed |
| <b>OB/Prenatal care</b>     | Offsite as needed                                     |

**Q175. Please provide the following by year for the last three years: Average monthly number of patients on HIV medications, on psychotropic medications, on hepatitis medications, on blood products relating to hemophilia and the dollars spent on each.**

R175. See table below with the number of patients and the dollars spent.

|  |   |
|--|---|
| <b>Average monthly number of patients on HIV medications</b>                       | 2015 – 14.5<br>2016 – 13<br>2017 - 16   |
| <b>Average monthly number of patients on psychotropic medications</b>              | 2015 – 112<br>2016 – 188<br>2017 - 88   |
| <b>Average monthly number of patients on hepatitis medications</b>                 | 2015 – 0<br>2016 – 0<br>2017 - 1  |
| <b>Average monthly number of patients on blood products relating to hemophilia</b> | 2015-Not tracked<br>2016 – 0<br>2017 - 0  |
| <b>HIV medications dollars</b>   | 2015 - \$264,779<br>2016- \$323,442<br>2017 - \$211,997<br>2018 - \$284,198 (Oct-May) |
| <b>Psychotropic medications dollars</b>  | 2015 - \$40,356<br>2016- \$32,663,<br>2017 - \$26,362<br>2018 - \$16,539 (Oct-May)    |
| <b>Hepatitis medications dollars</b>   | 2015 - \$0.00<br>2016 - \$0.00<br>2017 - \$0.00                                       |
| <b>Blood products relating to hemophilia dollars</b>                               | 2015 - \$0.00<br>2016 - \$0.00<br>2017 - \$0.00                                       |
| <b>Chemotherapy medication dollars</b>   | 2015 - \$0.00<br>2016 - \$0.00<br>2017 - \$0.00                                       |

**Q176. Please confirm that Provider will be responsible for contracting with all specialty services providers for on-site and off-site services.**

R176. The successful Proposer will be responsible for contracting all specialty service providers.

**Q177. For redacted proposals, are Proposers to provide a redacted hard copy only (per RFP p. 12, A.27) or a redacted hard copy and electronic version (per p. 45)?**

R177. Per RFP Section A, pg. 2, A.03 1, Electronic format copy(s) clearly identifying Proposer.

**Q178. RFP Section A, pg. 15, What are the anticipated dates for contract award and contract start?**

R178. Refer to Addendum No. 4.

**Q179. RFP, Section A, pg. 29, #18: Since the Bid Bond amounts are blank, please confirm that a Bid Bond is NOT required for this RFP.**

R179. Refer to Addendum No. 1.

**Q180. Exhibit 1, Scope of Service, pg. 37, section 1.03.P: Please provide a copy of the Program Specifications and Requirements and Corrections Operating Procedures referenced in the RFP.**

R180. Program Specifications and Requirements are the provisions of the Agreement. Corrections Operating Procedures will be provided to the successful Proposer prior to commencement of services.

**Q181. Exhibit 2, Proposer Response, Pg. 42,46 Section 2.02.B.2 and Section 2.02. F. 6 The RFP requires Proposers to name key staff members (MD, mid-level, RN, LPN, psychiatrist, dentist, pharmacist, and Discharge Planner) and provide their resumes and licenses with the proposal. Since a new provider would recruit for these positions upon contract award, only the incumbent provider would be able to fulfill this requirement, giving them an unfair advantage. Will it be acceptable for Proposers to indicate that this information will be provided for on-site personnel upon contract award, and instead provide job descriptions with the proposal?**

R181. It is expected that Proposer would have existing relationships with some of the providers of these services and make preliminary, unbinding arrangements to utilize that provider, if awarded. If so, those can be identified in Proposer's response. However, it is not expected that persons to occupy all the required disciplines would be selected by Proposer prior to submitting a response. For those disciplines Proposer proposes for services that a specific provider cannot be identified at the time of submission of their response, Proposer is to provide job description to be utilized in recruiting and screening providers and acknowledge that the provider it selects for each discipline will have the appropriate license and/or certification to meet the Agreement requirements.

**Q182. Exhibit 2, Proposal Response, pg. 46, Section 2.02, Item F, Tab 6 item 7, Please confirm that "corrosion and odor control equipment, chemicals and/or services" are not part of this procurement.**

R182. Exhibit 2, Proposal Response, Section 2.02 Item F(7) has been revised per this Addendum No. 5.

**Q183. Exhibit 2, Proposal Response, pg. 46, Section 2.02, Tab G.6. This language is repeated from Section 2.02, Item G (2). Does the County want this response stated twice, or should Proposers omit the second instance?**

R183. Exhibit 2, Section 2.02, Item G. (6) has been deleted per this Addendum No. 5.

**Q184. Exhibit 2 Proposal Response, pg. 46, Section 2.02, G.12: This language closely mirrors section 2.02.F.4 on p. 46. Does the County want this response stated twice, or should Proposers omit the second instance?**

R184. Exhibit 2, Proposal Response, Section 2.02, Item G (12) has been deleted per this Addendum No. 5.

**Q185. Exhibit 2, Proposal Response, pg. 42-50, Section 2.02, There is no place specified in the Proposal Format section for Proposers to respond to the Scope of Services requirements (Exhibit 1, p. 35-41). Is it the County's intent for Proposers not to provide responses for the Scope of Services requirements? If responses are desired, where should they go in the proposal?**

R185. The request for this information has been added as Exhibit 2, Section 2.02, Item H(18) per this Addendum No. 5.

**Q186. Exhibit 2, Proposal Response, pg. 51, Under Section 2.02 K "FEES," it says "Successful Proposer" shall detail the information listed in #s 1-2, which implies that this information should be provided following contract award. Please clarify whether this information is to be provided with the proposal. If so, please specify where in the proposal it should go (since it is not part of the pricing form on p. 52).**

R186. Exhibit 2, Section 2.02, Item K (2) has been deleted per this Addendum No. 5.

**Q187. Exhibit 2, Proposal Response, pg. 51, 50, Section 2.02.J.3: Under “FEES,” #2 is repeated from p. 50, section 2.02. J.3. It also does not appear to fit under the Fees section (unless the County is requesting pricing information for the proposed electronic resources). Does the County want this response stated twice, or should Proposers omit the second instance?**

R187. Exhibit 2, Section 2.02, Item K (2) has been deleted per this Addendum No. 5.

**Q188. Section A 3-6, 44, Exhibit 6 applies to County contracts funded in whole or in part by a Federal grant, and the forms on p. 3-6 say to include the completed forms behind Tab 3 (although p. 44 doesn’t list these under Tab 3). Does this contract involve a Federal grant and are the forms from Exhibit 6 relevant to this RFP?**

R188. Generally, services do not involve federal grants. However, under specific circumstance, some services under the Agreement may be funded in whole, or in part, by federal monies.

**Q189. Exhibit 1, Scope of Services, pg. 35, Section 1.02: “Successful Proposer shall furnish all equipment, labor, materials, supplies, licensing, transportation and other components necessary to provide Correctional Health Services that will meet the requirements of the County.” RFP p. 40, section 1.09 says, “Provider shall coordinate non-emergency transportation with the Sheriff who shall provide transportation of inmates who are in need of necessary medical services at locations other than those facilities to be served in this RFP.” Please confirm that the Proposer will be financially responsible for emergency/ambulance transportation only.**

R189. Successful Proposer is financially responsible for emergency ambulance transportation. It is not responsible for any medical supplies utilized during transport.

**Q190. Exhibit 1, Scope of Services, pg. 36, Section 1.03.E. RFP p. 36, section 1.03.E: Is MAT currently being provided on site? If so, please describe the program and capacity, including the medications currently prescribed.**

R190. Yes, minimal MAT service is currently provided on-site. Vivitrol for on-site MAT in conjunction with counseling/therapy per evidence-based practice.

**Q191. Exhibit 1, Scope of Service, pg. 39, Section 1.05.L: “Appoint a Director of Dental/Oral Surgery Services who shall have medical and administrative responsibility for providing the services as required by standards or requirement on a twenty-four (24) hour basis, whether on call or in attendance for a minimum of 24 hours per week.” Please clarify whether the requirement is for the Director of Dental/Oral Surgery to be on call 24/7 in addition to being on site a minimum of 24 hours per week.**

R191. The Director of Dental/Oral Surgery must be on-site at least 24 hours per week and on-call 24-hours per day.

**Q192. Does the minimum 24 hours per week of on-site time reflect a combined total of both dental and oral surgery hours?**

R192. Yes, it is the total combined hours for both dental and oral surgery.

**Q193. Is oral surgery currently being provided on site? If so, how many hours per week? Please provide the name and contact information for the oral surgeon.**

R193. Yes, oral surgery is currently provided on site for a total of about 39 hours week. The selection of a provider for oral surgery is at the sole discretion of the Proposer.

**Q194. Exhibit 1, Scope of Services, Section 1.06.H: Please clarify whether the requirement is for monthly pharmacist inspections and not the required quarterly audit.**

R194. Inspections of the pharmacy, by the pharmacist are to be performed at least one time per month. Inspection of the pharmacy, must be signed by pharmacist; records of inspection kept for a period of no less than two years.

**Q195. Can the Director of Medical Services share 24/7 on-call responsibilities with the on-site mid-level provider (ARNP/PA)?**

Q195. If permissible by accreditation standards and Director of Medical Services is available for back-up to mid-level provider per professional licensure authority, this is allowable.

**Q196. Please indicate the credential/licensure of the current Discharge Planner.**

R196. Registered Nurse (RN) and Certified Correctional Health Professional (CCHP).

**Q197. Please describe the programing provided in the Recovery Pods within the Annex. Who is the current provider of this programming? Are there any medication requirements in accordance with this program? If so, is the medical contractor responsible for the cost of these medications? If so, please provide the current formulary for this program and 3 years of pharmacy costs associated with this program. Please confirm that patients are moved to the Recovery Pod AFTER detox is complete.**

R197. The Manatee County Sheriff's Office provides Recovery Pod programming and the Jail medical provider is not financially responsible for Recovery Pod activities; but is encouraged to collaborate as the mental health provider. The manner of detoxification protocol is contingent upon the substance and therefore informs the placement of the inmate during detoxification based upon inmate acuity and associated symptoms.

**Q198. Is there 24/7 medical staffing at the Annex?**

R198. No, the number of inmates housed at the Annex fluctuates.

**Q199. Is medication pass conducted at the Annex by the medical contractor?**

R199. Yes, the medication pass is conducted at the Annex.

**Q200. Is sick call conducted at the Annex? If so, how many days per week?**

R200. Yes, sick call is conducted at the Annex. Sick call is conducted as received so the number of days varies each week.

**Q201. During the tour, it was indicated that Intake and Receiving is staffed by two staff members, one of which was identified as an RN. Please indicate the licensure/credential of the other staff member.**

R201. The qualifications of the second staff member is at the discretion of the successful Proposer.

**Q202. Identify the location of inactive patient charts and the process and timeframe for accessing these records.**

R202. This information is not available.

**Q203. Please identify which housing units have a medical/counseling room. Do any of these rooms have an exam table or sink?**

R203. All the Pods have a medical/counseling room with a sink. Only a few exam tables remain. As the Pods are renovated the exam tables are being removed because of their condition.

**Q204. On the tour, we visualized a medical/counseling room, which appeared to be utilized by security staff. Is there a dedicated time in which medical/mental health staff would have stand-alone access to this space for sick call needs?**

R204. Although security staff utilizes the medical/counseling room they should vacate it upon medical and/or mental health staff's need to conduct sick call or another procedure.

**Q205. Please identify the background clearance process for contractor staffing and the average time for clearance.**

R205. The completion of an 'Application for Facility Entry' and PREA (Prison Rape Elimination Act) forms are required. These forms take minutes to complete. Upon receiving the forms, a background check is completed. Approval for entry may be received the same day, but generally requires 24 hours advance-notice. This is completed Monday-Friday, excluding holidays, during regular business hours.

**Q206. Please provide the names and titles for members of the evaluation committee.**

R206. The Evaluation Committee is made up of representatives from the County Sheriff's Office; the Probation and Parole Office; Health Care Services; Disease Control and Prevention for Florida Department of Health; and Manatee County Employee Health Benefits.

**Q207. Please provide a copy of the current medical services contract with the incumbent provider, including all exhibits, attachments, amendments, etc.**

R207. Refer to Exhibit 10, Contract, Exhibits, Amendments, incorporated into the RFP per this Addendum No. 5.

**Q208. Is the Facility NCCHC and/or ACA accredited? If so, when was the last NCCHC and/or ACA audit? If so, were there any deficiencies in the last audit? Please provide details.**

R208. Refer to the response to Q58, Q59 and Q167.

**Q209. If there were any corrective actions resulting from the audit, please provide details and indicate whether all corrective actions have been completed.**

R209. Refer to the response to Q59.

**Q210. If not currently accredited, does the Facility wish to obtain NCCHC and/or ACA accreditation? If seeking accreditation, please provide details.**

R210. Refer to the response to Q168.

**Q211. Is the Facility currently under a consent decree or DOJ monitoring? If so, please provide details.**

R211. No, the facility is not currently under a consent decree or DOJ monitoring.

**Q212. Please provide Average Daily Population (ADP) numbers for the past three (3) years.**

R212. Refer to the response to Q81.

**Q213. Please confirm the ADP to be used for staffing and pricing.**

R213. Refer to the response to Q88.

**Q214. Are there any juveniles housed in the Facility?**

R214. Yes, juveniles are housed in the facility.



**Q215. Please provide a breakdown of the inmate/detainee population included in the overall population figures, for the County, State DOC, ICE, U.S. Marshalls, Work Release and other entities.**

R215. The population numbers are as follows:

- County - All but approximately one to two dozen inmates are county inmates.
- State DOC - Approximately 10-20 in the facility may be DOC.
- ICE - Under the BOA Agreement that the County (along with numerous other Florida Counties) has with ICE, the County detains inmates for up to 48 hours. Normally the County would have no more than two (if any) at any given time.
- U.S. Marshals Service - It is rare when the County has a U.S. Marshals detainee in the facility. When one is identified they are picked up by the Marshals normally within 24 hours.
- Work Release - The County jail does not have Work Release inmates.
- Other Entities – N/A

**Q216. Please provide a breakdown of the inmate/detainee population included in the overall population figures, for male, female, juvenile and transgender.**

R216. The population breakdown as of July 11, 2018 is as shown in the table below:

|             |  |
|-------------|--|
| Male        | 868  |
| Female      | 163  |
| Juvenile    | 5  |
| Transgender | 0. It is rare when more than one transgender is housed in the facility at the same time. |

**Q217. Please provide the current staffing plan by position, credential, and shift.**

R217. Proposer should provide a staffing plan with its response.

**Q218. Please provide salaries/pay rates of current staff (i.e., RN, LPN, Mid-level Practitioner, mental health staff, etc.)**

R218. The salaries and pay rates of its staff are at the discretion of the Proposer.

**Q219. What are the current evening, night, and weekend shift differentials?**

R219. The salaries and any pay differentials are at the discretion of the Proposer.

**Q220. Are there currently any unfilled positions? If so, please identify the position and length of time unfilled.**

R220. Refer to the response to Q218

**Q221. Are any of the medical staff unionized? If so, please provide the appropriate bargaining agreements.**

R221. The County is not aware of any unionized medical staff who are currently providing services

**Q222. Is the current staffing plan considered adequate for the Facility?**

R222. Refer to the response to Q218.

**Q223. Can more than one staffing options be provided and still be considered compliant with the RFP?**

R223. Proposers may submit options to its staffing plan.

**Q224. What mental health services are currently provided on site at the Facility?**

R224. The mental health services to be provided are at the discretion of the Proposer.

**Q225. Are group therapy services required?**

R226. No, group therapy services are not required.

**Q226. If so, what types of groups are currently provided?**

R225. Group therapy services are not currently provided.

**Q227. Please indicate the number of times per week each group is provided.**

R227. Refer to the response to Q227.

**Q228. Are discharge planning services required? If so, please provide specific requirements.**

R228. Provision of discharge planning services is at the discretion of the successful Proposer.

**Q229. Are there service agreements related to the timing of mental health evaluations and/or response to mental health referrals?**

R229. No.

**Q230. Please provide the current mental health staffing by credential/licensure and shift.**

R230. Refer to the response to Q214.

**Q231. Is the current mental health staffing considered adequate?**

R231. Refer to the response to Q214.

**Q232. Is mental health on-site staff coverage required for evenings and/or weekends? If so, what hours?**

R232. This is at the discretion of the Proposer.

**Q233. Is there a requirement for 24/7 staffing by Mental Health Professionals?**

R233. Yes, the requirement is a 24/7 availability and some daily on-site requirements.

**Q234. Is there a requirement for mental health staff's involvement with mental health court? If so, please describe the required involvement.**

R234. Yes, to provide information for the best interest of the inmate.

**Q235. Are mental health staff responsible for coordinating trial competency examinations and transfers?**

R235. No, they are not responsible for trial competency exams.

**Q236. Is there any specialty housing available for inmates with mental health problems? If so, please provide the number and capacity of mental health housing units.**

R236. There is no specialty house for inmates with mental health problems.

**Q237. What are the number and location of suicide watch cells?**

R237. Inmates are placed in the Infirmary would put on suicide watch.

---

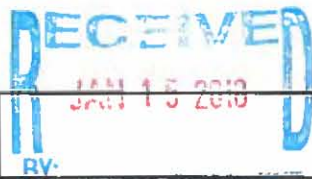
NOTE: Items that are ~~struck through~~ are deleted. Items that are underlined have been added or changed.  
All other terms and conditions remain as stated in the RFP.

**End of Addendum**

**INSTRUCTIONS:**

Receipt of this addendum must be acknowledged as instructed in the solicitation document. Failure to acknowledge receipt of this Addendum may result in the response being deemed non-responsive.

AUTHORIZED FOR RELEASE: 



### Medical & Office Equipment List

| 12/23/2015                | Quantity | Item                            | ID #        |
|---------------------------|----------|---------------------------------|-------------|
| <b>Pharmacy:</b>          |          |                                 |             |
|                           | 2        | Desk Chair                      | MCSO        |
|                           | 2        | Desk                            | MCSO        |
|                           | 1        | Refrigerator                    | MCSO        |
|                           | 1        | Locked Narc Box                 | MCSO        |
|                           | 1        | Humidifier                      | MCSO        |
|                           | 1        | Lexmark Printer                 | IRL         |
|                           | 1        | HP Computer                     | ACHS 1931   |
|                           | 1        | HP Monitor                      | ACHS 1925   |
|                           | 1        | HP Printer                      | ACHS 1921   |
|                           | 1        | Round Table                     | MCSO        |
|                           | 4        | 2 Door Cabinets                 | MCSO        |
|                           | 1        | Gray Desk                       |             |
|                           | 1        | Cork Board                      |             |
|                           | 1        | Brown Chair                     |             |
|                           | 1        | Rolling Stool                   |             |
|                           | 1        | 10 Tier Filing Shelf            |             |
| <b>Records Room:</b>      |          |                                 |             |
|                           | 1        | Dry Erase Board                 | MCSO        |
|                           | 1        | Desk Phone                      | MCSO        |
|                           | 1        | Dell Computer                   | MCSO N15629 |
|                           | 3        | Office Desks                    | MCSO        |
|                           | 1        | 6 Tier Filing Shelf             | MCSO        |
|                           | 1        | 3 Drawer Blk. Metal Filing Cab. | MCSO        |
|                           | 1        | Gray Plastic Desk               | MCSO        |
|                           | 1        | HP Printer                      |             |
|                           | 1        | Dell Monitor                    |             |
|                           | 3        | Office Chairs                   | ACHS        |
|                           | 1        | Brown Bookcase                  |             |
|                           | 1        | Paper Shredder                  |             |
| <b>Breakroom:</b>         |          |                                 |             |
|                           | 1        | GE Refrigerator                 | MCSO        |
|                           | 2        | Chairs                          |             |
|                           | 10       | Metal Lockers                   | MCSO        |
|                           | 4        | Metal Lockers                   | MCSO        |
|                           | 1        | Large Round Table               | MCSO        |
|                           | 1        | Large Corkboard                 |             |
|                           | 1        | Medium Corkboard                |             |
|                           | 1        | Lexmark Printer XM7155          |             |
|                           | 2        | 5 Tier Shelving Unit            |             |
|                           | 1        | Gray 2 Shelf Rolling Cart       |             |
| <b>Behavioral Health:</b> |          |                                 |             |
|                           | 1        | Plastic/Metal Chair             | MCSO        |
|                           | 1        | Bulletin Board                  | MCSO        |

|                                   |   |                         |               |
|-----------------------------------|---|-------------------------|---------------|
|                                   | 1 | Black Desk Chair        | ACHS          |
|                                   | 2 | Wooden Office Desk      | MCSO          |
|                                   | 1 | Desk Chair              | MCSO N3758    |
|                                   | 1 | HP Computer             | ACHS 1929     |
|                                   | 1 | HP Monitor              | ACHS 1923     |
|                                   | 1 | Lexmark Printer         |               |
|                                   | 2 | Laptops                 | Manatee Glens |
|                                   | 1 | Plastic Chair           |               |
|                                   | 2 | Rolling Filing Cabinet  |               |
| <b>D.O.N.'s Office:</b>           |   |                         |               |
|                                   | 1 | D-Term Phone            | MCSO          |
|                                   | 1 | Wooden Office Desk      | MCSO          |
|                                   | 1 | Gray Chair              | MCSO          |
|                                   | 1 | Black Office Chair      | ACHS          |
|                                   | 1 | Small Refrigerator      | MCSO          |
|                                   | 1 | HP Computer             | ACHS 1928     |
|                                   | 1 | HP Monitor              | ACHS 1927     |
|                                   | 1 | HP Printer 4620         | ACHS          |
|                                   | 1 | 3 Drawer Filing Cabinet |               |
|                                   | 1 | Paper Shredder          |               |
|                                   | 1 | 2 Slot Mail Bin         |               |
| <b>A.A.'s Office:</b>             |   |                         |               |
|                                   | 1 | Brown Wooden Bookcase   |               |
|                                   | 1 | D-Term Phone            | MCSO          |
|                                   | 1 | Wooden Desk             | MCSO N4996    |
|                                   | 1 | HP Computer             | ACHS 1919     |
|                                   | 1 | HP Monitor              | ACHS 1926     |
|                                   | 1 | HP Printer 8600         | ACHS 1934     |
|                                   | 2 | 4 Drawer Filing Cabinet | ACHS          |
|                                   | 1 | Black Office Chair      |               |
|                                   | 1 | Blue Chair              |               |
| <b>Nurses'/Deputies' Station:</b> |   |                         |               |
|                                   | 6 | Desk Chairs             | MCSO          |
|                                   | 4 | Desk Phones             | MCSO          |
|                                   | 3 | Desks                   | MCSO          |
|                                   | 1 | Plastic Chair           | MCSO          |
|                                   | 1 | Pencil Sharpener        | MCSO          |
|                                   | 1 | Printer                 | MCSO N10168   |
|                                   | 2 | Dell Computer/Monitor   | MCSO          |
|                                   | 1 | Wall Cabinet            | MCSO          |
|                                   | 1 | Wall/Floor Cabinet      | MCSO          |
|                                   | 1 | Refrigerator            | MCSO          |
|                                   | 1 | Dry Erase Board         | ACHS          |
|                                   | 1 | Medical Record Rack     | ACHS          |
|                                   | 1 | Laptop                  | ACHS 1920     |
|                                   | 1 | Dynamap                 | MCSO          |
| <b>Exam Rooms:</b>                |   |                         |               |

|                                    |    |                             |                   |
|------------------------------------|----|-----------------------------|-------------------|
|                                    | 2  | Metal Chair                 | MCSO              |
|                                    | 2  | Office Desk                 | MCSO N4690        |
|                                    | 1  | Desk Phone                  | MCSO              |
|                                    | 2  | Black Desk Chair            | ACHS              |
|                                    | 2  | Exam Table                  | MCSO              |
|                                    | 1  | Pocket Drop                 | MCSO 7260         |
|                                    | 1  | 3 Tier Rolling Desk         | MCSO              |
|                                    | 2  | Wooden Pt. Edu. Trees       | ACHS              |
|                                    | 2  | Laptops                     | ACHS 1749         |
|                                    | 1  | 2 Drawer Filing Cabinet     | MCSO              |
|                                    | 2  | Biohazard Bins              |                   |
|                                    | 1  | Medium Corkboard            |                   |
|                                    | 1  | Standing Scale              |                   |
| <b>Dental Office:</b>              |    |                             |                   |
|                                    | 1  | Autoclave                   | MCSO N7301        |
|                                    | 1  | 2 Tier Metal Shelf          |                   |
|                                    | 1  | Office Desk                 | MCSO              |
|                                    | 1  | Standing Scale              |                   |
|                                    | 1  | Patient Info. Tree          |                   |
|                                    | 1  | Gray Stool                  | MCSO              |
|                                    | 1  | Dental Chair                | MCSO              |
|                                    | 1  | Rolling Dentist Chair       | MCSO              |
|                                    | 2  | 8 Drawer Cabinets           | MCSO              |
|                                    | 1  | X-Ray Film Light            | MCSO              |
|                                    | 1  | Tan 7 Drawer Cart           | MCSO              |
|                                    | 1  | Gray Metal 4 Drawer Cab.    | MCSO              |
|                                    | 1  | Rolling Stool               | ACHS              |
|                                    | 1  | Gendex X-Ray Machine        |                   |
|                                    | 1  | Biohazard Bin               |                   |
| <b>Discharge Planner's Office:</b> |    |                             |                   |
|                                    | 1  | Office Desk                 | MCSO              |
|                                    | 1  | 2 Drawer Met. Fil. Cab.     | MCSO              |
|                                    | 1  | Black Desk Chair            | ACHS              |
|                                    | 1  | HP Printer                  | ACHS              |
|                                    | 1  | D-Term Phone                | MCSO              |
|                                    | 1  | HP Computer                 |                   |
|                                    | 1  | HP Monitor                  |                   |
| <b>Storage Room:</b>               |    |                             |                   |
|                                    | 2  | Gray Plastic 4 Tier Shelves | MCSO              |
|                                    | 2  | 5 Tier Metal Shelves        | MCSO              |
|                                    | 1  | Light Brn. 7 Tier Shelf     | MCSO              |
|                                    | 1  | Black 6 Tier Shelf          | MCSO              |
|                                    | 1  | Gray 5 Tier Shelf           | MCSO N4898        |
|                                    | 2  | 4 Tier Metal Wire Shelf     | MCSO              |
|                                    | 12 | Sets of Crutches            | MCSO              |
|                                    | 10 | Oxygen Tanks                | Suncoast Medicare |
|                                    | 1  | 3 Tier Wooden Bookshelf     | MCSO              |

|                              |   |                            |                   |
|------------------------------|---|----------------------------|-------------------|
|                              | 1 | Oxygen Concentrator        | Suncoast Medicare |
|                              | 1 | Black 5 Tier Shelf         |                   |
|                              | 1 | Blue Rolling Hosp. Chair   |                   |
|                              | 1 | Rolling Hosp. Tray         |                   |
|                              | 1 | Portable Toilet            |                   |
|                              | 1 | Oxygen Rack                |                   |
|                              | 1 | Brown 5 Tier Bookshelf     |                   |
| <b>Lab:</b>                  |   |                            |                   |
|                              | 1 | Gray Rolling Cabinet       |                   |
|                              | 1 | Welch Allyn Exam Table     | MCSO              |
|                              | 1 | Wall Cabinets for Supplies | MCSO              |
|                              | 1 | Centrifuge                 | IRL               |
|                              | 1 | Blood Draw Chair           | ACHS              |
|                              | 1 | Rolling Stool              | ACHS              |
|                              | 1 | EKG Machine w/ Stand       | ACHS              |
|                              | 1 | Small Refrigerator         |                   |
|                              | 1 | Biohazard Bin              |                   |
|                              | 1 | 5 Tier Rolling Cart        |                   |
|                              | 1 | Black Rolling Cart         |                   |
|                              | 1 | White Desk                 |                   |
|                              | 1 | Office Chair               |                   |
| <b>Intake &amp; Release:</b> |   |                            |                   |
|                              | 1 | Gray Filing Cabinet        |                   |
|                              | 1 | Gray desk                  |                   |
|                              | 2 | Office Chairs              |                   |
|                              | 1 | Brown Metal Chair          |                   |
|                              | 1 | Phone                      |                   |
|                              | 1 | Plastic Rolling Cart       |                   |
|                              | 1 | HP Printer                 | ACHS              |
|                              | 1 | Oxygen Tank                | Suncoast Medicare |
|                              | 1 | Oxygen Cart                | Suncoast Medicare |
|                              | 1 | Biohazard Bin              |                   |
|                              | 1 | Blk./Grn. Desk             |                   |
|                              | 1 | Electronic Scale           |                   |
| <b>H.S.A.'s Office:</b>      |   |                            |                   |
|                              | 1 | Wooden OFFICE Desk/W Hutch | MSO               |
|                              | 1 | Office Chair (Black)       | ACS               |
|                              | 1 | Desk Phone D- Term         | MSO               |
|                              | 1 | HP Computer                | ACS               |
|                              | 1 | HP Printer                 | ACS               |
|                              | 1 | 2 Drawer Filing Cabinet    | ACS               |
|                              | 1 | Sanyo Fridge               | ACS               |
|                              | 1 | Plastic Chair/Metal Frame  | MSO               |
|                              | 1 | Corkboard                  | MSO               |
|                              |   |                            |                   |
|                              | 1 | Gurney at Annex            | ACS 2424          |
|                              | 1 | Gurney at MCCJ             | ACS 2423          |





## Florida Corrections Accreditation Commission, Inc.

P.O. Box 1489 ~ Tallahassee, FL 32302  
(800) 558-0218 ~ (850) 410-7200

---

February 20, 2018

Sheriff Rick Wells  
Manatee County Sheriff's Office Central Jail  
14470 Harlee Road  
Palmetto, Florida 34221

Dear Sheriff Wells,

Congratulations!

We are pleased to inform you the Manatee County Sheriff's Office Central Jail has met the required standards to become reaccredited by the Florida Corrections Accreditation Commission, Inc.

Your reaccredited status is official as of this date and will remain in effect for a period of three years. Compliance with any future standards approved by the Commission which may be applicable to your agency is part of maintaining your reaccredited status.

You and your staff are to be commended for your diligence, professionalism, and commitment in achieving this highest recognition among Florida's correctional community.

We look forward to working with you and your agency in your continuous pursuit of excellence. On behalf of the Commission, we extend our thanks for your participation and commend you for a job well done!

Sincerely,

A handwritten signature in blue ink, appearing to read "Lori Mizell", is written over a horizontal line.

Lori Mizell  
Executive Director



**To: Florida Corrections Accreditation Commission, Inc.**

**From: Lieutenant Darren Bryant, Team Leader**

**Date: January 22, 2018**

**Re: Assessment Report  
Manatee County Sheriff's Office Central Jail  
Comparative Compliance Assessment Report  
December 6- 8, 2017**

---

**A. Agency/Assessment Information**

Chief Executive Officer: Sheriff Rick Wells  
Accreditation Manager: Sandra Guajardo

Standards Manual Version: 4<sup>th</sup> Edition

Previous Accreditation Dates: July 1998, October 2000, February 2012 and February 2015

Additional Accreditations: CFA, CALEA, ACA

Assessment Team Recommendation: Reaccreditation

**Assessment Team**

Team Leader: Darren Bryant  
Orange County Corrections Department.  
Darren.Bryant@ocfl.net

Lieutenant Marlania Mitchell  
Jacksonville Sheriff's Office,  
Marlania.mitchell@jaxsheriff.org

Corporal Nicole Ojeda  
Pasco County Sheriff's Office  
nojeda@pascosheriff.org

## B. Standards Summary Tally

| Status                                 | Mandatory Standards | % of Applicable Mandatory Standards | Other-than-mandatory Standards | % of Applicable Other-than-mandatory Standards | Total Standards |
|--|---------------------|-------------------------------------|--------------------------------|--|-----------------|
| In Compliance                          | 68                  | 42.2%                               | 31                             | 39.7%  | 99              |
| In Compliance (Comparative Compliance) | 93                  | 57.8%                               | 47                             | 60.3%  | 140             |
| Not in compliance                      | 0                   | 0.0%                                | 0                              | 0.0%   | 0               |
| Not applicable                         | 6                   | 3.7%                                | 3                              | 3.8%   | 9               |
| Elected 10%                            | 0                   | 0.0%                                | 0                              | 0.0%   | 0               |
| Not Set                                | 0                   | 0.0%                                | 0                              | 0.0%   | 0               |
|  | 0                   | 0.0%                                | 0                              | 0.0%   | 0               |
| <b>Total:</b>                          | 167                 |                                     | 81                             |  | 248             |
|  |                     |                                     |                                |  |                 |

|   |    |
|---|----|
| Total Applicable Other-than-mandatory Standards | 78 |
| Maximum allowable number of Elected Standards   | 7  |

## C. Agency Profile

Manatee County is located on the Gulf Coast of Southwest Florida. The county currently encompasses a land area of 741 square miles (150 miles of coastline and 27 miles of beaches) with a population of 349,330. Manatee County was established in 1855, formed from land that was previously part of Hillsborough County. The county was originally as large as the State of Connecticut, comprising more than 5,000 square miles.

The Manatee County Sheriff's Office (MCSO) is headquartered in the City of Bradenton, which is the county seat. Bradenton is a Tampa Bay coastal community 45 miles south of Tampa-St. Petersburg, on the southern shores of the mile-wide Manatee River. It is one of central west Florida's oldest cities. Older established neighborhoods are complemented by new residential sections in both urban and suburban settings.

The MCSO is a professional, full-service, Law Enforcement/Correctional Organization that operates under the administration of the Sheriff. The Chief Deputy directly supervises four Majors who in turn supervise the bureaus within the Sheriff's Office; the Administrative Bureau, the Enforcement Bureau, the Investigative Bureau and the Corrections Bureau. Executive Bureau contains components directly under the Sheriff; Professional Standards, Fiscal (Comptroller) and Legal Affairs. Fleet maintenance and IT Section are supervised by the agency Comptroller.

The Corrections Bureau is charged with control of the Central Jail at Port Manatee in Palmetto. Approximately 216 Corrections Deputies monitor inmate activity to ensure security on a 24-hour basis. The Central Jail was constructed in 1991 and occupied in May 1995. It is a maximum-security facility which houses approximately 1,100 inmates, and was designed to provide adequate jail space for Manatee County. Security staff work twelve (12) hour shifts, with shift changes occurring at 0600 hours and 1800 hours daily.

The Central Jail has approximately 285,000 square feet, under roof, it is classified as a medium-minimum custody facility with a rated capacity of 988; however, the total bed space available is 1364. The Annex has a rated capacity of 480. The rated capacity for the two facilities is 1468; the total bed space for the two facilities is 1844. The average daily inmate population for 2016 was 1084. Staffing consists of approximately 330, of which approximately 216 are sworn corrections deputies.

After the tragic events that took place on September 11, 2001, additional security measures were implemented. A "guard shack" was built at the entrance to the correctional complex. The guard shack is manned 24-hours a day, seven days a week, by a deputy. All persons must produce proper identification and proof of official business (i.e., deliveries, applicants, etc.). In addition to the guard shack, a 12-foot perimeter fence secures this area; it is enhanced by three rows of razor ribbon, preventing anyone from obtaining unauthorized entry.

An Early Warning System/Siren was installed on the roof at the Central Jail. The system has five different alerts that can be used for the following: escape, major disturbance, chemical spill, severe storm, and inmate recall. The warning system is audible for up to a one and a half mile radius. A "noon test" is conducted weekly on Fridays, to ensure the siren is working properly.

Upgraded security cameras monitor all entrances and exits to the facility. There are a total of 14 perimeter cameras that monitor the outer areas of the correctional complex, 24-hours a day, by master control operators. Perimeter security is augmented by foot and/or car randomly during daylight hours and hourly on an irregular basis from dusk to dawn.

The MCSO enjoys the title of being one of the most accredited agencies in the State of Florida. They currently hold accreditation through the Commission on Accreditation for Law Enforcement Agencies (CALEA) since 1990, Commission for Florida Law Enforcement Accreditation (CFLA) since 1998, the American Correctional Association (ACA) since 1992, and the National Bomb Squad Commanders Advisory Board. The Sheriff's Office is also accredited by the Florida Corrections Accreditation Commission (FCAC) and the agency Crime Lab and Crime Scene are also accredited by ANSI-ASQ National Accreditation Board (ANAB). The agency also meets federally mandated PREA standards; recertification was received August 2017. The agencies Communications/Dispatch Section is accredited through the International Academies of Emergency Dispatch (IAED).

## **D. Assessment Summary**

The assessment team arrived in Manatee County on Tuesday December 5, 2017. A briefing was arranged at the hotel with Team Leader Darren Bryant, Assessor Marlania Mitchell, Assessor Nicole Ojeda, and Observer Theresa Barmann.

On Wednesday, December 6, 2017, Compliance Manager Sandra Guajardo arrived at the hotel at approximately 7:30 a.m. and provided transportation to the facility. The team attended an entrance meeting at approximately 8:00 a.m. with Colonel Dwayne Denison, and the following key staff members:

|                                      |                                    |
|--------------------------------------|------------------------------------|
| Major Daniel Kaufman                 | Major William Dixon                |
| Major Dennis Dummer                  | Major Bill Jordan                  |
| Captain Patrick Cassella             | Captain Violet Duey                |
| Captain Kathryn Estabrook            | Captain Susan Jones                |
| Captain Bill Jordan                  | Captain Ian Kögel                  |
| Captain Thomas Porter                | Captain Dennis Romano              |
| Captain Todd Shear                   | Lieutenant Chris Heier             |
| Lieutenant Mathew Neu                | Lieutenant Dwight Cooper           |
| Lieutenant Robert Miller             | Lieutenant Matthew Gardieff        |
| Lieutenant Todd Weinert              | Sergeant Nikita Arrington          |
| Sergeant Travis Brayley              | Sergeant Mark Farrier              |
| Sergeant Glenna Proll                | Deputy William Swales              |
| Food Service Director Matoaya Walton | Fleet Director Jim Prokosch        |
| Unit Manager Felix Lopez             | Chaplain Ben Pate                  |
| General Council Eric Werbeck         | Armor Medical Services Nikita Law  |
| Armor Medical Services Travis Day    | Compliance Manager Sandra Guajardo |
| Compliance Coordinator Megan Weeks   | Compliance Coordinator Nhi Chan    |
| Compliance Coordinator Dee Halpin    | Comptroller Neil Unruh             |

The assessment team performed the necessary introductions and provided information related to the accreditation process. The team explained their intent was to determine proof of compliance through interviews and inspections throughout the facility in addition to the file review. Colonel Denison expressed his desire to maintain a high degree of professionalism and accreditation status. He went on to thank assessors' agencies for allowing them to assess the Manatee County Sheriff's Office Central Jail.

The team conducted a walk through tour of all facilities, escorted by Lieutenant Matthew Gardieff, Deputy William Swales, Compliance Manager Sandra Guajardo, and Compliance Coordinators Megan Weeks, Nhi Chan, and Dee Halpin. Areas visited included the Booking facility, kitchen, medical, laundry, inmate property room, inmate housing and video visitation. Numerous staff and inmate interviews were conducted during this time. Afterwards, the team met in the designated work area and began the PowerDMS set up. Team member assignments and the system setup were completed and file review began. At 6:00 p.m. the team attended briefing and addressed the staff. Team members observed shift exchange and Officers working their post assignments.

The team spoke with some of the staff members, conducted brief introductions and explained the importance of their involvement in the process and expressed an appreciation for their work in maintaining their accreditation status. The team departed at 7:30 p.m. to their hotel.

On Thursday, December 7, 2017, the assessment team was picked up at the hotel at 8:00 a.m. by Compliance Manager Guajardo and transported to Manatee County Sheriff's Office Farm. Team members conducted a walk through and an assessment of their vocational programs. After lunch the team returned to the Central and Annex Jails to conduct staff and inmate interviews. The team conducted visits to various departments for observations. The team completed the day by returning to the Corrections Bureau for file review. The team departed the facility at 6:00 p.m.

On Friday, December 8, 2017, Compliance Manager Sandra Guajardo picked up the team at 9:00 a.m. An exit interview and the team's oral report were conducted at 9:30 a.m. The attending Manatee County Sheriff's Office employees were:

|  |  |
|--|--|
| Sheriff Charles R. Wells               | Colonel Dwayne Denison                 |
| Major Daniel Kaufman                   | Major William Dixon                    |
| Captain Susan Jones                    | Captain Ian Kögel                      |
| Captain Thomas Porter                  | Lieutenant Dwight Cooper               |
| Lieutenant Chris Heier                 | Lieutenant Robert Miller               |
| Lieutenant Matthew Gardieff            | Sergeant Amy Boldin                    |
| Sergeant Stephen Hart                  | Sergeant Jerry Jeffcoat                |
| Sergeant Ronald Laughlin               | Sergeant Glenna Proll                  |
| Sergeant George Wilson                 | Fleet Director Jim Prokosch            |
| Unit Manager Felix Lopez               | Unit Manager Gwen Williams             |
| Chaplain Ben Pate                      | Armor Medical Services Nikita Law, DON |
| Armor Medical Services Travis Day, HSA | Compliance Manager Sandra Guajardo     |
| Compliance Coordinator Megan Weeks     | Compliance Coordinator Nhi Chan        |
| Compliance Coordinator Dee Halpin      | Executive Secretary Mary Thomas        |

The team explained the reaccreditation process and presented individual comments of the assessment. The team expressed gratitude to the agency for their professionalism and courtesy displayed by the Manatee County Sheriff's Office. The team expressed thanks for the agency cooperation throughout the assessment.

#### Staff Interviews:

|                      |                  |
|----------------------|------------------|
| Deputy T. Bane       | Deputy R. Young  |
| Deputy R. Quillan    | Deputy J. Osorio |
| Deputy G. Osorio     | Deputy J. Braden |
| Deputy G. Fagan      | Deputy B. Parks  |
| Deputy O. Martinez   | Deputy T. Rix    |
| Deputy M. Ibasfalean | Deputy M. Brown  |

Deputy I. Clark  
Deputy J. Scott  
Deputy J. Martinez  
Deputy G. Shepherd  
Vocational Instructor Jim Staffiles  
Sergeant J. Jeffcoat  
Lieutenant C. Heier  
Fleet Director J. Prokosch  
Armor Medical Services LPN Diaz  
Armor Medical Services T. Day, HSA  
Captain T. Porter

Deputy V. Freymann  
Deputy R. Blackshear  
Deputy W. Quiterro  
Deputy M. Koonce  
Sergeant A. Boldin  
Sergeant M. Wilson  
Lieutenant M. Gardieff  
Armor Medical Services Charge Nurse Searo  
Lieutenant R. Miller  
Armor Medical Services N. Law, DON  
Captain K. Estabrook

The most striking observation about the above staff is the pride they take in completing their job assignments. They feel they make a positive difference in the lives of the inmates in their care. Longevity is a key characteristic of this staff, they stay a long time and this allows for consistency and good program outcomes. Staff knew their job assignments and morale seemed quite high.

During the course of the assessment, team members met with and interviewed inmates to verify observations and to ensure they receive what is constitutionally guaranteed to them. Team members interviewed 35 inmates. Most importantly all interviewed inmates indicated they felt safe while housed at Manatee County Jail. Inmates like the educational and vocational programs offered to them. They felt good about reentering society with additional knowledge and work skills. At times during the assessment the team witnessed inmates in the classrooms and vocational programs actively engaged. Inmates were aware of how to access medical care and felt the medical care was good. Inmates said they received visits, medical care, mail and other privileges. None of the inmates complained about food, but gave compliments to the Sheriff for using real eggs from the farm.

Some of the highlights of the assessment are listed below:

**MEDICAL** - Medical service is contracted through Armor, which provides the inmates with 24-hour health care. A medical doctor, dentist, and psychiatrist are available on-site to provide health service. Medical sick call, dental sick call, nursing sick call, and psychiatric sick call is available to inmates upon request. Prescription medicines are available and provided, as required. Also, off-site specialty care is available, as well as off-site emergency care. Services featured include medical, dental, nursing, psychiatric, and prescription services through Diamond Pharmacy. Also available are ancillary services such as lab and x-ray. Twenty-four beds are available in the medical pod. Post-op services are also available.

Preventive services include, but are not limited to parenting counseling through Planned Parenthood, AIDS awareness, obstetric/gynecological services, HIV/AIDS related illnesses, emergency first aid and temporary medical stabilization of any MSO staff or visitor at an MSO facility.

**RECREATION** - A large recreation yard in each housing unit provides inmate access to outdoor exercise and a basketball court is provided. Inmates are afforded the opportunity to participate in outdoor recreation, one hour a day, seven days a week weather permitting. Housing areas provide games for dayroom recreation, such as Chess, Checkers, and Dominoes. Inmates housed in the Central Jail do not have televisions or weight rooms and do not have the privilege of smoking.

**RELIGIOUS PROGRAMMING** - A full-time chaplain is employed by the Manatee County Sheriff's Office to coordinate religious activities, religious volunteers, and Corrections Bureau staff needs, when requested. Religious services are offered by various denominations on a regular schedule.

**VISITATION** - Non-contact video visitation is held at the Video Visitation Center located at 2705 County Line Road. Visitation is by appointment only and must be scheduled at least one day in advance. After the first visit, appointments can be made on-line. Visiting hours are Sunday thru Saturday 7:45 a.m. to 7:30 p.m. Accommodations are made for up to 14 (30-minute) visits per inmate, per week. Visitors will not be approved to visit unless they have approved photo identification such as a Valid Driver's License, Valid State ID card, Valid Military ID card, or Valid Passport with photo attached. Special visits are granted after review by the operations commander.

**LIBRARY SERVICES** - General reading material is available in the pods and dorms and through library cart distribution. Upon request, inmates may have access to legal assistance and legal materials if legal representation is not available to help with ongoing criminal and administrative legal matters that pertain to current arrest.

**COMMISSARY** - Commissary is contracted through Trinity. Each housing unit may order commissary daily through the kiosk and the phone-it-in system provided by Trinity. Commissary deliveries are made Tuesday and Friday according to scheduled times. Commissary also provides indigent packets for inmates who do not have money. Order forms are distributed at least one day prior to delivery to inmates where a kiosk is unavailable.

**INMATE CO-PAYS** - Inmates arrested in Manatee County are required to help pay their way while incarcerated. Inmates will be charged an initial subsistence fee of \$20.00 at the time of arrest. If he/she is released on bond within 24 hours, the subsistence fee will be refunded. The initial subsistence fee may be waived if the money is needed to bond out at the time of arrest. Inmates may be charged additional fees once they are housed within the Corrections Bureau facilities. The following is a list of fees:  
Meals \$2.00 daily (for non-working inmates) Dental Services \$8.00, Doctor Call \$8.00  
X-Rays \$34.00, Dentist \$8.00, Lab Work \$4.00, Nurse Exam \$5.00 Notary \$5.00,  
Prescription \$5.00 co-pay for each prescription Legal Copies \$.07 one-sided and \$.10 two-sided.

**E. Standards Noncompliance Discussion:** None.

**F. Corrective Action Discussion:** None.

**G. Standards Elected for Exemption (10 Percent):** None.

**H. Standards Verified by the Team as "Not Applicable" to the Agency**

|        |        |        |
|--------|--------|--------|
| 13.04M | 16.02  | 22.01  |
| 22.02M | 22.03M | 22.04M |
| 22.05M | 23.02M | 28.04  |

**I. Standards, the Status of Which, and Were Changed by Assessors:** None.

**J. Public Information Activities:** None.

**K. Exemplary Projects**

#### **FIRE SAFETY**

The Manatee County Sheriff's Office Central Jail fire safety officer is a full-time certified deputy who is responsible for monthly fire inspections, coordinating with North River Fire Department to do yearly fire inspections, and Piper Fire Protection to do yearly fire sprinkler tests. Bellemare Total Systems Integration does the fire alarm testing and repairs.

The Central Jail periodically practices fire drills and emergency evacuations. Quarterly drills incorporate the movement of inmates and staff. Staff is trained in fire safety and emergency procedures in the basic recruit academy. Emergency evacuation route diagrams are posted throughout the facilities. Primary evacuation routes are identified by red arrows; secondary routes are identified by yellow arrows.

#### **FOOD SERVICE**

The Manatee County Sheriff's Office Central Jail's kitchen is an internally run operation (not contracted). The Food Services Section utilizes all products grown and harvested at the farm or chicken houses, fish farm, and horticulture unit. Beef, pork, and fish products are processed by their own meat plant facility.

The Food Service Section has its own fleet of semi-tractors and trailers along with both large and small box and refrigerated box trucks for pick-up and delivery of fresh produce from local farms and warehouses throughout the central west coast area

#### **RECOVERY POD**

The Recovery Pod was formed in February 2016 to create an environment in which inmates with drug and alcohol addiction problems have access to faith based programs, while being housed at the Manatee County Central Jail. Participation in the Recovery Pod program is voluntary. Inmates are required to participate in all activities, which are



held inside the pod, and conducted by volunteers from the community. The program is open to male and female inmates.

#### WORK PROGRAMS/VOCATIONAL EDUCATION

The Central Jail offers a variety of inmate programs, both educational and vocational. The motto of the vocational programs is LIFE (Leading Inmates to Future Employment). The inmate vocational programs are under the support division and are composed of central jail staff and teaching personnel from Manatee Technical Institute (MTI).

The following is a list of the various programs offered to inmates:

AIDS/Syphilis Awareness; Life Skills; Anger Management; Alcoholics Anonymous (AA) & Narcotics Anonymous (NA); Religious Services; Vocational Sewing; Carpentry; Meat Processing; Horticulture; Welding; Fleet/Paint Repair; Hydroponics; Aquaculture; Grist Mill; Mattress Factory; The Road to Reentry (Juvenile Only); SELAH (Female Only); GRIP (God Raising Incredible Parents- Female Only); Living Sober (Substance Abuse); Recovery Pod (Substance Abuse); and Active Parenting Now; and Heroin and Opioids Class.

#### FARM

Inmates are also assigned to the Inmate Work Farm where the Sheriff's Office maintains a cow/calf operation on leased acreage throughout the county. The Inmate Work Farm also has laying hens for egg production, a swine operation consisting of both feral and domestic pigs, and ten acres of vegetable garden. All products from these programs are used to supplement the food service budget. The Farm program provides work opportunities as well as vocational education for the inmates.

Meat Processing – Beef and pork products are processed and packaged in a state-of-the-art facility, which also serves as a training center. This program covers all processes from slaughter through packaging, and includes beef, pork, and fish. Inmates learn meat-cutting skills that enable them to find jobs in local grocery stores and butcher shops. Currently, they are in the process of providing 100% of beef to the inmate population and striving to supplying 100% of the pork. They also provide meat processing services to other law enforcement agencies such as Marion County.

Horticulture – Inmates learn the basics of seeding, propagating, and cultivating plants. The operation includes more than 10,000 square feet of greenhouses and several acres of growing areas. Plants are provided for county beautification projects and are for sale to the general public.

Hydroponics – This operation is located in one of the greenhouses and helps to supply the jail with organically grown Lettuce.

The Road Gang is another cost reduction program for Manatee County. Inmates are assigned to the Road Gang and perform maintenance on roadways, parks, drainage systems, and other county owned property. This work is performed for Department of

Public Works, County Highway Department, and Manatee County Parks and Recreation.

Custom Garment and Sewing – Inmates produce jail uniforms and other garments each week. Top of the line sewing machines are now used to also create upholstery, sheets, pillowcases, and other garments.

Welding – Inmates receive hands-on training and classroom instruction in a variety of welding techniques and metal fabrication. Welding students have helped create many of the metal structures located throughout the correctional complex.

**L. Chapter Summaries:** None.

**M. Summary and Recommendation**

The Manatee County Sheriff's Office's commitment to the reaccreditation process was clearly evident by the condition of their facilities and cooperation of their staff. The assessment team was impressed with the staff's knowledge of, dedication to, and preparedness for the assessment. It became apparent during the assessment that staff morale was very high.

The team was impressed with the programs implemented and staff taking great pride in those programs. Manatee County Sheriff's Office has taken a detention facility to a corrections rehabilitative community.

It is the recommendation of the assessment team that Manatee County Sheriff's Office be reviewed for reaccreditation at the next scheduled commission meeting.

Submitted by Lieutenant Darren Bryant, Team Leader

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



|  |  |   |  |  |  |                                  |  |
|--|--|---|--|--|--|----------------------------------|--|
| <b>Name of facility</b>  |  |   |  | Manatee County Sheriff's Office – Central Jail   |  |                                  |  |
| <b>Physical address:</b>   |  |   |  | 14470 Harlee Road Palmetto, Florida 34221  |  |                                  |  |
| <b>Date report submitted:</b>  |  |   |  | August 21, 2017  |  |                                  |  |
| <b>Auditor Information James Aguiar, Jr.</b>                               |  |   |  |  |  |                                  |  |
| <b>Address:</b>  |  |   |  | PO Box 772344, Ocala, Florida 34477  |  |                                  |  |
| <b>Email:</b>  |  |   |  | <a href="mailto:jamesaguiarjr@icloud.com">jamesaguiarjr@icloud.com</a>                   |  |                                  |  |
| <b>Telephone number:</b>   |  |   |  | 352-438-4246   |  |                                  |  |
| <b>Date of facility visit:</b>   |  |   |  | August 02-04, 2017   |  |                                  |  |
| <b>Facility Information Manatee County Sheriff's Office – Central Jail</b> |  |   |  |  |  |                                  |  |
| <b>Facility mailing address: (if different from above)</b>                 |  |   |  | Same as above  |  |                                  |  |
| <b>Telephone number:</b>   |  |   |  | 941-747-3011   |  |                                  |  |
| <b>The facility is:</b>  |  | <input type="checkbox"/> Military               |  | <input checked="" type="checkbox"/> County   |  | <input type="checkbox"/> Federal |  |
|  |  | <input type="checkbox"/> Private for profit     |  | <input type="checkbox"/> Municipal   |  | <input type="checkbox"/> State   |  |
|  |  | <input type="checkbox"/> Private not for profit |  |  |  |                                  |  |
| <b>Facility Type:</b>  |  | <input checked="" type="checkbox"/> Jail        |  | <input type="checkbox"/> Prison  |  |                                  |  |
| <b>Name of PREA Coordinator:</b>   |  |   |  | Dwight Cooper  |  | <b>Title:</b>                    |  |
| <b>Email address:</b>  |  |   |  | <a href="mailto:Dwight.cooper@manateesherriff.com">Dwight.cooper@manateesherriff.com</a> |  | <b>Telephone number:</b>         |  |
|  |  |   |  |  |  | Lieutenant                       |  |
|  |  |   |  |  |  | 941-747-3011                     |  |
| <b>Agency Information</b>  |  |   |  |  |  |                                  |  |
| <b>Name of agency:</b>   |  |   |  | Manatee County Sheriff's Office – Detention Facility                                     |  |                                  |  |
| <b>Governing authority or parent agency: (if applicable)</b>               |  |   |  | Manatee County Sheriff's Office  |  |                                  |  |
| <b>Physical address: 14470 Harlee Road, Palmetto, Florida 34221</b>        |  |   |  |  |  |                                  |  |
| <b>Mailing address: (if different from above)</b>                          |  |   |  | Same as above  |  |                                  |  |
| <b>Telephone number: 941-747-3011</b>                                      |  |   |  |  |  |                                  |  |
| <b>Agency Chief Executive Officer</b>                                      |  |   |  |  |  |                                  |  |
| <b>Name:</b>   |  |   |  | Rick Wells   |  | <b>Title:</b>                    |  |
| <b>Email address:</b>  |  |   |  | <a href="mailto:rick.wells@manateesherriff.com">rick.wells@manateesherriff.com</a>       |  | <b>Telephone number:</b>         |  |
|  |  |   |  |  |  | Sheriff                          |  |
|  |  |   |  |  |  | 941-747-3011 Ext. 2222           |  |
| <b>Agency-Wide PREA Coordinator</b>  |  |   |  |  |  |                                  |  |
| <b>Name:</b>   |  |   |  | Dwight Cooper  |  | <b>Title:</b>                    |  |
| <b>Email address:</b>  |  |   |  | <a href="mailto:Dwight.cooper@manateesherriff.com">Dwight.cooper@manateesherriff.com</a> |  | <b>Telephone number:</b>         |  |
|  |  |   |  |  |  | Lieutenant                       |  |
|  |  |   |  |  |  | 941-747-3011 Ext. 2996           |  |

# AUDIT FINDINGS

## NARRATIVE:

The audit of Manatee County Sheriff's Office – Central Jail was conducted on August 2-4, 2017, by James Aguiar, Jr., Certified PREA auditor. The areas toured were a total of 11 housing units. There are 9 general population units and one administrative detention/segregation unit, medical step down and a medical pod housing 24 inmates. Plus the kitchen, laundry, programs area, and work areas. I also toured the annex consisting of Building A dorms 1 through 4.

An entrance meeting was held with facility staff. The following people were in attendance: Major Daniel Kaufman – Corrections Bureau, Major William Dixon – Administrative Bureau, Captain Kathryn Estabrook – Administrative Bureau, Captain Yvonne Ingersoll – Corrections Bureau, Captain Thomas Porter – Corrections Bureau, Captain Ian Kogel – Corrections Bureau, Captain Susan Jones – Corrections Bureau, Lieutenant Dwight Cooper – PREA Coordinator, Sandra Guajardo – Professional Compliance Manager / Staff Inspector, and Megan Weeks – Professional Compliance Coordinator.

Following the entrance meeting I toured the facility and the annex from 0830 hours to 1200 hours. I was escorted by Lt. Dwight Cooper, Sandra Guajardo and Megan Weeks. During this tour I was able to conduct some interviews with staff and inmates. At 1300 hours, I conducted my specialized interviews with the Human Resources Director Carol Laudicina, Professional Standards Captain Brian Schnering, Lieutenant Araseli Stanley, and Executive Coordinator Catherine Buird.

Once I returned back to the facility, I conducted some additional staff and inmate interviews and observed the interaction of the staff with the inmates inside their housing units into the evening shift.

On the second day, I conducted some additional interviews with staff, contract workers, volunteers, inmates and I observed the interaction of the staff with the inmates inside their housing units. I also, conducted some specialized interviews with the Intake staff, the Classification staff, Medical and Mental Health staff, and Confinement staff. I also interview an inmate of Limited English Proficiency (deaf inmate) and one transgender inmate.

On the third day, I conducted some additional interviews with staff members and inmates prior to the Exit Meeting.

During this PREA Audit the questions that were asked of the all staff members, specialized staff members, medical/mental health members, and the inmate were the standard set of questions from the PREA Resource Center's Auditor's tools.

During this PREA Audit, there was a total of 63 inmate names requested to interview; and 7 refused the interview. The remaining 56 inmates, one inmate was deaf, three PREA victims (unfounded), one PREA victim (Substantiated), one transgender inmate, and two inmates who openly advised me they were gay.

I asked for a shift roster and randomly selected 32 security and civilian staff to interview which included the Specialized staff. All specialized staff were interviewed except SANE/SAFE, all SANE/SAFE exams are performed at the hospital.

There were seventy-one sexual assault/harassment allegation cases during this PREA Audit cycle, however thirty-eight of them were unfounded, twenty of them was substantiated and thirteen of them were unsubstantiated.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Manatee County Sheriff's Office (MCSO) Central Jail is located at 14470 Harlee Road, Palmetto, Florida 34221. Manatee County Central Jail encompasses a 40 acre portion of the county-owned property located in a rural area. The original two story constructed structure of the central jail began in 1991 and final completion was in May of 1995.

The Central Jail is classified as medium and minimum custody facility with an average daily population of 1074 inmates. The Central Jail houses individuals arrested in Manatee County, sentenced to the County Jail or offenders awaiting transport to the Department of Corrections or other agencies.

An annex that had a rated capacity of 420 is located down the street. Security cameras monitor all entrances and exits to Manatee County Central Jail. There are a total of 14 perimeter cameras that monitor the outer areas of the correctional complex, 24 hours a day by master control monitors.

The Central Jail is classified into 11 housing units. Manatee County Central Jail is double-tiered, modular, remote controlled facility. There are five pods containing 128 beds each, divided into two dorms.

Female Pod is double-tiered, modular, and remote controlled, containing 144 beds. The Female Pod is divided into six separate dorms. Female Disciplinary West is for administrative housing and Female Disciplinary East houses any disciplinary confinement inmates.

Medical Pod is a single floor. Direct-supervision pod containing 24 beds. It consists of eight isolation cells, eight one-person cells and two eight-person cells. Four of the isolation cells are negative pressure for contagious patients.

Disciplinary Pod is a double-tiered, modular, and remote controlled, containing 64 beds that are divided into two separate dorms. One for administrative segregation and one for disciplinary housing.

S Pod is a double-tiered, modular, remote controlled pod, in design. This pod has 48 beds that are divided into two dorms, and S Pod West houses disabled and psychiatric inmates.

H Pod is a double-tiered modular remote controlled pod divided into four dorms that is used to house inmates classified as maximum security. It contains a total of 80 beds.

Intake & Release holding cells are double-tiered and consists of 48 beds. There are an additional eight individual cells within this area that are under direct supervision.

**SUMMARY OF AUDIT FINDINGS:**

On August 2 - 4, 2017, three site visits were completed at Manatee County Sheriff's Office – Central Jail in Palmetto, Florida for their recertification. The results indicate:

Number of standards exceeded: 3 (115.11, 115.31, and 115.64)

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2 (115.12 and 115.66)

**Standard  
number here****115.11 Zero Tolerance**

☒ Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

PREA Manual 6927, Mission Statement. Memo designating PREA Coordinator. Based on interviews with PREA Coordinator. Manatee County Sheriff Office has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines Manatee County Sheriff Office's approach to preventing, detecting, and responding to such conduct.

Everyone who enters the facility receives a two page informational sheet which they are required to read and sign at the front registration desk and you also receive a card that you are required to sign, date and carry on you that acknowledges you have received training on PREA and that you are aware of the sexual abuse/assault policies, governed by the Manatee County Sheriff's Office and the United States Department of Justice Prison Rape Elimination Act.

This zero tolerance is expressed through-out the facility among the administrative, security, civilian, volunteer staff members and the inmates.

Manatee County Sheriff Office designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

**Standard  
number here****115.12 Contracting with other agencies for confinement of inmates**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

X Non Applicable

**Auditor comments, including corrective actions needed if does not meet standard**

The Manatee County Sheriff's Office has no contracts for the confinement of inmates with private agencies or entities. This standard is non-applicable to the Manatee County Sheriff's Office – Central Jail.

**Standard  
number here****115.13 Supervision and monitoring**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Multi-Year Strategic Plan 2016-2018, status reports; Daily Activity Reports; Duty Rosters; JMS Logs Sergeant; JMS Logs Lieutenant, Annual Corrections Bureau Staffing Plan, and based on interview with the Major and the PREA Coordinator.

Manatee County Sheriff Office has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring, to protect inmates against sexual abuse.

Manatee County Sheriff Office completes an annual review, in consultation with the PREA coordinator required by § 115.11, to assess, determine, and document whether adjustments are needed.

|                             |                         |
|-----------------------------|-------------------------|
| <b>Standard number here</b> | 115.14 Youthful inmates |
|-----------------------------|-------------------------|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual, and interviews with line staff, program staff and juvenile inmates.

A youthful inmate is not placed in a housing unit in which the youthful inmate has sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.

In areas outside of housing units, Manatee County Sheriff Office either maintains sight and sound separation between youthful inmates and adult inmates, or provides direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

|                             |  |
|-----------------------------|--|
| <b>Standard number here</b> | 115.15 Limits to cross gender viewing and searches |
|-----------------------------|--|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on their PREA Manual 6927, Operations Manual 6912, Review of the Temporary Detaining / Intake Form, , Armor Health Services J.G. 02.1; Program Rosters; Trusty Work Assignments; Memo Re: Cross Gender Searches.



Manatee County Central Jail does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) these are performed by medical practitioners.

Manatee County Central Jail has policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Manatee County Central Jail does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it is determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

**Standard  
number here**

115.16 inmates with disabilities and limited English speaking

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Operations Manual 6912, Inmate Hand Book, PREA Posters, Examples of TTY Phone being utilized and VISCOM (deaf interpreters) invoice, Language Line Invoices.

Based on random inmate and staff interviews and based on interview with limited English speaking inmates and interview with one who had a deaf disability.

Manatee County Sheriff Office takes appropriate steps to ensure inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of Manatee County Sheriff Office's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Manatee County Sheriff Office does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. I actually observed pamphlets, documents, and a PREA video in Spanish.

**Standard  
number here**

115.17 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual 6927, General Order 3016, reviewing Sexual Assault / Abuse Awareness / History Form, Applicant Control Sheets, Application for facility entry 1-contractor; 2-Vendors; 1-volunteer; Approved Entry List; Approved Vendor List; Sexual Assault/Abuse Awareness/History.

Based on interview with Human Resource Director review of personnel files. Manatee County Sheriff Office does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in any criminal justice facility, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above.

Manatee County Sheriff Office considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Manatee County Sheriff Office performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates and performs a records check at least every five years of current employees and contractors who may have contact with inmates. All Volunteers and Contractors have a criminal history performed annually.

**Standard  
number here**

115.18 Upgrades to facilities and technology

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual 6927, the 2016-2018 Strategic Plan / Goals and Objectives, the Manatee County Sheriff Office considers how such technology may enhance Manatee County Sheriff Office's ability to protect inmates from sexual abuse. There have been no substantial modifications to existing facilities. However, the facility is currently upgrading their cameras to a better quality image.

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Security Manual 6916, General Order 1035 – Sexual Violence Response, General Order 5006 – Collection / Preservation of Evidence, Armor Policy / Procedure in the Event of Sexual Assault / PREA, Armor Memo Re. Contracted Services with Manatee Memorial Hospital, MOU with Centerstone Sexual Assault Services, and the Manatee County Sheriff's Office Incident / Investigation Report.

The Manatee County Sheriff Office is responsible for investigating allegations of sexual abuse and the Manatee County Sheriff Office follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Manatee County Sheriff Office offers all victims of sexual abuse access to forensic medical examinations, without financial cost, where evidentiary or medically appropriate. Such examinations are performed by Sexual Assault Nurse Examiners (SANEs).

Manatee County Sheriff Office makes available to the victim a victim advocate from Centerstone Sexual Assault Services. As requested by the victim, a victim advocate meets the inmate and supports the victim through the forensic medical examination process and investigatory interviews and are provided emotional support, crisis intervention, information, and referrals.

**Standard  
number here**

115.22 referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, the Sheriff's Office website, and interviews with agency head and investigative staff.

Manatee County Sheriff Office ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Manatee County Sheriff Office has a policy that ensures allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

Manatee County Sheriff Office publishes such policy on its website

www.manateesherriff.com . Manatee County Sheriff Office documents all such referrals.

**Standard  
number here**

115.31 Employee training

X Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

PREA Manual 6927, Training Manual; PREA PowerPoint Curriculum; Test Scores and electronic sign through the Power DMS System and based on interview with random staff.

Manatee County Sheriff Office trains all employees who have contact with inmates on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and

(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The training starts in the Corrections Academics, during various muster meetings, periodical training emails from PREA Coordinator which is tailored to the gender of the inmates at Manatee County Central Jail.

|   |
|---|
| <b>Standard number here</b> 115.32 Volunteer and contractors training |
|---|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual 6927, Training Manual 6925 1.1; Program Manual 6913, Volunteer Training files; Contractor Training files, the Visitor and Vendor Information Handout and interviews with volunteers and contractors.

Manatee County Sheriff Office ensures all volunteers and contractors who have contact with inmates have been trained on their responsibilities under Manatee County Sheriff Office's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates are notified of Manatee County Sheriff Office's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Manatee County Sheriff Office has documentation confirming that volunteers and contractors understand the training they have received.

|   |
|---|
| <b>Standard number here</b> 115.33 Inmate education |
|---|

X☐ Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual 6927, Intake & Release Handout, the Inmate Handbook, Intake PREA Video (English & Spanish), PREA Pamphlet (English & English), PREA Housing Poster, and based on interviews with random inmates and intake staff.

During the intake process, inmates receive information explaining Manatee County Sheriff Office's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. A video is on a continuous loop in the Intake area that covers PREA in both English and Spanish.

Manatee County Sheriff Office provides a comprehensive education to inmates regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. A video is played again in the housing unit every Saturday and is also played at this time in Spanish.

Manatee County Sheriff Office provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. There is documentation of inmate participation in these education sessions.

|                             |  |
|-----------------------------|--|
| <b>Standard number here</b> | 115.34 Specialized training: Investigators |
|-----------------------------|--|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual 6927, National PREA Resource Center training "Investigating Sexual Abuse in Confinement Settings for Investigators". I reviewed the investigators certificates and their curriculum.

Based on interviews with investigative staff they received training in conducting investigations in confinement settings. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Manatee County Sheriff Office maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

|                             |   |
|-----------------------------|---|
| <b>Standard number here</b> | 115.35 Specialized training: Medical and mental health care |
|-----------------------------|---|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Armor Policy / Procedure Orientation for Health Staff, Forensic Information, and Procedure in the event of Sexual Assault / PREA, and reviewed the training documents and curriculum.

Manatee County Sheriff Office ensures that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to: detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Agency medical staff do not perform forensic medical exams.

**Standard  
number here**

115.41 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual 6927, Classification Manual 6902, Screening Instrument (10/14), and interviews with random inmates and intake staff responsible for screening.

All inmates are assessed during an intake screening prior to being assigned a housing assignment for risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Intake screenings take place 36-48 hours of arrival at Manatee County Central Jail.

Manatee County Central Jail uses an objective screening instrument.

The intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- (1) Whether the inmate has a mental, physical, or developmental disability;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and

(10) Whether the inmate is detained solely for civil immigration purposes.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to Manatee County Sheriff Office, in assessing inmates for risk of being sexually abusive. Within 30 days from the inmate's arrival at the jail, Manatee County Central Jail reassesses the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by Manatee County Central Jail since the intake screening.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

Manatee County Sheriff Office implements appropriate controls on the dissemination within Manatee County Central Jail of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Risk Assessments are controlled by Classification and maintained in the inmates custody file in locked cabinets in the Classification office.

**Standard  
number here**

115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Operations Manual 6912, Armor Policy / Procedure – Patients with Gender Dysphoria / PREA, Intake and Release Manual 6907, Memo ref. Inmate Housing, and I reviewed Classification Info/Inmate Personal History, Initial custody Assessment Scale, memo ref. Prior PREA Victim and interview with the PREA Coordinator ref. to the staff's responsible for risk screening.

Manatee County Sheriff Office uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Manatee County Sheriff Office makes individualized determinations about how to ensure the safety of each inmate. In deciding whether to assign a transgender or intersex inmate to a housing unit and determining programming assignments, Manatee County Sheriff Office considers on a case by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.



Placement and programming assignments for each transgender or intersex inmate is reassessed at bi-annually to review any threats to safety experienced by the inmate. A transgender or intersex inmate's own views with respect to his or her own safety are given serious consideration. Transgender and intersex inmates are given the opportunity to shower separately from other inmates at their request.

Manatee County Sheriff Office does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Manatee County Sheriff Office had one transgender/intersex inmate at the time of the audit and was housed in a general population housing unit with other inmates. General population housing has to be considered on a case by case basis.

**Standard  
number here**

115.43 Protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual 6927, Memos ref. Inmate Housing and Housing Review and interviews with the Major, PREA Coordinator, the staff who supervise segregated inmates.

Inmates at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. There have been no inmates at high risk of sexual victimization.

Inmates placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. If Manatee County Central Jail/Annex restricts access to programs, privileges, education, or work opportunities, Manatee County Central Jail documents the opportunities that have been limited, the duration of the limitation; and the reasons for such limitations.

Manatee County Central Jail/Annex assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment are not ordinarily exceed a period of 30 days. If involuntary segregated housing assignment is made Manatee County Central Jail/Annex clearly documents the basis for Manatee County Central Jail's concern for the inmate's safety; and the reason why no alternative means of separation can be arranged. Every 30 days a review is performed to determine whether there is a continuing need for separation from the general population.

**Standard  
number here**

115.51 Inmate reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Inmate Handout, PREA Pamphlet and the PREA video (English & Spanish), MOU with the Rape Crisis Center, interviews with staff members and inmates, and I reviewed JMS Incident Statement of Facts, the inmate kiosks system, the toll free PREA hot-line, the signage throughout the facility.

Manatee County Sheriff Office provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These internal ways are not limited to but are:

- (1) There is a toll free hot line number to the Rape Crisis Center and the Sheriff's Office Communication Center.
- (2) They can report any incident on the kiosks inside each housing unit.
- (3) They can talk to any random staff member, contract member or a volunteer.

Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.

Manatee County Sheriff Office provides a method for staff to privately report sexual abuse and sexual harassment of inmates.

**Standard  
number here**

115.52 exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Operations Manual 6912, Inmate Grievance Handout, and Inmate Grievance Report.

Manatee County Sheriff Office does not impose a time limit on when an inmate may submit any grievances regarding an allegation of sexual abuse.

Manatee County Sheriff Office ensures that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.

Manatee County Sheriff Office issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and are also be permitted to file such requests on behalf of inmates.

Manatee County Sheriff Office has established procedures for the filing of an emergency grievance when the inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a substantial risk of imminent sexual abuse, Manatee County Sheriff Office immediately forwards the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action is taken, and provides an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The initial response and final agency decision documents Manatee County Sheriff Office's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Manatee County Sheriff Office may discipline an inmate for filing a grievance related to alleged sexual abuse only where Manatee County Sheriff Office demonstrates that the inmate filed the grievance in bad faith.

**Standard  
number here**

115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Intake and Release Handout, MOU with Rape Crisis Center (April 19, 2017) and the interviews with random staff and inmates.

Manatee County Central Jail provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers. Manatee County Central Jail enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Manatee County Central Jail/Annex informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Manatee County Sheriff Office maintains a memoranda of understanding with Manatee Rape Crisis Center.

|  |
|--|
| <b>Standard number here</b> 115.54 Third party reporting |
|--|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual 6927, Sexual Assault/Abuse Awareness/History Form, and the Sheriff's Office website.

Manatee County Sheriff Office has a method to receive third-party reports of sexual abuse/harassment and distributes publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate. There is a PREA report form on the Manatee Website for third party reporting and the Sheriff's Office is always willing to accept and follow-up on any allegations that are reported.

|  |
|--|
| <b>Standard number here</b> 115.61 Staff and agency reporting duties |
|--|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, and the interviews with random staff; warden and medical/mental health staff.

Manatee County Sheriff Office requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of Manatee County Sheriff Office; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

If the alleged victim is under the age of 18 or considered a vulnerable adult under Florida State Statute 415, Manatee County Sheriff Office reports the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Manatee County Central Jail reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to Manatee County Central Jail's designated investigators.

|                             |                                 |
|-----------------------------|---------------------------------|
| <b>Standard number here</b> | 115.62 Agency protection duties |
|-----------------------------|---------------------------------|

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Incident Reports, and interviews with random staff, PREA Coordinator, and the Major. Immediate action is taken to protect inmates when Manatee County Central Jail learns that an inmate is subject to a substantial risk of imminent sexual abuse.

|                             |  |
|-----------------------------|--|
| <b>Standard number here</b> | 115.63 Reporting to other confinement facilities |
|-----------------------------|--|

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, review reports to the Coconino County Jail (September 11, 2014) and the Harris County Jail (Missouri Inmate), and interviews with agency Major and the PREA Coordinator.

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the PREA Coordinator of Manatee County Central Jail that received the allegation notifies the head of the facility where the alleged abuse occurred. Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. There are no current open investigations at this time.

**Standard  
number here**

115.64 Staff first responder duties

☒ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, interviews with security staff who are first responders, random staff and inmates who reported sexual abuse upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond separates the alleged victim and abuser; preserves and protects any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

If the first staff responder is not a security staff member, the responder requests that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Based on the PREA Responder Card I find Manatee County Sheriff's Office exceeds this standard. All officers carry this card in their pocket and in the event an incident occurs they have a quick reference guide on how to respond to the incident.

**Standard  
number here**

115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Armor Health Services Policy / Procedure in the Event of Sexual Assault / PREA, PREA First Responder Cards, and interviews with the Major and the PREA Coordinator.

Manatee County Central Jail has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. They also provide "First Responder Cards to all staff members.

**Standard  
number here**

115.66 Preservation of ability to protect inmates from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

X Non Applicable

**Auditor comments, including corrective actions needed if does not meet standard**

The Manatee County Sheriff's Office has no collective bargaining contracts based on the interview with the agency head. This standard is non-applicable to the Manatee County Sheriff's Office – Central Jail.

**Standard  
number here**

115.67 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Post Order PREA Compliance Coordinator, Monitor Retaliation Log and interviews with the Major, PREA Coordinator, and designated staff member with monitoring retaliation; inmates in segregation for risk of sexual victimization.

Manatee County Central Jail/Annex has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and are designate which staff members or departments are charged with monitoring retaliation.

Manatee County Central Jail/Annex has multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse or harassment, the Manatee County Central Jail/Annex monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and are act promptly to remedy any such retaliation. There are periodic status checks performed. Items Manatee County Central Jail/Annex monitors include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.

Manatee County Central Jail/Annex continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

If any other individual who cooperates with an investigation expresses a fear of retaliation, Manatee County Sheriff Office takes appropriate measures to protect that individual against retaliation.

|                             |   |
|-----------------------------|---|
| <b>Standard number here</b> | 115.68 Post allegation protective custody |
|-----------------------------|---|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Post-Allegation Protective Custody Report, Victim Confinement Review, Incident Report #2017-001277 and interviews with the Major, PREA Coordinator, and inmates in segregation for risk of sexual victimization.

Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse receive all the same rights and privileges as general population inmates.

|                             |   |
|-----------------------------|---|
| <b>Standard number here</b> | 115.71 Criminal and administrative agency investigation |
|-----------------------------|---|

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, the Investigators Training Documents, Incident Report 2017-3882, Incident Report 2015-00751, Probable Cause Affidavit 2015-9090, and interviews with investigative staff.



When the Manatee County Sheriff Office conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. that are reported from the abuse hotline and a parent calling in.

Where sexual abuse is alleged, Manatee County Sheriff Office uses investigators who have received special training in sexual abuse investigations. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; are interview alleged victims, suspected perpetrators, and witnesses; and are review prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the quality of evidence appears to support criminal prosecution, Manatee County Sheriff Office conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Manatee County Sheriff Office has three levels of investigations: In house investigators conduct administrative investigations; Criminal Investigation Unit conducts criminal investigations and Professional Standards conducts all staff involved allegations.

Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

Manatee County Sheriff Office retains all written reports for as long as the alleged abuser is incarcerated or employed by Manatee County Sheriff Office, plus five years. The departure of the alleged abuser or victim from the employment or control of Manatee County Central Jail or agency does not provide a basis for terminating an investigation.

**Standard  
number here**

115.72 Evidentiary standard for administrative investigation

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual 6927 and interviews with the investigative staff. Manatee County Sheriff Office imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

|                             |                             |
|-----------------------------|-----------------------------|
| <b>Standard number here</b> | 115.73 Reporting to inmates |
|-----------------------------|-----------------------------|

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Incident Reports 2017-013P and 2017-9090, Notifications to the Inmates, and interviews with the Major, Investigative Staff, PREA Coordinator, and inmates who reported sexual assault. Following an investigation into an inmate's allegation that they suffered sexual abuse in an agency facility, Manatee County Sheriff Office informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, Manatee County Sheriff Office subsequently informs the inmate (unless Manatee County Sheriff Office has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at Manatee County Central Jail.

Manatee County Sheriff Office learns that the staff member has been indicted on a charge related to sexual abuse within Manatee County Central Jail; or Manatee County Sheriff Office learns that the staff member has been convicted on a charge related to sexual abuse within Manatee County Central Jail.

Following an inmate's allegation that they had been sexually abused by another inmate, Manatee County Sheriff Office subsequently informs the alleged victim whenever Manatee County Sheriff Office learns that the alleged abuser has been indicted on a charge related to sexual abuse within Manatee County Central Jail; or Manatee County Sheriff Office learns that the alleged abuser has been convicted on a charge related to sexual abuse within Manatee County Central Jail.

All such notifications or attempted notifications are documented.

An agency's obligation to report under this standard are terminate if the inmate is released from Manatee County Sheriff Office's custody.

**Standard  
number here**

115.76 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, General Order 1013, Professional Standards Notification of Charges / Allegations Internal Investigation Case # 2016-10018.

The Manatee County Sheriff's Office staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff, who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. There were no terminations of any employees during this PREA Audit cycle.

**Standard  
number here**

115.77 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual 6927, Programs Manual 6913, PREA Incident Tracking Form, and interviews with the Major and PREA Coordinator.

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Manatee County Central Jail takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During this PREA Audit cycle there were zero contractors or volunteers involved in complaints of sexual abuse.

|                             |   |
|-----------------------------|---|
| <b>Standard number here</b> | 115.78 Disciplinary sanctions for inmates |
|-----------------------------|---|

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Incident Report 2017 – 1001, 2017-334, and interviews with the Major, PREA Coordinator and staff members.

Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Manatee County Central Jail offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

Manatee County Sheriff Office disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred are not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Manatee County Sheriff Office prohibits all sexual activity between inmates and will discipline inmates for such activity.

|                             |   |
|-----------------------------|---|
| <b>Standard number here</b> | 115.81 Medical and Mental health screening; history of sexual abuse |
|-----------------------------|---|

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Classification Manual 6902, Medical / Mental Health Victimization Screening – 2017-1648, Armor Policy / Procedure in the Event of Sexual Assault / PREA, Classification Information/Inmate Medical/Mental Screening, and interviews with staff responsible for risk screening and medical/mental health staff.

If the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

If the screening indicates that an inmate has previously been perpetrated sexual abuse/prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

All information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

**Standard  
number here**

115.82 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based PREA Manual 6927, Armor Policy / Procedure in the Event of Sexual Assault / PREA, Incident Report - # 2017-1170 and 2017-11155, and interviews with medical and mental health staff and inmates who reported sexual abuse.

Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections and prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

There have been two cases during this PREA Audit cycle. Both inmates were immediately examined by the Medical Department and sent to Manatee Memorial Hospital for proper forensic evaluations. They also received the proper services mentioned in this standard on a case by case basis.

**Standard  
number here**

115.83 ongoing medical and mental health care for sexual abuse victims

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Armor Policy / Procedure in the Event of a Sexual Assault / PREA, Invoice to Armor for SANE Exam (04/21/17), interviews with the medical/mental health staff and inmates who reported sexual assault.

Manatee County Central Jail offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse

The evaluations and treatments of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Manatee County Central Jail provides such victims with medical and mental health services consistent with the community level of care. Inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

There have been two cases during this PREA Audit cycle. Both inmates were immediately examined by the Medical Department and sent to Manatee Memorial Hospital for proper forensic evaluations. They also received the proper services mentioned in this standard on a case by case basis.

**Standard  
number here****115.86 Sexual abuse incident reviews**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on the PREA Manual 6927, Investigation Reports # 2015-32642, Incident Review Committee Team, Incident Review Recommendations, and interviews with the Major, PREA Coordinator.

Manatee County Central Jail conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at Manatee County Central Jail; and they examine the area in Manatee County Central Jail where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

During this PREA Audit cycle, there was one recommendation from the Incident Review Team ref. to Corrections Operations Manual 6912 – Dorm Rules.

**Standard  
number here****115.87 Data collection**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, reviewed the Survey of Sexual Violence Summary Reports (2014, 2015, 2016).

Manatee County Sheriff Office collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Manatee County Sheriff Office maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Manatee County Sheriff Office provides all such data from the previous calendar year to the Department of Justice no later than June 30 and this information is located on the Sheriff's Office website.

|                             |  |
|-----------------------------|--|
| <b>Standard number here</b> | 115.88 Data review for corrective action |
|-----------------------------|--|

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, reviewed the Survey of Sexual Violence Summary Reports for 2014, 2015, & 2016, the Approval Annual Report for 2014, 2015, & 2016, interviewed the Major and the PREA Coordinator, and reviewed the PREA Report on the Sheriff's Office website.

Manatee County Sheriff Office reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for the facility, as well as Manatee County Sheriff Office as a whole. Such reports includes a comparison of the current year's data and corrective actions with those from prior years and are provide an assessment of Manatee County Sheriff Office's progress in addressing sexual abuse.

Manatee County Sheriff Office's report is approved by the Sheriff and made readily available to the public through its website [manateesheriff.com/Bureau/PREA](http://manateesheriff.com/Bureau/PREA).



**Standard  
number here**

115.89 Data storage, publication and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on PREA Manual 6927, Florida Records Retention Schedule GS2, Sheriff's Office website ref. PREA Reports and Statistic.

Manatee County Sheriff Office makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website - manateesherriff.com/Bureau/PREA.

All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

*James Aguiar, Jr.* \_\_\_\_\_

Auditor Signature

\_\_\_\_08/22/2017\_\_\_\_\_

Date

**COMMISSION ON ACCREDITATION FOR CORRECTIONS**  
**STANDARDS COMPLIANCE REACCREDITATION AUDIT**

Manatee County Sheriff's Office  
Manatee County Sheriff's Office Central Jail  
Palmetto, Florida

April 19-21, 2017

**VISITING COMMITTEE MEMBERS**

Paul S. Hastmann, Chairperson  
ACA Auditor  
1406 Leafy Court  
Sykesville, Maryland 21784-8318  
(410) 795-0536  
[psh795@yahoo.com](mailto:psh795@yahoo.com)

Jonathan Williams  
ACA Auditor  
327 Merchant Drive  
Columbia, South Carolina 29212  
(803) 529-5418  
[williamsjoh2@gmail.com](mailto:williamsjoh2@gmail.com)

Cheryl Ann Williams  
ACA Auditor  
ODRC Lake Erie Correctional Institution  
614 Whitney Rd  
Conneaut, Ohio 44030-1155  
(419) 631-8534  
[cheryl.williams@odrc.state.oh.us](mailto:cheryl.williams@odrc.state.oh.us)

## **A. Introduction**

The audit of the Manatee County Sheriff's Office Central Jail, Palmetto, Florida was conducted on April 18-21, 2017, by the following team: Paul S. Hastmann, Chairperson; Cheryl Williams, Member; and Jonathan Williams, Member.

## **B. Facility Demographics**

Rated Capacity: 1468 [Annex-480] and [Central Jail-988]

Operational Capacity: 1844 [Annex-480] and [Central Jail-1364]

Actual Population: 1098 as of 4/20/17 versus 1053 at the last audit

Average Daily Population for the last 12 months: 1084 versus 963 at the last audit

Average Length of Stay: 16 days versus 28 days at last audit

Security/Custody Level: Medium Security facility but maximum/medium/high medium/minimum custody

Age Range of Offenders: 15-83

Gender: Male-894 and Female- 204

Full-Time Staff: 333 excluding vacancies versus 323 at last audit

Two-Administrative, 69-Support, 15-Program, 245-Security, one-Other [one part-time property].

Of the total inmates, 35% were Black and the remaining 65% mostly White. There are very few Hispanic, Asian and Native American inmates. Of the total, there were ten youthful offenders. The average sentence length was six months. The custody level breakdown was about 15% maximum, 40% medium, 25% high medium, and 20% minimum. The number of admissions in the past 12 months was 11484 with the total number of inmates housed at 13314. The number of inmates sentenced to the jail for six months or more in the past year was 562.

Of the total security staff complement, 184 are certified deputies, 14 non-certified are in CTEP [on the job training], 14 non-certified are in the Academy, and 33 non-certified are control room operators or work in the visitation center. Of the support contingent, 21 are food services, one certified is in maintenance, two are housekeepers, three are assigned to laundry, three are clerical, two are front desk receptionists, two are commissary clerks and 36 [one part-time] are designated to work in booking/property/warrants. In programs, there is one certified, one chaplain, three vocational teachers, two farm crew leaders, two meat processors and six road gang crew leaders.

There were 21 vacancies on the days of the audit or a vacancy rate of 6.1%. They included one property clerk, one food service coordinator, two PT farm workers, 11 corrections deputies, one corrections sergeant, one booking clerk and four control room operators. The team observed that the racial composition of the staff generally seemed to mirror the local community and that of the inmate make-up. Also, the team noted that there are a number of female deputies, inclusive of those in shift leadership and other key roles.

### **C. Facility Description**

The Mission of the Corrections Bureau is “to provide for the care and custody of inmates, and incarcerated youth. To safeguard the community and afford it peace of mind, the Corrections Bureau shall recognize its primary duty as one of keeping its facilities secure. To protect the lives, health, and well-being of staff, visitors, and inmates, the Corrections Bureau shall operate its facilities in a safe, orderly, and humane manner. The Corrections Bureau shall comply with all applicable federal, state, and local laws and regulation. All Corrections Bureau personnel shall be professionally trained. Corrections Bureau Personnel shall manage and supervise inmates in an evenhanded and courteous manner, protect all inmate rights. The Corrections Bureau has zero tolerance for sexual abuse/assaults against inmate, does not allow any discriminatory practice. Corrections Bureau Personnel shall classify inmates to the most appropriate level of custody, shall use the disciplinary process in an equitable, firm and prompt manner. Command-level personnel in the Corrections Bureau shall set a tone of respect for each other, professionalism and the highest code of ethics...”

The Central Jail is located in Manatee County located on the Gulf Coast of Southwest Florida which was established in 1855 and encompasses a land area of 741 square miles with a population of almost 350,000. The Sheriff’s Office, located in Bradenton, the county seat, consolidated all operations in late 2009. The Sheriff’s Office Operations Center contains the agency’s Human Resources, Fiscal and Payroll, Civil, Policy Compliance and other sections, primarily under the administrative umbrella. The Manatee County Sheriff’s Office is a full-service Law Enforcement/Correctional organization operating under the direction of an elected sheriff. Sheriff Rick Wells just started his first term in January 2017. The agency is comprised of four bureaus, each supervised by a Major under the Chief Deputy: Administrative, Enforcement, Investigative and Corrections Bureaus. The latter is charged with the control of the Central Jail, which is located in Palmetto. The facility started construction in 1991 and was occupied in 1995 on port owned acreage in Port Manatee and has about 285,000 square feet.

The complex is comprised of the main facility and two satellite structures situated nearby, known as the Port Stockade [A Building] and Annex [B Building]. The former contains male and female inmates housed in four large dormitory settings. Dorm One contains the Female Recovery Pod and Dorm Three the Male Recovery Pod while Dorms Two and Four houses male inmates assigned to road gang, vocational programs and the farm operation. Each dormitory has 30 bunked beds for a capacity of 60. There are toilets, wash basins and showers located within the unit along with dayroom space with tables and seats. The kitchen within the building is no longer operational and there is limited multi-purpose /office space. A hallway connects the two buildings. B Building contains housing for males only and has four designated dorms [five-eight] surrounding an elevated control center, however, the units are actually bar-front cells on two levels. The upper level cells are doubled with the lower mostly containing three inmates for a total capacity of 60 each. On both levels outside the units are a number of offices for use by official visitors as well as program staff.

The main facility contains housing PODS G1-4, D, T, F, S and H, the majority being divided into East and West wings. The latter two were closed on the days of the audit due to the population being less than capacity. T POD houses male trustees, G-4 contains maximum security general population males, G-2 houses general population males, G-3 has one wing for juveniles and one serves as a medical step down unit, D unit has one wing for male lockdown/disciplinary cases and one for male administrative segregation/protective custody, G-1 contains one unit for general population males and another for male administrative population/protective custody and F POD serves as housing for females including a unit for trustees, two units for general population and one unit each for disciplinary cases and administrative segregation/protective custody.

The number of beds in these celled units varies considerably and all are indirect supervision units with the exception of G-3 West housing juveniles, which is the only direct supervision unit in the main jail. Most of these units are designed to be doubled and sometimes even tripled. The remainder of this structure consists of a front lobby, judicial support/court room, master control center, two video court rooms, vehicle sally port, traditional style intake/booking unit, intake housing, usually for 12-24 hours, office space, release/bondsman lobby/transportation offices, inmate property storage, warrants and classification offices, records storage, medical unit, two classrooms, staff dining, staff break area, large kitchen, loading dock, facility maintenance, mechanical/electrical room, laundry room and commissary/library and multi-purpose room. On the considerable grounds is a video visitation center, an agency wide training building and a vast vocational programs/farm area.

Since 12/13 and ongoing, designated sections of the facility, including housing units, have been undergoing Refurbishment, necessitating the temporary closure of units and relocation of inmates. These efforts are scheduled to continue until sometime in 2019. The jail's chillers were replaced in 2014. The air conditioning in the Annex was replaced in 2014-15. Air handlers were replaced jail-wide in 07/14. Water conservation measures were installed starting in 2014 and finished in 2015 including setting the limit on toilet flushes per hour, reducing intentional 'flooding' of cells and providing for the automatic shutting off of water when not needed. Exterior painting is ongoing with improved material to seal cracks. All exterior buildings at the farm were painted in 2017. In addition, the renovation of the fish house was completed in 2017 along with the painting of the sewing building. The welding classroom was expanded to allow for more students.

#### **D. Pre-Audit Meeting**

The team was transported from the airport on 4/18/17 by Sandra Guajardo, Facility Accreditation Manager, and arrived at the hotel in Bradenton, Florida at about 4:00 p.m. The Chair met with her for 30 minutes or so to discuss questions about the Outcome Measures and to organize the first day's activities. The team met later that day at 6:00 p.m. in the hotel lobby for approximately 40 minutes to discuss the information provided by the Association staff and the officials from the Manatee County Central Jail. There was no meet and greet dinner.

The chairperson divided standards into the following groups:

Standards # 4A-01 to 4A-18 and 5C-01 to 7D-24- Chairperson Paul S. Hastmann

Standards # 1A-01 to 2D-02, 3A-01 to 3A-02, 4B-01 to 4B-09 and 7G-01- Member Jonathan Williams

Standards # 2A-15, 2A-45, 2D-03, 4C-01 to 5B-18, 7D-25 and 26 and 7E-01 to 7F-07 - Member Cheryl Williams

The team assisted each other with certain standards to ensure the completion of the mission.

## **E. The Audit Process**

### **1. Transportation**

The team was escorted to and from the facility each day by Sandra Guajardo, Facility Accreditation Manager, arriving on 4/19/17 at 7:55 a.m., on 4/20/17 at 7:30 a.m. and on 4/21/17 at 7:55 a.m.

### **2. Entrance Interview**

The audit team proceeded to the standards review office in the administrative section of the building. The team expressed the appreciation of the Association for the opportunity to be involved with Manatee County Central Jail in the accreditation process.

Sandra Guajardo, Facility Accreditation Manager escorted the team to the training room where the formal entry meeting was held from 8:05 a.m. to 8:30 a.m. after which the team and many facility personnel, including many from the command staff, partook of a scrumptious breakfast meet and greet. Unlike most facilities, this gathering was audio recorded.

The following persons were in attendance:

Rick Wells, Sheriff

Dwayne Denison, Colonel

Daniel Kaufman, Corrections Bureau Chief

Bill Jordan, Investigative Bureau Chief

William Dixon, Administrative Bureau Chief

Dennis Dummer, Enforcement Bureau Chief

Captain Susan Jones, Corrections Bureau, Services Division

Captain Ian Kogel, Corrections Bureau, Operations Division

Captain Robert Sanchez, Corrections Bureau, Support Division

Captain Patrick Cassella, Investigation Bureau, Criminal Investigations Division

Captain Violet Duey, Administrative Bureau, Support Division

Neil Unruh, Comptroller

Michelle Hall, General Counsel

Eric Werbeck, Associate General Counsel  
Lieutenant Dwight Cooper, PREA Coordinator  
Lieutenant Yvonne Ingersoll  
Lieutenant Robert Miller  
Lieutenant Thomas Porter  
Sergeant Amy Boldin  
Sergeant Robert Bowden  
Sergeant Matthew Gardieff  
Sergeant Stephen Hart  
Sergeant Kathryn Porter  
Sergeant Glenna Proll  
Deputy William Swales, Fire Safety and Sanitation Officer  
Sandra Guajardo, Professional Compliance Manager/Staff Inspector  
Eva Buckner, Booking Supervisor  
Megan Weeks, Professional Compliance Coordinator  
Dee Halpin, Professional Compliance Coordinator  
Nhi Chan, Professional Compliance Coordinator  
Chaplain Benjamin Pate  
Scott Ridgeway, Manatee County Property Management  
Shonya Hines, Health Services Administrator, Armor Medical  
Nikita Law, Director of Nursing, Armor Medical  
Lenell Houser, Corrections Bureau, Executive Assistant

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 tentative audit itinerary/schedule was also discussed at this time.

The chairperson stressed that there would be no surprises and that an executive out-briefing would be held at the conclusion of each audit day to keep the facility apprised of progress and any issues. The team members shared their professional correctional backgrounds and experiences with the ACA's standards and accreditation process as well as their respective standards assignments. The chair reiterated that the team would try to disrupt normal routine as little as possible during the tour. In addition, the chairperson further reinforced the duties and responsibilities of the designated "scribes".

### 3. Facility Tour

The team toured the entire main facility from 9:00 a.m. to 1:15 p.m. on 4/19/17. On 4/20/17, the team toured the Annex, Agency-Wide Training Building, Video Visitation Building and Vocational Programs/Farm from 8:00 a.m. -10:30 a.m.

The following persons accompanied the team on the various tours and responded to the team's questions concerning facility operations:

Lieutenant Robert Miller  
Lieutenant Dwight Cooper, PREA Coordinator  
Lieutenant Thomas Porter  
Sergeant Amy Boldin  
Sergeant Matthew Gardieff  
Deputy Edward Poelsma  
Deputy William Swales, Fire Safety and Sanitation Officer  
Arnold Robinson, Manatee County Maintenance  
Sandra Guajardo, Professional Compliance Manager  
Megan Weeks, Professional Compliance Coordinator and “scribe”  
Dee Halpin, Professional Compliance Coordinator and “scribe”  
Nhi Chan, Professional Compliance Coordinator and “scribe”

Facility notices were observed posted throughout the facility inclusive of administrative, programmatic, common and housing areas.

#### 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:**

Access to the correctional compound is controlled by a certified armed deputy who operates out of a “guard shack”, which is manned 24 hours a day, seven days a week. All persons attempting to enter the complex must show proper identification and verification of official business. The perimeter is surrounded by a 12-foot fence enhanced by three strands of razor wire. Once within the grounds, entry into the central jail is through a small open and bright lobby with lockers for visitors to secure their possessions.

Visitors must approach a glass enclosed station where picture identification is exchanged for a visitor’s pass. Also, visitors are required to read and acknowledge in writing information relative to PREA. Staffs are able to enter through the door using an electronic key fob/card system, while visitors enter only after authorization. The visitor must then pass through a metal detector and undergo a “wandering” if there is an alert. Once in the non-secure, authorized area, entry to the administrative section can be gained via an elevator to the second floor. Entry into the secure portion of the facility must be through a safety vestibule operated by Master Control. There is a dedicated staff entrance as well gained via the electronic card system.

Inmates access the facility through a secured vehicle sally port and then through a safety vestibule controlled by Master Control.



Vehicle entrance into the stockade/annex is via two gates and the area is further surrounded by a single fence topped with razor ribbon. Pedestrian access is through a small lobby controlled by a control center with similar requirements for identification and receipt of official passes.

In addition, an early warning system, audible for up to a mile and on half radius and tested every Friday at noon, is on the roof on the central jail with five different alerts. Perimeter security, inclusive of all entrances/exits is enhanced by the presence of 18 cameras monitored by Master Control. In addition, armed foot and/or mobile patrols of the perimeter occur at random during the day and hourly on an irregular schedule at night.

Internal security is provided by the presence of a reported 300 or so cameras monitored by control centers. In addition, all inmate movement is by staff escort. There is no pass system. In addition to Master Control, each housing building has a satellite control station which primarily operates the doors in that specific location only. There is, however, the capability of Master Control to override the operation in case of emergency. Correctional Deputies are assigned to each housing pod to maintain overall security with all living units using indirect surveillance except the juvenile pod, which utilizes direct supervision. Control of inmates is enhanced by the use of a color-coded uniform system which identifies the custody level and status of the respective inmates. Furthermore, each certified deputy has a radio with a "man-down" function as well as a taser, OC spray and handcuffs. At strategic locations in the facility, there is a walk-thru metal detector/scanner. In Intake, a body scanner was obtained about two years ago to enhance the initial searching of newly received inmates.

All certified deputies are issued a handgun after completing the rigorous pre-service training curriculum. They either leave them in their vehicles or place them in gun lockers located at each entrance/exit since they are not permitted within the secure perimeter. They are regularly required to re-qualify. There is no formal armory/arsenal on the jail grounds. In addition to firearms, they are periodically mandated to be retrained in taser and chemical agents.

The team interviewed staff of all ranks as well as the Director of Training and it seemed as if the security personnel are well versed in their duties and responsibilities by virtue of at least 420 hours of pre-service and 40 hours of in-service classes. In addition, post academy completion, correctional personnel go through 16 weeks of on the job training with veteran officers before being placed on their own. Each security position has established post orders which are regularly acknowledged. They, like most policies/procedures, emergency plans and forms/templates are on the computer system.

Tools are mostly maintained in the facility maintenance room within the central jail and in the various vocational shops and related work areas on the farm.

They were securely stored and routinely accounted for except for some issues with sewing needles in the garment shop. This was brought to the attention of staff who assured the team that corrective action would be forthcoming. Keys are mostly controlled by an electronic system of access, issue and return. Those that are not are passed on at shift change and noted accordingly. Emergency keys are properly identified and available as needed. Restraint devices can be issued out of the control center and others are available in the Transportation Office where proper controls were observed in practice by the team.

There is a Special Response Team [SRT] made up of 29 highly trained deputies, several of which are dual certified in law enforcement and corrections. They are used for cell extraction, forced moves and other similar situations, but fortunately have not been required to respond in the past twelve months.

The staff and inmates alike indicated and the team noted that there did not seem to be any significant security issue related to gangs/cliques or race relations.

#### **Environmental Conditions:**

The team noted that the facility was open, airy and well-lit, with the exception of the dayrooms in the annex where there is no natural light. Nevertheless, the artificial light there still provided for the inmate needs to read and do other normal activities. Throughout the facility, even the special confinement areas, the noise level was more than satisfactory. Some of this may be attributed to the absence of televisions, but generally the inmates were quiet and respectful. The team did not notice nor did the staff or inmates bring to their attention any unusual or noxious odors. The entire compound, the central jail and the stockade/annex are climate controlled. The team felt the buildings to be comfortable with more than adequate air flow. The team tested the availability of hot water in the wash basins and showers and found no issues of concern. The inmates verified that hot water is readily available.

The facility maintains proper controls over toxic, caustic and flammable materials. They were found by the team to be securely stored and routinely accounted for with limited inmate access. The only issue was a 'yellow' cabinet in the vehicle sally port with paints and other items. This area did not have any inventory or SDS sheets; therefore, the facility immediately removed them from the area. All other such areas did have a perpetual inventory system and readily available SDS sheets. Most chemicals were automatically dispensed or diluted and issued from a central depository, thereby further reducing inmate access.

The facility seriously practices sustainability with cardboard and metal recycling efforts as well as the previously mentioned water use control system.

**Sanitation:**

The considerable grounds were well landscaped and the first impression upon the team's arrival was a positive one. The common areas like the long hallways/corridors were quite clean and well maintained. Program space, whether multi-purpose rooms, exercise yards or classrooms, appeared orderly and in good condition. Office and administrative areas were well equipped, organized and showed signs of personalized decorations and furnishings. The housing unit dayrooms indicated good housekeeping practices being followed with only the necessary items observed. The living quarters varied in appearance but overall seemed to reflect cleanliness and limited clutter. Inmates were required to keep personal items to a minimum and within the issued bins. For the most part, this policy was enforced. The cells where inmates were triple bunked and the crowded medical housing units were the only areas which detracted from the overall positive appearance of the facility.

Trash was removed from the facility, especially the kitchen area, on a regular basis and placed in exterior dumpsters/compactors from which it was collected at least twice a week by a contract service. The team did not observe nor did staff or inmates report any issues with vermin and pests and internal/external areas were treated routinely according to a contract.

The team observed that there were few maintenance issues and those identified by the team during the tour, such as leaky faucets/showers, were given immediate attention. In those housing units which had been refurbished in recent years, there were few, if any, matters of concern. In those still awaiting refurbishment, there were issues with rusting ceiling vents, especially in the shower areas, fixtures warranting attention, cell floors needing painting, doors needing varnishing, rust on cell doors in special confinement housing needing some effort and some shower sections in the annex warranting additional attention to cleaning.

Overall, the facility housekeeping plans were obviously being implemented and both staff and inmates took pride in their accomplishment. The Inmate Handout clearly states the responsibilities of all inmates relative to care of living quarters. In addition, it states that each inmate is required to bathe at least twice weekly and to practice good grooming and hygiene habits to foster proper health and well-being.

**Fire Safety:**

The facility has a full time certified deputy responsible for conducting monthly fire inspections, coordinating with the local fire department to perform yearly independent external fire inspections and arranging with local companies to conduct yearly sprinkler and fire alarm testing. Facility staff conducts daily and weekly safety and sanitation inspections as well. Emergency evacuation route diagrams are conspicuously and strategically posted throughout the facilities.

The emergency exits are identified by lighted exit signs and the team observed that they were free of obstruction. Fire extinguishers were seen at various locations within the buildings and all were charged and regularly inspected. Sprinklers and fire alarms were observed throughout the compound and these systems are monitored by master control 24/seven. The kitchen hood also has a fire suppression system. Smoking is prohibited within the corrections compound. All tobacco products are considered contraband.

Fire drills and emergency evacuations are practiced quarterly, often incorporating inmate movement. Staffs are trained in fire safety and emergency procedures in the basic academy which is further reinforced by routine in service training. Information to inmates regarding fire safety and evacuations is mentioned in the Inmate Handout. Local fire responding agencies are located nearby in case of emergency. The facility reported that only two minor trash can fires occurred in the past twelve months with no injuries or property damage.

### **Food Service:**

The food services operation is under the auspices of Sheriff's Office employees, not contracted. The approximately 20 staff works two main shifts with the assistance of almost 60 inmate workers. The menu makes liberal use of the products grown and harvested at the nearby farm including vegetables as well as meat from the cattle and pigs, fish and eggs from the chicken houses. The food services section uses its own fleet of vehicles of various types to pick up and deliver fresh produce from local farms and warehouses throughout the local area.

The team noted the presence and storage of a considerable volume of donated items, especially baked goods, particularly bread. The operation uses a four-week cycle menu approved at least annually by a registered dietician and including an average of 2900 calories per day. Inmates supplement their meals by purchasing foodstuffs and other items from the commissary operated under a contract. They may purchase up to \$80 per week or the amount that can fit in the assigned storage bin. All meals are prepared in the central kitchen, now that the operation in the annex has been closed for the past few years, loaded into heated cafeteria style carts and delivered to the housing units where the inmates eat either in the dayrooms or in their cells, depending on their custody status. Each unit had a little pantry area with refrigerator to store special diet trays and otherwise to facilitate heating and meal delivery.

There were no inmate complaints as to food temperature. The team partook of a dinner meal on day two of the audit and found the portions to be ample, the quality to be more than satisfactory, the taste and texture to be acceptable and the temperature to be appropriate. The per meal cost ranges ordinarily from \$.85-\$1.15. The kitchen prepares over 100,000 staff and inmate meals per month.

The kitchen was clean and in a good state of repair. All items in the three freezers, six refrigerators and dry goods areas were properly stored with no clutter and temperatures were as required by standard and routinely recorded. Kitchen utensils were securely stored and regularly accounted for at the beginning and end of each dietary shift. All kitchen equipment appeared to be in good working order and sanitary. Wash basins with hot and cold running water and staff and inmate lavatories were available and well maintained. Regular external inspections are conducted by the local health agency and any noted deficiencies corrected as soon as practicable. Internal inspections are likewise routinely conducted. Both staff and inmates receive medical clearance before working as well as training on kitchen equipment and proper sanitation.

Inmates receive three meals, two of which are hot, at regular intervals each day. The lunch meal is a sack meal. Inmates who are not trustees are charged \$2.00 per day deducted from their accounts for meals. Special meals are available as approved by a medical authority, the Chaplain or the Facility Commander. Alternative meal service is available as required for certain cases but has not been authorized in the last three-year audit cycle. There were about 200 inmates on medical diets and only a handful of religious diets provided on the days of the audit.

Staff has the opportunity to order meals at a nominal cost in the “staff café” where there are not only daily entrees but also a well-stocked salad bar as well as drink and dessert options. They may opt to partake of meals in a large and well-furnished dining facility or break rooms. Staff that chose to bring in their own meals must do so in plastic see through containers subject to search. There are refrigerator/freezers and microwave ovens available in the breakrooms for staff use.

### **Medical Care:**

The medical department is in the front of the main building behind the intake area. The medical department is one story. The left side of the hallway has several offices when you enter the medical wing of the jail. The Health Care Administrator, Director of Nursing, and the Mental Health providers all have offices in that area. Across from the offices there is a room that has a phone and a monitor for visitation. All visits are non-contact.

Proceeding down the hallway there are holding cells for individuals waiting for appointments. At the far end of the hall are the infirmary cells. The infirmary cells continue across the hallway. In the center is the Deputies’ station with video and audio equipment to observe inmates on “watch”. The cells designated for watches have a “curtain” that can be raised and lowered by the security staff as needed for observations. The dental department is located at the far end of the hall across from the Deputies’ station. There is also a bench that runs along the wall in front of the officer’s area for inmates that are waiting on services.

Cell # one is a holding cell. Cells two-eight house single inmates in need of medical services. Cells nine and ten are multiple inmate cells that can hold up to eight individuals. There are eight negative pressure cells. They cover the entire back side of the infirmary housing area. There are a total of 18 inmate housing cells in the department. There are a total of 24 beds available.

There are exam rooms throughout the building and in the annex. There are two provider offices and a lab area for examinations. The exam rooms are well equipped with supplies. The supplies are secured. Nurse's sick call is held seven days a week. Sick call slips are available to the inmates at pill pass from the nurses. The slips are triaged within 24 hours and all patients are seen within 48 hours. Inmates are brought to the clinic by pods. Medical staff also receives phone calls. The calls are triaged to determine if the inmate is in immediate need of medical services or if he or she should have utilized the process of nurse's sick call sign-up sheets. Patients can be referred to Doctor sick call. Inmate's charts from Nurse Sick Call are reviewed by the doctor for referrals. The doctor also reviews labs and x-rays. Patients are called down by staff. There are two books for doctor appointments. The first is for general complaints and the second is for Chronic Care. Both books were current. Special housing inmates can obtain a slip for sick call daily from the nurse doing rounds. The slips are processed and the inmates are brought to the clinic or the Nurse Practitioner goes to the special housing area to do sick call.

Water fountains and restrooms are available in the waiting areas. Educational materials are available for numerous illnesses and diseases. There are three Deputies assigned per shift to the Medical Department. One deputy is the Central Control Room Operator. The Deputy monitors the inmates utilizing the services available. The Deputy calls the inmate to the desk and directs him to the area of his appointment. The operation runs very smoothly.

There is a separate room for the nurse to interview new arrivals in the intake department. The nurse does an intake assessment which includes vital signs. The initial examination also includes a health and physical, Mental Health evaluation, and Dental assessment. The nurse reviews the history and makes all recommended referrals for the inmate. Offenders identified with chronic illnesses such as Diabetes, Asthma, COPD, Seizures, HIV, Hepatitis, or Cardiac conditions are enrolled in Chronic Care Clinics and seen minimally every six months or more often as indicated by the advanced level provider according to their degree of control.

Ancillary services available include EKGs and X-rays. EKGs are done as ordered. X-rays are done two times a week routinely by Tech Care. Labs are done per doctors' orders Monday through Friday. Lab results are filed in the offender's chart and reviewed by the Doctor. Patients may request review of labs. Abnormal tests are discussed with the patient on a scheduled visit.

Records are kept in a generalized filing area. They do not have electronic records. All records are in paper form. The records room was neat and clean and well organized. Charts are in a systematic order and information is easily obtained. They are filed in alphabetical order. There are two full time and one part time employee in the records department.

The medical department is staffed seven days a week, 24- hours a day. There is also an "on call" schedule for the doctors. Staffing consists of Shonya Hines (Health Services Administrator), Nikita Law (Director of Nursing), Lori Ludwig-Sloat (Administrative Assistant), Deborah Bacon (Discharge Planner), Dr. Elvira Perez (Medical Director), and Paula Sanders (Nurse Practitioner). Each shift has two infirmiry nurses, one charge nurse, and one LPN. Intake has one RN and one LPN. The annex has one LPN from 6:00 a.m. to 6:00 p.m. and one LPN from 6:00 p.m. to 6:00 a.m. There are also med nurses, three each shift from 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. All staff is employed by Armor (except for the Mental Health Department). There are 11 RNs currently employed at the jail. There are 27 LPN staffs. Some are employed full time and others work PRN (as needed). There are two Advanced Level Providers; (one) full time (40 hours) and (one) part- time (32 hours).

Prescriptions are filled by Diamond Pharmacy. If the orders are sent out by 1:00 p.m. they will arrive by the following day. Stat orders are filled locally at Walgreens Pharmacy in Palmetto. Sharps count (needles, syringes, tools and other sharps) is a two-person system (leaving shift counts with oncoming shift). It is conducted in the secure storage area before the on-coming shift. There is a count for controlled medications (schedule II-IV). The count is done three times a day by two licensed staff members. The counts were accurate. The pill carts had individual bottles that were properly labeled with the dosage and inmate information for proper accountability of all prescribed medications.

Pill call is done from a cart brought to the area. Deputies are present during pill call and assist with inmate movement to the designated areas where pill call is being held. The inmate comes to the cart one at a time. The nurse prepares the inmates' medication in a single dosage cup. His identification is verified and the Medication Administration Record (Kardex-card containing information on prescription and dosage) is accessed at the time to check the medication to be administered. The medication is handed to the inmate in the cup and the inmate takes the medication in front of the nurse and Deputy. The process went very smoothly and was well organized. There was not a long line of offenders waiting for medication. Pill call is held two times daily in addition to diabetics who have Accu checks and insulin injections.

There is over the counter medications available for sale in the commissary. Such medications include Generic Aspirin, Tylenol, Motrin, multi-vitamins, cough drops, antacids, antifungal, and acne medication. There are indigent packages available from Trinity for inmates who cannot afford hygiene products.

The inmates have co-pay for a variety of services. A doctor or dental visit is \$8.00. A visit with a nurse or a prescription is \$5.00 for each. Lab work is \$4.00. A charge of \$34.00 will be deducted for X-rays.

There were a total of three (AED) machines in the facility. One is in the intake area, one is in the annex, and the other one is in the infirmary. All had monthly logs available and were checked two times a day. All three had the light on indicating a full battery charge. Stretchers and emergency bags were available and locked with numbered tags.

Meals are brought to the area for the inmates housed in the clinic. The food was the correct temperature and the portion size was appropriate. There are approximately 200 specialized medical diets. They are prepared by facility food services daily. Lists are available to staff to ensure each inmate obtains a proper diet.

Emergencies are assessed by nursing staff. If it has been determined the emergency needs further assistance from an outside source, inmates are taken to Manatee Memorial Hospital by EMS or squad car. An emergency transport sheet accompanies the inmate.

Transportation deputies escort pregnant addicted inmates to a methadone clinic seven days a week. The trips are then reduced as tolerated to one time a week.

The infirmary meets with a multi-disciplinary team quarterly to discuss trends of infectious diseases and other health related topics. They report and keep a log of communicable diseases. They follow a written guideline for prevention, treatment, and isolation of patients at risk for communicable diseases.

Mental health personnel are employed by Centerstone. Staff consists of Dr. Jesus Linares (Psychiatrist) who is employed full time. One full time, one part time, and (three) as needed providers are available for office visits. The clinic is open Monday through Friday and as needed on weekends. The Psychiatrist is on call and patients can sign up for mental health sick call. There is one cell for inpatient suicide watch and two rooms with just cameras for watches. Mental health holding cells can accommodate up to six inmates at one time. Psychiatric observation can occur in the inmate's own cell. Mental health staff or nursing staff can initiate a watch status. Inmates are reevaluated every 12 hours. G3 is a housing area for chronically mentally ill inmates. The policy refers to them as a medical step down unit.

The dental staff consists of Stanley Levsky and Anna Fineout. The dental clinic is open on Friday and Sunday from 7:00 a.m. until 5:00 p.m. There is no hygienist. They do not do routine dental cleanings. The dental staff were working on complaints that were received in March for April Appointments. They also triage emergencies.



There was a suggestion by the visiting committee to have the existing exams kept current by adding more dental hours.

The medical department runs very smoothly. The services were offered timely and there was continuity in patient care. There are few complaints received in regards to medical care or treatment. The area was clean and staffs were very helpful. The staff exhibited professionalism in regards to co-workers and the patient population. Staffs were courteous and helpful. They answered all questions and were familiar with policies, protocol, and procedures.

Programs for inmates include A/A, N/A, Living Sober, Life skills, Active Parenting, Anger Management, Heroin and Opioid addiction classes, Selah (program for rape victims), Grip (God raising incredible parents), and the Road to Reentry.

### **Recreation:**

Each housing unit pod has an adjacent outdoor exercise area with a basketball hoop. Inmates have the opportunity to participate in outdoor recreation for a minimum of an hour a day every day of the week, weather and behavior permitting.

Special Management inmates receive one hour of exercise daily excluding weekends. There are several individual caged yards for inmates to recreate alone. The yards are open from 8:00 a.m. to dusk with each dorm having a scheduled time. Due to visitation and religious services, occasionally weekend recreation for general population inmates may be modified or cancelled.

Housing units have games, chess, checkers, dominoes and cards to help occupy leisure time. Game tables are located in all the pods. There is no television except for educational/religious videos and facility orientation or PREA informational videos. There is no weight-lifting equipment and no indoor recreation area/gymnasium.

### **Religious Programming:**

A full-time chaplain is employed to coordinate religious activities, religious volunteers and staff needs when requested with the assistance of a considerable number of volunteers from the local community. Religious services/Bible studies are offered for several denominations on a regular schedule. In addition, the chaplains are available for religious, crisis and personal counseling as needed.

There is no formal chapel so services/studies are held primarily in the housing pod dayrooms. The team observed during the tour an example of a religious based film offering being shown in one of the dayrooms for any or all inmates to watch.

Services/studies are set for every day except Saturday and include but are not limited to such programs as Catholic Ministries, Bible Study, Celebrate Recovery [Substance abuse], Learn to Fish [Substance abuse -Females], Integrity Curriculum, Recovery Pod, and on Sunday, non-denominational church services in all pods. While there are no formal services for those of the Jewish and Muslim faiths, arrangements are made by the chaplain to facilitate these faiths by distributing literature and seeking volunteers to minister one on one in the pods. The chaplain also is involved in reviewing requests for religious dietary allowances.

The chaplain also coordinates a program called GRIP [God Raising Incredible Parents]. About a year ago, a new program started and is housed in the Annex Building A involving a pod for males and one for females. It is involved with addressing substance abuse through a religious based program involving all volunteers from the community. The chaplain submits a monthly report which reflects the wide variety of services addressed including but not limited to death notifications, aftercare, correspondence bible studies, individual/group teaching sessions, and an assessment of inmate morale.

### **Offender Work Programs:**

All locally sentenced inmates are required to work. Inmates assigned to work programs must first attend an orientation to learn the Rules and Regulations. Inmates are assigned to a number of inside jobs including pod sanitation, warehouse, laundry, commissary, housekeeping, kitchen, cart pushers, painters, houseman, maintenance, grounds keeping and a few other miscellaneous assignments.

The inmates live in designated housing units and receive diminution credits off their sentence. About 170 inmates were engaged in these activities or 15% of the total inmate population. In addition, approximately 30 inmates were assigned to Road Gangs, one of several of the Sheriff's Office initiatives at cost avoidance.

The March 2017 report indicates that over \$60,000.00 in labor was saved by road gang workers. These inmates perform maintenance on roadways, parks, drainage systems and other county owned property. This work is performed for and augments the efforts of the Department of Public Works, County Highway Department and County Parks and Recreation.

Inmates are also assigned to the Bradenton and Palmetto Police Departments as well as Port Manatee to assist in sanitation related duties. Also, certain inmates are put to work of the 77-acre farm to assist in the egg laying production, the swine operation, tilapia farm, cow/calf operation and ten-acre vegetable garden. Approximately 15 inmates were so engaged.

### **Academic and Vocational Education:**

The local school board provides a certified instructor Monday to Friday from 8:15 to 10:45 a.m. and from 12:15 p.m. to 2:45 p.m. to continue education for juvenile offenders as required by Florida State Statute. There are two well-equipped classrooms for this purpose with several computer stations to facilitate individualized program instruction. In March 2017, the Programs Unit reported that there were 57 juvenile education instructor encounters. No formal education programs are provided for adult inmates.

The Sheriff's Office also offers a number of vocational programs with the motto of LIFE [Leading Inmates to Future Employment]. These programs are jointly run by facility staff and teaching personnel from the Manatee Technical Institute [MTI] Monday-Friday from 7:00 a.m. to 2:00 p.m.. At the time of the audit approximately 40 male and female inmates were assigned to one of these programs. The March 2017 report stated that 66 inmates were involved in the aquatics program, 28 in auto body, 57 in carpentry, eight in engine repair, 22 in hydroponics, 15 in horticulture, four in uniform production and 113 in the welding program. These offerings are a priority of the Sheriff who is a staunch advocate for putting inmates to work and providing training opportunities for inmates in preparation for their release back into society.

Concurrently many of these programs reduce the costs associated with running a large jail. Considerable funds are saved annually by producing much of the jail food and providing other services. Determined to make low risk inmates productive, programs were created where inmates work, learn skills and save the county money, defined as cost avoidance. An example of these cost savings for March 2017 reflects that the below listed programs saved the county taxpayers almost \$250,000.00

These vocational opportunities include, though not all are currently operational:

- Custom Garment and Sewing- inmates produce jail uniforms using state of the art sewing machines and other equipment that also creates upholstery, sheets, pillow cases and other garments like hats, tee-shirts etc.
- Laundry/Pressing – inmates launder and press staff uniforms to obtain experience/training suitable for the dry-cleaning industry.
- Meat Processing- beef and pork products from the around 100 domestic and feral pigs and close to 900 cows are processed and packaged in a nearby state of the art facility that also serves as a training site for meat cutting skills to assist released inmates in finding jobs in grocery and butcher shops. Concurrently this operation provides almost 100% of these meat products to the inmate menu as well as to other agencies such as Marion County

- Horticulture- inmates are taught the basics of seeding, propagating and cultivating plants and includes over 10,000 square feet of greenhouse space and several acres of growing area. These plants are used for county beautification projects as well as are for sale to the general public.
- Hydroponics- inmates learn about the organic growing of plants in a greenhouse using only water and no soil. The lettuce currently produced enhances the jail menu. Okra, cucumbers and bell peppers are also grown on occasions in this specially designed and controlled environment.
- Welding- inmates receive hands-on training and classroom instruction in a variety of welding techniques and metal fabrication. Inmates have helped create several metal structures located throughout the correctional complex.
- Diesel Engine Repair- provides inmates a foundation in the operation and repair of diesel engines and other equipment such as tractors and pick-up trucks.
- Grist Mill- this unique program is designed to produce grits and all natural corn meal products used in the jail menu and teach inmates use of machinery in making whole grain foods. This is the only grist mill in a correctional facility in Florida and the only one of its kind operated by a sheriff's office in the country.
- Auto Paint and Body Repair Shop- serves as a training ground for inmates with an interest in vehicle body work. The inmates receive hands-on experience repairing county owned cars and trucks. Federal grant money was used to build one of the largest spray booths in the county.
- Aquaculture- inmates learn how to breed and raise Tilapia fish in different tanks with fish of all ages of their life cycle. Skills learned include plumbing, maintenance of optimum water levels and fish nutrition. The mature fish are harvested and included in the jail menu.
- Mattress Plant- it is an extension of the uniform production unit by enhancing the sewing abilities of inmates and broadens their experience of the textile industry. Inmates are taught how to make foam mattresses for use in correctional facilities.
- Housekeeping- provides training to inmates by providing skills needed to gain a position in the industry once released.
- Carpentry- inmates learn to apply the full range of carpentry skills and gain experience in building construction from layout to the finished product with an emphasis on safety. Several buildings in the vocational training were designed and built with inmate labor.
- Animal Husbandry- inmates take care of almost 5000 egg laying chickens from taking care of the living areas to collecting the eggs daily used to supplement the jail menu. The inmates also care for the pigs, cows and horses in the various barns.

The team was informed that the vocational staff and MTI attempt to assist those inmates trained in these programs to find employment upon release.

## **Social Services:**

In addition to the social services provided by mental health staff and the counseling efforts of the chaplain, there are several other programs available and designed to address inmate needs and better prepare them for successful reintegration into the community. To take advantage of these many and varied opportunities, the inmates must submit a request via the kiosk or via a written form to the Programs Deputy. In addition, release preparation materials are given to the inmate when advised of an imminent release and additional information on community agencies that provide assistance and services to released inmates is made available upon request.

There are several different programs aimed at addressing substance abuse issues such as Living Sober which is held in the Programs area on Wednesdays from 1:00 p.m.-2:00 p.m. The March 2017 monthly report reflects a total of 26 encounters for this program. In addition, there is AA and NA rotated in the male and held in the female pods on Wednesdays from 7:00 p.m. to 10:30 p.m., Saturday from 2:00 p.m. to 3:30 p.m. and again from 7:00 p.m. to 10:30 p.m. and Sunday from 7:00 p.m. to 10:30 p.m. The aforementioned March 2017 report indicated 27 encounters that month. The Road to Reentry/Recovery program held for juveniles only is from 7:00 p.m. to 9:00 p.m. on Tuesdays; 14 encounters reported for March 2017.

There are also programs entitled Life Skills, Active Parenting Now and Anger Management held Monday -Friday for two hours in the pods at various times. The March figures state that there were 212, 44 and 78 encounters respectively for the month. SELAH is held for females only on Wednesdays from 6:30 p.m. to 7:30 p.m. and had 13 encounters in March 2017. GRIP [God Raising Incredible Parents] is held in the female pods only from 11:00 a.m. to 12:30 p.m. and from 12:45 p.m. to 2:30 p.m. on Saturdays and had 150 encounters in March 2017. The Health Department conducts an AIDS/Syphilis Awareness program Monday-Friday for an hour in the various pods with a total of 149 encounters reported. The chaplain's 100-hour Anger Management Program had 56 encounters and the Celebrate Recovery program had 44 encounters.

About a year ago, the concept of Recovery Pods for males and females was initiated operating on a faith based model to address substance abuse and other social needs in a dedicated housing unit setting. The March 2017 report indicated that this volunteer program had 29 male and 25 female encounters with the maximum being 30 beds each. For up to three months, inmates must attend hour long recovery meetings twice a day and take advantage of multiple life skills classes as well as Bible study and other spiritual classes. The Chairperson interviewed the inmates in the male pod and they universally seemed to be sincere and committed to positive change.

**Visitation:**

Non-contact video visitation is held at a nearby detached building known as the Visitation Center. Visitation is by appointment only scheduled up to one week in advance but at least one day in advance, either online via the Sheriff's Office website, by calling or while at the visiting location. Visiting hours are Sunday - Saturday from 7:45 a.m. to 7:30 p.m. and each inmate may have up to 14 [30 minute] visits per week or up to two visits per day. The Center has 21 monitors and only three persons inclusive of children and infants are allowed per monitor.

The Center is operated by two non-certified staff located within a small control center that performs administrative functions on two shifts and a certified deputy in the large open bay area to monitor the visit. All visits are subject to being recorded. Most housing unit pods have a room in which there are two dedicated visitation kiosks. The annex building has a room with five video visitation stations. Most attorney visitation is also via the video system, though provisions are made as needed for attorneys to visit within the facility under controlled conditions. Special visits are considered after review by the operations commander.

**Library Services:**

There is no formal leisure library or a full-time librarian. A certified deputy coordinates and facilitates all programming, inclusive of the library operation. Library carts are placed in the dayrooms of all housing pods and the selections are rotated every 30 days from a large and well stocked storage room of available materials. These items cover virtually every subject, though they are not particularly well organized in the storage area. Almost all the materials are donated. Inmates are permitted to have two books in their respective storage bins at a time.

Inmates may request access to legal reference materials if legal representation is not available to them. Open access to legal resource items is provided via Lexis-Nexis in housing units with kiosks. In the few places where they are not available or in the case of inmates in special confinement, request slips must be specific and the programs coordinator will seek to provide the materials in a reasonable time frame at a minimal copying fee. Notary service is available at a nominal fee.

**Laundry:**

The laundry in the central jail has five new obtained washers and dryers. It is operational M-F from 7:00 a.m. to 3:30 p.m. and is staffed by two non-certified personnel augmented by the services of up to 14 inmate workers. Blankets are exchanged quarterly on Thursdays in January, April, July and October according to an established schedule. Working inmates exchange their uniforms on a daily basis.

Otherwise, general population inmates can exchange their uniforms twice weekly and their linens once weekly in accordance with a set schedule. Per the Inmate Handout, personal laundry will be offered per dorm schedule. Each pod has a mini-laundry, usually with one washer and dryer, free of charge to accommodate this personal clothing. In addition, the annex building has a satellite laundry with six washers and five dryers, primarily to accommodate the working inmate population.

## **F. Examination of Records**

Following the facility tours, the team proceeded to the standards review room to consider the automated accreditation files and evaluate compliance levels of the policies and procedures. The proprietary system was quite user friendly and the documentation files were comprehensive/inclusive, appropriately referenced/marked to facilitate decision-making, well organized and essentially one of the best electronic systems encountered by the audit team. The Facility Accreditation Manager had communicated with the chairperson several times prior to the site visit to provide information important and relevant to drafting a thorough VCR. The accreditation staff and other key actors remained readily available to answer questions, provide additional documentation as needed and provide escort to parts of the facility for follow up visits. The standards staff were open to suggestions/recommendations and genuinely interested in quality improvement. The Welcome Book was provided in advance and it was a quality and professionally done reference document. There was no official reference table due to the fact that virtually all the written materials in the agency are on line. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

### **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 statistics, figures and numbers on the SIS for the past twelve months show nothing remarkable other than the relative absence of issues and concerns, especially given the size, nature of the inmate population and level of complexity of the operation. There were no deaths, no escapes, no disturbances, no forced moves and no assaults with a weapon on staff or inmate. The number of assaults by inmates on staff without a weapon averaged a little more than one per month and those by inmates on fellow inmates without a weapon averaged only about five-six per month. The use of chemical agents averaged a little over four times per month and the use of four/five-point restraint chairs was only a little over three times a month.

None of the Outcome Measures indicated any anomalies. There were only five suicide attempts, none successful. There were no measures other than what would be expected for such a large and complex operation. The medical auditor did not indicate any concerns in the medical section under conditions of confinement regarding the health care outcome measures.

### 3. Departmental Visits

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

#### Kitchen:

Food Services Director Matoaya Walton  
Food Services Unit Manager Armando Flores  
Food Services Unit Manager Gwen Williams  
Food Services Officer Theresa Barion  
Food Services Officer Cynthia Rutledge  
Food Services Coordinator Gloria Rico  
Food Services Coordinator Estaban Leon  
Food Services Coordinator Linda Tift

#### Medical/Mental Health Services:

Mental Health Counselor Angel Teveres  
Medical Administrative Assistant Laurie Ludwig  
Health Services Administrator Shonya Hines  
Director of Nursing Nikita Law  
LPN Ka Vang  
LPN Michael Kirby  
LPN Jessica Woodruff  
RN Roxanne Willard

#### Programs/Shops:

Sewing- Deputy Raquel Blackshear and Instructor Richard Schiavone  
Greenhouse/Horticulture/Hydroponics- Deputy Edward Poelsma  
Grist Mill/Carpentry- Sergeant Amy Boldin  
Welding- Instructor Jim Stalliles  
Fish House/Aquaculture- Vocational Services Coordinator David de la Rosa  
Chaplain- Benjamin Pate  
Library Deputy Brooke Parks-Boldin



Video Visitation Center:

Control Room Operators/Video Visitation Clerks- Pamela Kanaar, Alice Fredenburg

Training Center:

Training Director- Billy Duckett

Control Centers/Rooms:

Annex Central Control- Control Room Operator Zachary Perez

G-4 Control Room- Control Room Operator Robert Pollard

Annex B Control- Control Room Operator Thomas O'Brien. Deputy John Mecca and Deputy Christopher Price

Central Jail Master Control- Deputy Jarrod Buzbee

Trusty Pod Control Room-T Pod- Control Room Operator William Deuling

G-2 Control Room- Control Room Operator Ashley Ramon

G-1 Control Room- Control Room Operator Diane Batchelor

F Pod Control Room- Control Room Operator Elena Dimitrova

Central Jail Master Control- Deputy Veronica Monsivais

Support Services:

Warehouse Officer Tyrone Bane

Front Desk/Mail Room Clerk-Alma Reyes

Front Desk/Mail Room Clerk- Clara Bejarano

Laundry Officer- Angela Alleyne

Laundry Officer Telma McGuire

Annex laundry Officer Dorothy Ferrell

Inmate Commissary Fund Coordinator- Maria Flores

County Maintenance Arnold Robinson

Property:

Property Supervisor Glenda Parmer

Property Clerk Amanda Ambut

Intake/Release/Booking/Classification:

Sergeant Kathryn Porter

Booking Supervisor Eva Buckner

Deputy Esperanza Miranda

Court Services Auditor Patti-Jo Birmingham

Sergeant Glenna Proll

Records Clerk Georgia Thomas

Deputy Margarita Vega  
Deputy Robert McBride

Miscellaneous:

Grievance Coordinator/Transportation Supervisor- Sergeant Muna-Kay Wilson

The team spoke to housing unit deputies in each of the living units in both the central jail and stockade/annex about their duties and responsibilities. The team also interacted with all the members of the professional compliance unit on a regular basis throughout the course of the audit.

4. Shifts

The facility operates under a two 12-hour shift schedule from 6:00 a.m. to 6:00 p.m. and 6:00 p.m. to 6:00 a.m. Administrative hours are generally from 7:30 a.m. to 5:30 p.m.

a. Day Shift

The team was present at the facility during the day shift from 7:55 a.m. to 6:00 p.m. on day one of the on-site visit, from 7:30 a.m. to 6:00 p.m. on day two and 7:55 a.m. -11:50 a.m. on the last day. Much of the mornings of the first two days on this shift were consumed with the formal tours of all the facility buildings and operations. Staffs were interviewed on post and inmates likewise were interviewed, mostly in their living quarters or on their job assignments. All were cooperative and willing to share practices, issues and concerns. The team had the opportunity to observe a formal and informal count, meal delivery, medication pass, recreation periods, program participation, inmate job participation and officers performing routine duties like inmate escort and security rounds. The afternoons were primarily spent reviewing documentation files.

b. Evening Shift

The team was present at the facility during the evening shift from 6:00 p.m.-7:15 pm on day one and from 6:00 p.m. - 7:00 p.m. on day two. The team worked on the mandatory standards files on 4/19/17 and had the opportunity to observe and address “muster” of this shift on 4/20/17. For an hour the team fanned out and interacted with members of this shift on post and in the medical unit. The chair also interviewed the shift lieutenant and sergeant shortly after they dismissed the officers to assume their post. Everyone was cooperative, open, confident and knowledgeable. The team had the chance to observe the change of shift processes.

c. Night Shift

There is no designated late shift.

5. Status of Previously Noncompliant Standards/Plans of Action

The team reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found the following:

Standard # 4-ALDF-1A-09- an appeal was granted at the 8/14 panel hearing and this team found the standard to now be in compliance.

Standard # 4-ALDF-2A-52- the panel accepted the plan of action in 8/14 and this team found the standard to now be in compliance.

**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 team interviewed 147 inmates during the main tours and follow up visits. Discussions were primarily held in their living quarters but also on their work assignments, in program areas and during recreation. The inmates treated the team with respect and had no significant complaints. In fact, they spoke highly of the food in virtually all respects except the lack of variety of the sack lunches. They appreciated the fresh fruit and vegetables provided on a daily basis and the meal portions. The inmates also had no issues with medical services, verifying receipt of medications on a regular schedule and relative timeliness of medical appointments, with the possible exception of dental care. They denied any concerns as to their safety and indicated that there was no gang problem in the facility. Overall, they stated they got along well with staff and validated daily access to recreational opportunities. The inmates reflected that they appreciated the program opportunities and chances to work in a productive manner, but those of higher custody levels expressed a desire for more options for that population. Universally, however, the inmates complained about the absence of televisions. They verified that fire /evacuation drills/exercises are routinely held. Overall, inmate morale could best be described as satisfactory at worst.

2. Staff Interviews

The team spoke to 176 staff of all ranks and disciplines during the tours on the first two audit days as well as during follow up visits to their post assignments. The personnel interviewed were cordial and proud of their respective operations.

They likewise validated that regular emergency drills are held and that they also felt safe and secure in their surroundings. The staff indicated that the majority of inmates are cooperative and follow directives. Personnel related that they felt they received more than adequate training and preparation for the job before being assigned to a post or non-security job assignment. In addition, they stated that they routinely see and receive guidance from their supervisors and the command staff. The staff felt that there was a family like atmosphere in the work environment and the team observed what seemed to be an obvious esprit de corps. Overall, the morale of the staff complement appeared to be quite high.

## **H. Exit Discussion**

The formal exit interview was held from 11:20 a.m. to 11:45 a.m. on 4/21/17 in the same meeting room as the formal entrance interview with the Major Dan Kaufman, Chief of the Corrections Bureau and 39 staff in attendance. Many of those at the formal in-briefing were also at this gathering.

The following persons were also in attendance:

Captain Kathryn Estabrook, Administrative Bureau, Services Division  
Lieutenant Matthew Neu  
Lieutenant Todd Weinert  
Sergeant Nikita Arrington  
Sergeant Anthony Stone  
Sergeant Muna-Kay Wilson  
Deputy Brook Parks-Boldin  
Director Terry Wilhelm  
Director Matoaya Walton  
Unit Manager Armando Flores  
Unit Manager Glenda Parmer  
Mary Flories, Inmate Commissary Fund Coordinator  
Dorothy Ferrell, Laundry  
Alisha Crossman, Housekeeping  
Brenda McDonald, Housekeeping  
Bassem Girgis, Food Services  
Andrew Small, Regional Vice President Armor Medical  
Mary Thomas, Corrections Bureau, Operations Division, Executive Assistant

The team held daily executive out-briefings with the Standards and Accreditation Unit staff along with other key personnel on day one from 6:45 p.m. to 7:05 p.m. and on day two from 4:45 p.m. to 4:55 p.m. The team shared tour observations, staff and inmate interview remarks, issues requiring follow up, status of standards compliance up to that point and plans for the next day.

The chairperson 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.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

The team exited the facility for the airport at approximately 11:50 a.m.

NOTE: It is noteworthy that the Sheriff's Office received its' most recent accreditation in 11/15 from the Commission on Accreditation for Law Enforcement Agencies [CALEA], accreditation from the Florida Corrections Accreditation Commission [FCAC] in 2/15, accreditation from the Commission for Florida Law Enforcement Accreditation [CFA] in 10/14 and PREA certification in 7/14. The Sheriff's Office is one of the most accredited agencies in Florida with recognition from CALEA since 1990, CFA since 1998, ACA since 1992, just to name a few.

COMMISSION ON ACCREDITATION FOR CORRECTIONS  
AND THE  
AMERICAN CORRECTIONAL ASSOCIATION

**COMPLIANCE TALLY**

|   |  |                      |
|---|--|----------------------|
| <b>Manual Type</b>  | Adult Local Detention Facilities, 4 <sup>th</sup> edition                  |                      |
| <b>Supplement</b>   | 2014 Standards Supplement  |                      |
| <b>Facility/Program</b>   | Manatee Co. Sheriff's Office Central Jail                                  |                      |
| <b>Audit Dates</b>  | April 19-21, 2017  |                      |
| <b>Auditor(s)</b>   | Paul S. Hastmann, Chair and Cheryl Williams and Jonathan Williams, Members |                      |
|   | <b>MANDATORY</b>   | <b>NON-MANDATORY</b> |
| Number of Standards in Manual   | 60   | 323                  |
| Number Not Applicable   | 1  | 18                   |
| Number Applicable   | 59   | 305                  |
| Number Non-Compliance   | 0  | 2                    |
| Number in Compliance  | 59   | 303                  |
| Percentage (%) of Compliance  | 100%   | 99.3%                |
| <ul style="list-style-type: none"> <li>• Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable</li> <li>• Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance</li> <li>• Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance</li> </ul> |  |                      |

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Manatee County Sheriff's Office  
Manatee County Sheriff's Office Central Jail  
Palmetto, Florida

April 19-21, 2017

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

**Standard # 4-ALDF-1A-17**

EACH DAYROOM PROVIDES A MINIMUM OF 12 SQUARE FEET OF TRANSPARENT GLAZING WITH A VIEW TO THE OUTSIDE, PLUS TWO ADDITIONAL SQUARE FEET OF GLAZING PER INMATE WHOSE ROOM/CELL DOES NOT CONTAIN AN OPENING OR WINDOW WITH A VIEW TO THE OUTSIDE.

FINDING:

The dayrooms in the Annex, B Building do not have any access to natural light or a view to the outside

AGENCY RESPONSE

Waiver Request

The Central Jail is currently refurbishing housing units. Due to refurbishments, inmates temporarily have been housed at the Annex/Stockade Facility, which was constructed in 1987. Dorm eight, was found in non-compliance with the ACA standard requirement of providing a dayroom with a minimum of 12 square feet of transparent glazing with a view to the outside, plus two additional square feet of glazing per inmate whose room/cell does not contain an opening or window with a view to the outside.

The building was constructed in 1987 and without funding to modify the dayroom in dorm 8, adding windows to the dayroom is not an option due to lack of funding. Once the refurbishments of the Central Jail have been completed, the inmates will return to the Central Jail, where the standard requirements are in compliance.

Inmates have access to outside exercise throughout the day, which allows them access to natural light.

We have received no complaints about lack of natural light; therefore, we request a waiver for this standard.

#### AUDIT TEAM RESPONSE:

The team agrees with the waiver request. Were it not for the refurbishment efforts, the standard would be in compliance. In addition, the team likewise did not receive any complaints during inmate interviews nor did the team note any formal inmate grievances to that effect.

#### **Standard # 4-ALDF-4B-09**

INMATES HAVE ACCESS TO OPERABLE SHOWERS WITH TEMPERATURE-CONTROLLED HOT AND COLD RUNNING WATER, AT A MINIMUM RATIO OF ONE SHOWER FOR EVERY 12 INMATES, UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO. WATER FOR SHOWERS IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES TO 120 DEGREES FAHRENHEIT TO ENSURE THE SAFETY OF INMATES AND TO PROMOTE HYGIENIC PRACTICES.

#### FINDING:

All housing areas except for F Pod do not have the minimum ratio of one shower for every 12 inmates.

#### AGENCY RESPONSE

##### Waiver Request

Several housing units have had temporary beds added; therefore, it is not economically feasible to add showers in many of these areas because it would require running plumbing under and through the concrete floors. Additionally, if showers were added it would require sacrificing the unencumbered space in these areas, as there is no other space to add them. The waiver request was approved by the Commission in August 2014 in Salt Lake City.

The Corrections Bureau changed its' policy of when inmates showered as well as the number of showers inmates could take daily to no restrictions. General population inmates have unlimited access to shower except for lockdown times for meals and count, which is approximately three hours of the total out of cell time. Inmates in disciplinary confinement are limited to one shower per day during their one hour out of cell time.

The building dates from 1995 and without funding for a new jail or jail addition, increasing the number of showers is not an option due to lack of funding and available space to expand. Increasing available shower time is a reasonable solution.



We have received no complaints about lack of shower access; therefore, we request a waiver for this standard.

**AUDIT TEAM RESPONSE:**

The team supports the waiver request. The needed renovations would be time consuming and cost prohibitive. In addition, the inmates did not complain during our interviews nor did the team note any grievances regarding shower access.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Manatee County Sheriff's Office  
Manatee County Sheriff's Office Central Jail  
Palmetto, Florida

April 19-21, 2017

Visiting Committee Findings

Mandatory Standards

Not Applicable

**Standard # 4-ALDF-4C-23**

ALL INTRA-SYSTEM 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 SERVICE FOR EMERGENCY TREATMENT

FINDING:

The facility does not handle intra-system transfers.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Manatee County Sheriff's Office  
Manatee County Sheriff's Office Central Jail  
Palmetto, Florida

April 19-21, 2017

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

**Standard # 4-ALDF-1A-16**

ALL INMATE ROOMS/CELLS PROVIDE THE OCCUPANTS WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST THREE SQUARE FEET OF TRANSPARENT GLAZING, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN ROOMS/CELLS WITH THREE OR MORE INMATES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY)

FINDING:

The facility has not had any renovations, additions or new construction, only refurbishing of existing housing areas.

**Standard # 4-ALDF-2A-36**

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

FINDING:

The facility does not have work or educational release programs.

#### **Standard # 4-ALDF-2C-02**

WHEN A CANINE UNIT IS OPERATED BY THE FACILITY:

- THERE IS A MISSION STATEMENT, INCLUDING GOALS AND OBJECTIVES
- THE CIRCUMSTANCES IN WHICH CANINE UNITS MAY BE USED ARE CLEARLY DEFINED
- EMERGENCY PLANS ARE INTEGRATED INTO THE OVERALL EMERGENCY PLANS OF THE FACILITY
- THERE ARE CRITERIA FOR SELECTING, TRAINING AND CARING FOR ANIMALS
- THERE ARE CRITERIA FOR THE SELECTION, TRAINING, AND PHYSICAL FITNESS OF HANDLERS
- THERE IS AN APPROVED SANITATION PLAN THAT COVERS INSPECTION, HOUSING, TRANSPORTATION AND DAILY GROOMING FOR THE ANIMALS
- THERE ARE DAILY AND CURRENT RECORDS ON TRAINING, CARE OF DOGS AND SIGNIFICANT EVENTS.

FINDING:

The facility does not operate a canine unit.

#### **Standard # 4-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.

FINDING:

The facility is not required by state statute to inspect and have approved by any government agency the food products grown and produced within its' system.

**Standard # 4-ALDF-4C-37**

INMATES HAVE ACCESS TO A CHEMICAL DEPENDENCY TREATMENT PROGRAM. WHEN A CHEMICAL DEPENDENCY PROGRAM EXISTS, THE CLINICAL MANAGEMENT OF CHEMICALLY DEPENDENT INMATES INCLUDES AT A MINIMUM THE FOLLOWING:

- A STANDARDIZED DIAGNOSTIC NEEDS ASSESSMENT ADMINISTERED TO DETERMINE THE EXTENT OF USE, ABUSE, DEPENDENCY, AND/OR CODEPENDENCY
- AN INDIVIDUALIZED TREATMENT PLAN DEVELOPED AND IMPLEMENTED BY A MULTIDISCIPLINARY CLINICAL TEAM THAT INCLUDES MEDICAL, MENTAL HEALTH, AND SUBSTANCE ABUSE PROFESSIONALS
- PRERELEASE RELAPSE-PREVENTION EDUCATION, INCLUDING RISK MANAGEMENT
- INMATE INVOLVEMENT IN AFTERCARE DISCHARGE PLANS

FINDING:

The facility does not have a chemical dependency treatment program.

**Standard # 4-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.

FINDING:

The facility has qualified health care personnel on duty 24 hours per day, 7 days a week.

**Standard # 4-ALDF-4D-10**

ANY STUDENTS, INTERNS, OR RESIDENTS DELIVERING HEALTH CARE IN THE FACILITY, AS PART OF A FORMAL TRAINING PROGRAM, WORK UNDER STAFF SUPERVISION COMMENSURATE WITH THEIR LEVEL OF TRAINING. THERE IS A WRITTEN AGREEMENT BETWEEN THE FACILITY AND TRAINING OR EDUCATIONAL FACILITY THAT COVERS THE SCOPE OF WORK, LENGTH OF AGREEMENT, AND ANY LEGAL OR LIABILITY ISSUES. STUDENTS OR INTERNS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDING:

The facility does not have students, interns or residents delivering health care services.

**Standard # 4-ALDF-4D-11**

UNLESS PROHIBITED BY STATE LAW, INMATES, UNDER STAFF SUPERVISION, MAY PERFORM FAMILIAL DUTIES COMMENSURATE WITH THEIR LEVEL OF TRAINING. THESE DUTIES MAY INCLUDE THE FOLLOWING:

- PEER SUPPORT AND EDUCATION
- HOSPICE ACTIVITIES
- ASSISTING IMPAIRED INMATES ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING
- SERVING AS A SUICIDE COMPANION IF QUALIFIED AND TRAINED THROUGH A FORMAL PROGRAM THAT IS PART OF A SUICIDE PREVENTION PLAN
- HANDLING DENTAL INSTRUMENTS FOR THE PURPOSE OF SANITIZING AND CLEANING, WHEN DIRECTLY SUPERVISED AND IN COMPLIANCE WITH APPLICABLE TOOL CONTROL POLICIES, WHILE IN A DENTAL ASSISTANTS TRAINING PROGRAM CERTIFIED BY THE STATE DEPARTMENT OF EDUCATION OR OTHER COMPARABLE APPROPRIATE AUTHORITY

INMATES ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

- PERFORMING DIRECT PATIENT CARE SERVICES
- SCHEDULING HEALTH CARE APPOINTMENTS
- DETERMINING ACCESS OF OTHER INMATES TO HEALTH CARE SERVICES
- HANDLING OR HAVING ACCESS TO SURGICAL INSTRUMENTS, SYRINGES, NEEDLES, MEDICATIONS, OR HEALTH RECORDS
- OPERATING DIAGNOSTIC OR THERAPEUTIC EQUIPMENT EXCEPT UNDER DIRECT SUPERVISION, BY SPECIALLY TRAINED STAFF, IN A VOCATIONAL TRAINING PROGRAM

FINDING:

The facility does not have inmates perform health care services of any kind.

**Standard # 4-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.

FINDING:

The facility does not operate a therapeutic community program.

**Standard # 4-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 SERVICE NEEDS
- COORDINATION EFFORTS WITH COMMUNITY SUPERVISION AND TREATMENT STAFF DURING THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

FINDING:

The facility does not operate a therapeutic community program.

**Standard # 4-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.

FINDING:

The facility does not operate a therapeutic community program.

**Standard # 4-ALDF-5A-08**

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

FINDING:

The facility does not operate a therapeutic community program.

**Standard # 4-ALDF-5A-10**

IN FACILITIES OFFERING ACADEMIC AND VOCATIONAL TRAINING PROGRAMS, CLASSROOMS ARE DESIGNED IN CONSULTATION WITH SCHOOL AUTHORITIES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY)

FINDING:

The facility has not had any renovations, additions or new construction as it relates to academic or vocational classrooms.

**Standard # 4-ALDF-5B-14**

WHEN THE FACILITY IS DESIGNATED TO OPERATE ANY TYPE OF PRETRIAL INTERVENTION SERVICE OR OTHER RELEASE PROGRAMS, ITS AUTHORITY AND RESPONSIBILITY ARE STATED BY STATUTE OR ADMINISTRATIVE REGULATION.

FINDING:

The facility does not operate any pretrial intervention or release programs.

**Standard # 4-ALDF-5B-15**

WHEN A PRETRIAL INTERVENTION PROGRAM, DIVERSION PROGRAM, PRETRIAL RELEASE PROGRAM, OR SUPERVISED RELEASE PROGRAM IS CONDUCTED IN THE FACILITY, SUFFICIENT STAFF, SPACE, AND EQUIPMENT ARE PROVIDED TO SERVICE THE PROGRAM.



FINDING:

The facility does not operate any pretrial intervention, diversion, pretrial release or supervised release programs.

**Standard # 4-ALDF-5B-16**

WHERE TEMPORARY RELEASE PROGRAMS EXIST, THE PROGRAMS HAVE THE FOLLOWING ELEMENTS:

- WRITTEN OPERATIONAL PROCEDURES
- CAREFUL SCREENING AND SELECTION PROCEDURES
- WRITTEN RULES OF INMATE CONDUCT
- A SYSTEM FOR EVALUATING PROGRAM EFFECTIVENESS
- EFFORTS TO OBTAIN COMMUNITY COOPERATION AND SUPPORT

FINDING:

The facility does not operate any temporary release programs.

**Standard # 4-ALDF-5B-17**

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

FINDING:

The facility does not operate any work or educational release programs.

**Standard # 4-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.

FINDING:

The facility does not use any volunteers to provide health care services.

### Significant Incident Summary

This summary is required to be provided to the chair of your audit team upon their arrival. 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. It should contain data for the last 12 months; indicate those months in the boxes provided. Please type the data. If you have questions on how to complete the form, please contact your regional manager.

**Facility** Manatee County Sheriff's Office Central Jail

**Year** 2016-2017

|   |  | Months   |          |          |          |          |                |          |                |          |          |                |                |
|---|--|----------|----------|----------|----------|----------|----------------|----------|----------------|----------|----------|----------------|----------------|
| Incidents   |  | Apr 16   | May 16   | Jun 16   | Jul 16   | Aug 16   | Sep 16         | Oct 16   | Nov 16         | Dec 16   | Jan 17   | Feb 17         | Mar 17         |
| <b>Assault: Offenders/ Offenders*</b>                               | Indicate types (sexual**, physical, etc.)                          | Physical | Physical | Physical | Physical | Physical | Physical       | Physical | Physical       | Physical | Physical | Physical       | Physical       |
|   | # With Weapon  | 0        | 0        | 0        | 0        | 0        | 0              | 0        | 0              | 0        | 0        | 0              | 0              |
|   | # Without Weapon   | 4        | 5        | 8        | 5        | 10       | 3              | 5        | 4              | 2        | 6        | 12             | 4              |
| <b>Assault: Offender/ Staff</b>                                     | Indicate types (sexual**, physical, etc.)                          | Physical | Physical | Physical | Physical | Physical | Not Applicable | Physical | Not Applicable | Physical | Physical | Physical       | Not Applicable |
|   | # With Weapon  | 0        | 0        | 0        | 0        | 0        | 0              | 0        | 0              | 0        | 0        | 0              | 0              |
|   | # Without Weapon   | 1        | 1        | 1        | 1        | 5        | 0              | 1        | 0              | 1        | 1        | 2              | 0              |
| <b>Number of Forced Moves Used***</b>                               | (Cell extraction or other forced relocation of offenders)          | 0        | 0        | 0        | 0        | 0        | 0              | 0        | 0              | 0        | 0        | 0              | 0              |
| <b>Disturbances****</b>   |  | 0        | 0        | 0        | 0        | 0        | 0              | 0        | 0              | 0        | 0        | 0              | 0              |
| <b>Number of Times Chemical Agents Used</b>                         |  | 10       | 3        | 4        | 4        | 5        | 5              | 4        | 4              | 10       | 2        | 2              | 4              |
| <b>Number of Times Special Reaction Team Used</b>                   |  | 0        | 0        | 0        | 0        | 1        | 0              | 0        | 0              | 0        | 0        | 0              | 0              |
| <b>Four/Five Point Restraints</b>                                   | Number   | 4        | 6        | 3        | 4        | 5        | 0              | 4        | 7              | 3        | 4        | 0              | 3              |
|   | Indicate type (chair, bed, board, etc.)                            | Chair    | Chair    | Chair    | Chair    | Chair    | Not Applicable | Chair    | Chair          | Chair    | Chair    | Not Applicable | Chair          |
| <b>Offender Medical Referrals as a Result of Injuries Sustained</b> | #'s should reflect incidents on this form, not rec or other source | 4        | 5        | 8        | 5        | 10       | 3              | 5        | 4              | 2        | 6        | 12             | 4              |
| <b>Escapes</b>  | # Attempted  | 0        | 0        | 0        | 0        | 0        | 0              | 0        | 0              | 0        | 0        | 0              | 0              |
|   | # Actual   | 0        | 0        | 0        | 0        | 0        | 0              | 0        | 0              | 0        | 0        | 0              | 0              |

|   |   |              |              |              |              |              |              |              |              |              |              |              |              |
|---|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>Substantiated Grievances (resolved in favor of offender)</b> | Reason (medical, food, religious, etc.) | See Attached | See Attached | See Attached | See Attached | See Attached | See Attached | See Attached | See Attached | See Attached | See Attached | See Attached | See Attached |
|   | Number                                  | 4            | 7            | 4            | 3            | 9            | 1            | 6            | 2            | 1            | 1            | 4            | 0            |
| <b>Deaths</b>   | Reason (violent,                        | NA           | NA           | NA           | NA           | NA           | NA           | NA           | NA           | NA           | NA           | NA           | NA           |
|   | Number                                  | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            |

\*Any physical contact that involves two or more offenders

\*\*Oral, anal or vaginal copulation involving at least two parties

\*\*\*Routine transportation of offenders is not considered "forced"

\*\*\*\*Any incident that involves four or more offenders. Includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents



| 1A - Protection from Injury and Illness |                 |   |          |                 |
|---|-----------------|---|----------|-----------------|
| Standard                                | Outcome Measure | Statistics: Numerator/Denominator   | Value    | OUTCOME MEASURE |
| 1A                                      | (1)             | Number of worker' compensation claims filed for injuries that resulted. from the  | 57.00    |                 |
|   | divided by      | Average number of full time equivalent (FTE) staff positions in the past 12 months.   | 345.00   | <b>0.17</b>     |
|   | (2)             | Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.                              | 0.00     |                 |
|   | divided by      | Average daily population in the past 12   | 1109.50  | <b>0.00</b>     |
|   | (3)             | Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.                              | 0.00     |                 |
|   | divided by      | Number of admissions in the past 12   | 11484.00 | <b>0.00</b>     |
|   | (4)             | Number of physical injuries or emotional traumas requiring treatment as a result of the physical environment of the facility in the past 12 months.         | 0.00     |                 |
|   | divided by      | Average daily population in the past 12   | 1109.50  | <b>0.00</b>     |
|   | (5)             | Number of physical injuries or emotional traumas requiring medical treatment as a result of the physical environment of the facility in the past 12 months. | 0.00     |                 |
|   | divided by      | Number of admissions in the past 12 months.   | 11484.00 | <b>0.00</b>     |
|   | (6)             | Number of sanitation or health code violations identified by external agencies  | 0.00     |                 |
|   | divided by      | Average daily population in the past 12 months.   | 1109.50  | <b>0.00</b>     |
|   | (7)             | Number of health code violations corrected in the past 12 months.   | 0.00     |                 |

|  |            |  |         |              |
|--|------------|--|---------|--------------|
|  | divided by | Number of health code violations identified in the past 12 months.   | 0.00    | <b>NONE</b>  |
|  | (8)        | Number of inmate grievances related to safety or sanitation found in favor of inmates in past 12 months      | 1.00    |              |
|  | divided by | Number of inmate grievances related to safety or sanitation in past 12 months.                               | 24.00   | <b>0.04</b>  |
|  | (9)        | Number of fire code violations corrected in past 12 months.  | 0.00    |              |
|  | divided by | Number of fire code violations cited by jurisdictional authority in the past                                 | 0.00    | <b>NONE</b>  |
|  | (10)       | Number of inmate injuries resulting from fires requiring medical treatment in                                | 0.00    |              |
|  | divided by | Average daily population in the past 12 months   | 1109.50 | <b>0.00</b>  |
|  | (11)       | Number of inmate injuries (other than by fire) requiring medical treatment in the past 12 months             | 1.00    |              |
|  | divided by | Average daily population of inmates in past 12 months  | 1109.50 | <b>0.001</b> |
|  | (12)       | Number of staff injuries resulting from fires requiring medical treatment in past                            | 0.00    |              |
|  | divided by | Average daily population of staff in past 12 months  | 32.92   | <b>0.00</b>  |
|  | (13)       | Number of staff injuries (other than by fire) requiring medical treatment in the past 12 months              | 0.00    |              |
|  | divided by | Average daily population of staff in past 12 months.   | 32.92   | <b>0.00</b>  |
|  | (14)       | Number of inmate lawsuits related to safety or sanitation found in favor of the inmate in the past 12 months | 0.00    |              |
|  | divided by | Number of inmate lawsuits related to safety or sanitation in past 12 months                                  | 0.00    | <b>NONE</b>  |

| 1B - Vehicle Safety                  |                   |  |         |                 |
|--------------------------------------|-------------------|--|---------|-----------------|
| Standard                             | Outcome Measure   | Statistics: Numerator/Denominator  | Value   | Outcome Measure |
| <b>1B</b>                            | (1)               | Number of vehicle accidents resulting in property damage in the past 12 months.  | 1.00    |                 |
|                                      | divided by        | Average daily population in the past 12 months.  | 1109.50 | <b>0.001</b>    |
|                                      | (2)               | Number of vehicle accidents resulting in injuries requiring medical treatment for any party in the past 12 months.                               | 0.00    |                 |
|                                      | divided by        | Average daily population in past 12 months.  | 1109.50 | <b>0.00</b>     |
|                                      | (3)               | Dollar amount of damage from vehicle accidents in past 12 months   | \$0.00  |                 |
|                                      | divided by        | Average daily population in the past 12 months.  | 1109.50 | <b>0.00</b>     |
| 1C - Emergency Preparedness/Response |                   |  |         |                 |
| Standard                             | Outcome Measure   | Statistics: Numerator/Denominator  | Value   | Outcome Measure |
| <b>1C</b>                            | (1)               | Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.                          | 0.00    |                 |
|                                      | <i>divided by</i> | Number of emergencies  | 2.00    | <b>0.00</b>     |
|                                      | (2)               | Number of injuries, caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months. | 0.00    |                 |
|                                      | <i>divided by</i> | Average daily population in the past 12 months.  | 1109.50 | <b>0.00</b>     |

|  |                   |   |         |              |
|--|-------------------|---|---------|--------------|
|  | (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.              | 0.00    |              |
|  | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.00</b>  |
|  | (4)               | Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.                     | 0.00    |              |
|  | <i>divided by</i> | Number of emergencies.  | 2.00    | <b>0.00</b>  |
|  | (5)               | Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months.                           | 0.00    |              |
|  | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.00</b>  |
|  | (6)               | Number of injuries requiring medical attention that result from emergencies that were not caused by forces external to the facility in the past 12 months.      | 1.00    |              |
|  | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.001</b> |
|  | (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 | 0.00    |              |
|  | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.00</b>  |
|  | (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.       | 0.00    |              |
|  | <i>divided by</i> | Number of emergencies.  | 2.00    | <b>0.00</b>  |
|  | (9)               | Number of injuries resulting from fires requiring medical treatment in the past 12 months.  | 0.00    |              |

|                                  | <i>divided by</i>      | Average daily population in the past 12 months.                                 | 1109.50      | <b>0.00</b>            |
|----------------------------------|------------------------|---|--------------|------------------------|
|                                  | (10)                   | Number of fires that resulted in property damage in the past 12 months.         | 0.00         |                        |
|                                  | <i>divided by</i>      | Average daily population in the past 12 months.                                 | 1109.50      | <b>0.00</b>            |
|                                  | (11)                   | Dollar amount of property damage from fire in the past 12 months.               | \$0.00       |                        |
|                                  | <i>divided by</i>      | Average daily population in the past 12 months.                                 | 1109.50      | <b>0.00</b>            |
|                                  | (12)                   | Number of code violations cited in the past 12 months.                          | 0.00         |                        |
|                                  | <i>divided by</i>      | Average daily population in the past 12 months.                                 | 1109.50      | <b>0.00</b>            |
|                                  | (13)                   | Number of incidents involving toxic or caustic materials in the past 12 months. | 0.00         |                        |
|                                  | <i>divided by</i>      | Average daily population in the past 12 months.                                 | 1109.50      | <b>0.00</b>            |
|                                  | (14)                   | Number of incidents of inventory discrepancies in the past 12 months.           | 1.00         |                        |
|                                  | <i>divided by</i>      | Average daily population in the past 12 months.                                 | 1109.50      | <b>0.001</b>           |
| <b>2A - Protection from Harm</b> |                        |   |              |                        |
| <b>Standard</b>                  | <b>Outcome Measure</b> | <b>Statistics: Numerator/Denominator</b>  | <b>Value</b> | <b>Outcome Measure</b> |
| <b>2A</b>                        | (1)                    | Number of incidents involving harm in the past 12 months.                       | 71.00        |                        |
|                                  | <i>divided by</i>      | Average daily population in the past 12 months.                                 | 1109.50      | <b>0.06</b>            |
|                                  | (2)                    | Number of incidents involving harm in the past 12 months.                       | 71.00        |                        |



|                                   | <i>divided by</i>      | Number of admissions in past 12 months   | 11484.00     | <b>0.01</b>            |
|-----------------------------------|------------------------|--|--------------|------------------------|
|                                   | (3)                    | Number of physical injuries or emotional traumas requiring medical treatment as a result of incidents in the             | 71.00        |                        |
|                                   | <i>divided by</i>      | Average daily population in the past 12 months.  | 1109.50      | <b>0.06</b>            |
|                                   | (4)                    | Number of physical injuries or emotional traumas requiring treatment as a result of the incidents in the past 12 months. | 71.00        |                        |
|                                   | <i>divided by</i>      | Number of admissions in past 12 months   | 11484.00     | <b>0.01</b>            |
|                                   | (5)                    | Number of unauthorized inmate absences from the facility in the past 12 months.  | 0.00         |                        |
|                                   | <i>divided by</i>      | Average daily population in the past 12 months.  | 1109.50      | <b>0.00</b>            |
|                                   | (6)                    | Number of instances of unauthorized absences from the facility in the past 12 months.                                    | 0.00         |                        |
|                                   | <i>divided by</i>      | Average daily population in the past 12 months.  | 1109.50      | <b>0.00</b>            |
| <b>2B - Use of Physical Force</b> |                        |  |              |                        |
| <b>Standard</b>                   | <b>Outcome measure</b> | <b>Statistics: numerator/denominator</b>   | <b>Value</b> | <b>Outcome Measure</b> |
| <b>2B</b>                         | (1)                    | Number of instances in which force was used in past 12 months.   | 163.00       |                        |
|                                   | <i>divided by</i>      | Average daily population in the past 12 months.  | 1109.50      | <b>0.15</b>            |
|                                   | (2)                    | Number of instances in which force was used in past 12 months.   | 163.00       |                        |
|                                   | <i>divided by</i>      | Number of admissions in the past 12 months.  | 11484.00     | <b>0.01</b>            |

|                        | (3)               | Number of times that staff uses of force were found to have been inappropriate in the past 12 months.          | 0.00     |                 |
|------------------------|-------------------|--|----------|-----------------|
|                        | <i>divided by</i> | Number of instances in which force was used.   | 163.00   | <b>0.00</b>     |
|                        | (4)               | Number of inmate grievances filed alleging inappropriate use of force in the past 12 months.                   | 0.00     |                 |
|                        | <i>divided by</i> | Average daily population in the past 12 months.  | 1109.50  | <b>0.00</b>     |
|                        | (5)               | Number of inmate grievances alleging inappropriate use of force decided in favor of inmates in past 12 months. | 0.00     |                 |
|                        | <i>divided by</i> | Number of grievances alleging inappropriate use of force filed.  | 0.00     | <b>NONE</b>     |
|                        | (6)               | Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months.        | 163.00   |                 |
|                        | <i>divided by</i> | Average daily population in the past 12 months.  | 1109.50  | <b>0.15</b>     |
| <b>2C - Contraband</b> |                   |  |          |                 |
| Standard               | Outcome Measure   | Statistics: Numerator/Denominator  | Value    | Outcome Measure |
| <b>2C</b>              | (1)               | Number of incidents involving contraband in the past 12 months.  | 248.00   |                 |
|                        | <i>divided by</i> | Average daily population in the past 12 months.  | 1109.50  | <b>0.22</b>     |
|                        | (2)               | Number of incidents involving contraband in the past 12 months.  | 248.00   |                 |
|                        | <i>divided by</i> | Number of admissions in the past 12 months.  | 11484.00 | <b>0.02</b>     |
|                        | (3)               | Number of weapons found in the facility in the past 12 months.   | 4.00     |                 |

|   | <i>divided by</i>      | Average daily population in the past 12 months.                                   | 1109.50      | <b>0.004</b>           |
|---|------------------------|---|--------------|------------------------|
|   | (4)                    | Number of controlled substances found in the facility in the past 12 months.      | 9.00         |                        |
|   | <i>divided by</i>      | Average daily population in the past 12 months.                                   | 1109.50      | <b>0.01</b>            |
|   | (5)                    | Number of controlled substances found in the facility in the past 12 months.      | 9.00         |                        |
|   | <i>divided by</i>      | Number of admissions in the past 12 months.                                       | 11484.00     | <b>0.001</b>           |
| <b>2D - Access to Keys, Tools, and Utensils</b> |                        |   |              |                        |
| <b>Standard</b>                                 | <b>Outcome Measure</b> | <b>Statistics: Numerator/Denominator</b>  | <b>Value</b> | <b>Outcome Measure</b> |
| <b>2D</b>                                       | (1)                    | Number of incidents involving keys in the past 12 months.                         | 32.00        |                        |
|   | <i>divided by</i>      | Average daily population in the past 12 months.                                   | 1109.50      | <b>0.03</b>            |
|   | (2)                    | Number of incidents involving tools in the past 12 months.                        | 4.00         |                        |
|   | <i>divided by</i>      | Average daily population in the past 12 months.                                   | 1109.50      | <b>0.004</b>           |
|   | (3)                    | Number of incidents involving culinary equipment in the past 12 months.           | 3.00         |                        |
|   | <i>divided by</i>      | Average daily population in the past 12 months.                                   | 1109.50      | <b>0.003</b>           |
|   | (4)                    | Number of incidents involving medical equipment and sharps in the past 12 months. | 2.00         |                        |
|   | <i>divided by</i>      | Average daily population in the past 12 months.                                   | 1109.50      | <b>0.002</b>           |

| 3A - Inmate Discipline |                   |   |         |                 |
|------------------------|-------------------|---|---------|-----------------|
| Standard               | Outcome Measure   | Statistics: Numerator/Denominator   | Value   | Outcome Measure |
| <b>3A</b>              | (1)               | Number of rule violations in the past 12 months.  | 1596.00 |                 |
|                        | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>1.44</b>     |
|                        | (2)               | Number of assaults - inmate against inmate - in the past 12 months.                                     | 163.00  |                 |
|                        | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.15</b>     |
|                        | -2                | Number of assaults - inmate against staff - in the past 12 months.                                      | 16.00   |                 |
|                        | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.01</b>     |
| 4A - Food Service      |                   |   |         |                 |
| Standard               | Outcome Measure   | Statistics: Numerator/Denominator   | Value   | Outcome measure |
| <b>4A</b>              | (1)               | Number of documented inmate illnesses attributed to food service operations in the past 12 months.      | 0.00    |                 |
|                        | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.00</b>     |
|                        | (2)               | Number of inmate grievances about food service decided in favor of inmate in past 12 months.            | 14.00   |                 |
|                        | <i>divided by</i> | Number of inmate grievances about food service filed in the past 12 months.                             | 118.00  | <b>0.12</b>     |
|                        | (3)               | Number of violations cited by independent authorities for food service sanitation in the past 12 months | 3.00    |                 |

|              | <i>divided by</i> | Number of violations cited by independent authorities in the past 12 months.   | 10.00   | <b>0.30</b>     |
|--------------|-------------------|--|---------|-----------------|
| 4B - Hygiene |                   |  |         |                 |
| Standard     | Outcome Measure   | Statistics: Numerator/Denominator  | Value   | Outcome Measure |
| <b>4B</b>    | (1)               | Inmate grievances regarding inmate access to personal hygiene decided in favor of the inmate in the past 12 months.      | 0.00    |                 |
|              | <i>divided by</i> | Average daily population in the past 12 months.  | 1109.50 | <b>0.00</b>     |
|              | (2)               | Number of inmate illnesses attributed to poor hygiene practices in the past 12 months.                                   | 18.00   |                 |
|              | <i>divided by</i> | Average daily population in the past 12 months.  | 1109.50 | <b>0.02</b>     |
|              | (3)               | Number of inmates diagnosed with hygiene related conditions (scabies, lice, or fungal infections) in the past 12 months. | 18.00   |                 |
|              | <i>divided by</i> | Average daily population in the past 12 months.  | 1109.50 | <b>0.02</b>     |
|              | (4)               | Number of inmate grievances related to hygiene found in favor of inmate in the past 12 months.                           | 0.00    |                 |
|              | <i>divided by</i> | Number of inmate grievances related to hygiene filed in past 12 months.  | 4.00    | <b>0.00</b>     |
|              | (5)               | Number of inmate lawsuits related to hygiene found in favor of the inmate in the past 12 months.                         | 0.00    |                 |
|              | <i>divided by</i> | Number of inmate lawsuits related to hygiene.  | 0.00    | <b>NONE</b>     |

| 5A - Inmate Opportunities for Improvement |                   |   |             |                 |
|---|-------------------|---|-------------|-----------------|
| Standard                                  | Outcome Measure   | Statistics: Numerator/Denominator   | Value       | Outcome Measure |
| <b>5A</b>                                 | (1)               | Number of inmates who passed GED exams while confined in past 12 months.                  | 0.00        |                 |
|   | <i>divided by</i> | Number of inmates who were sentenced to the jail for 6 months or more in past 12 months.  | 562.00      | <b>0.00</b>     |
|   | (2)               | Total number of grade levels advanced by inmates in the past 12 months.                   | 0.00        |                 |
|   | <i>divided by</i> | Number of inmates who were sentenced to the jail for 6 months or more in past 12 months.  | 562.00      | <b>0.00</b>     |
|   | (3)               | Number of certificates of vocational competency awarded to inmates in the past 12 months. | 30.00       |                 |
|   | <i>divided by</i> | Number of inmates who were sentenced to the jail for 6 months or more in past 12 months.  | 562.00      | <b>0.05</b>     |
| 5B - Family and Community Ties            |                   |   |             |                 |
| Standard                                  | Outcome measure   | Statistics: Numerator/Denominator   | Value       | Outcome Measure |
| <b>5B</b>                                 |                   | <b>NONE</b>   | <b>NONE</b> |                 |
|   |                   |   |             | <b>NONE</b>     |
| 5C - Programs                             |                   |   |             |                 |
| Standard                                  | Outcome Measure   | Statistics: Numerator/Denominator   | Value       | Outcome measure |
| <b>5C</b>                                 |                   | <b>NONE</b>   | <b>NONE</b> |                 |
|   |                   |   |             | <b>NONE</b>     |

| 6A - Inmate Rights |                   |   |         |                 |
|--------------------|-------------------|---|---------|-----------------|
| Standard           | Outcome Measure   | Statistics: Numerator/Denominator   | Value   | Outcome Measure |
| <b>6A</b>          | (1)               | Total number of inmate grievances in the past 12 months, regarding: (a) access to court.        | 0.00    |                 |
|                    | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.00</b>     |
|                    |                   | Total number of inmate grievances in the past 12 months, regarding: (b) mail or correspondence. | 11.00   |                 |
|                    | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.01</b>     |
|                    |                   | Total number of inmate grievances in the past 12 months, regarding: (c) sexual harassment.      | 1.00    |                 |
|                    | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.001</b>    |
|                    |                   | Total number of inmate grievances in the past 12 months, regarding: (d) discipline.             | 3.00    |                 |
|                    | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.003</b>    |
|                    |                   | Total number of inmate grievances in the past 12 months, regarding: (e) discrimination.         | 5.00    |                 |
|                    | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.005</b>    |
|                    |                   | Total number of inmate grievances in the past 12 months, regarding: (f) protection from harm.   | 3.00    |                 |
|                    | <i>divided by</i> | Average daily population in the past 12 months.   | 1109.50 | <b>0.003</b>    |

|  |                   |  |         |             |
|--|-------------------|--|---------|-------------|
|  | (2)               | Number of inmate grievances, regarding (a) access to court decided in favor of inmates in the past 12 months.            | 0.00    |             |
|  | <i>divided by</i> | Total number of grievances filed in past 12 months.  | 711.00  | <b>0.00</b> |
|  |                   | Number of inmate grievances, regarding (b) mail or correspondence decided in favor of inmates in the past 12 months.     | 0.00    |             |
|  | <i>divided by</i> | Total number of grievances filed in past 12 months.  | 711.00  | <b>0.00</b> |
|  |                   | Number of inmate grievances, regarding (c) sexual harassment decided in favor of inmates in the past 12 months.          | 0.00    |             |
|  | <i>divided by</i> | Total number of grievances filed in past 12 months.  | 711.00  | <b>0.00</b> |
|  |                   | Number of inmate grievances, regarding (d) discipline decided in favor of inmates in the past 12 months.                 | 0.00    |             |
|  | <i>divided by</i> | Total number of grievances filed in past 12 months.  | 711.00  | <b>0.00</b> |
|  |                   | Number of inmate grievances, regarding (e) discrimination decided in favor of inmates in the past 12 months.             | 0.00    |             |
|  | <i>divided by</i> | Total number of grievances filed in past 12 months.  | 711.00  | <b>0.00</b> |
|  | (3)               | Total number of inmate court suits alleging violation of inmate rights filed against the facility in the past 12 months. | 0.00    |             |
|  | <i>divided by</i> | Average daily population in the past 12 months.  | 1109.50 | <b>0.00</b> |
|  | (4)               | Number of inmate court suits alleging violation of inmate rights decided in favor of inmates in the past 12 months.      | 0.00    |             |



|                                       | <i>divided by</i>      | Total number of inmate suits filed in past 12 months.   | 0.00         | <b>NONE</b>            |
|---------------------------------------|------------------------|---|--------------|------------------------|
| <b>6B - Fair Treatment of Inmates</b> |                        |   |              |                        |
| <b>Standard</b>                       | <b>Outcome Measure</b> | <b>Statistics: Numerator/Denominator</b>  | <b>Value</b> | <b>Outcome Measure</b> |
| <b>6B</b>                             | (1)                    | Number of inmate grievances regarding discrimination in the past 12 months.                         | 5.00         |                        |
|                                       | <i>divided by</i>      | Average daily population in the past 12 months.   | 1109.50      | <b>0.005</b>           |
|                                       | (2)                    | Number of inmate grievances regarding discrimination resolved in favor of inmate in past 12 months. | 0.00         |                        |
|                                       | <i>divided by</i>      | Number of inmate grievances regarding discrimination filed in past 12 months.                       | 5.00         | <b>0.00</b>            |
|                                       | (3)                    | Number of grievances resolved in favor of inmates in past 12 months.                                | 42.00        |                        |
|                                       | <i>divided by</i>      | Average daily population in the past 12 months.   | 1109.50      | <b>0.04</b>            |
|                                       | (4)                    | Number of grievances resolved in favor of inmates in past 12 months.                                | 42.00        |                        |
|                                       | <i>divided by</i>      | Total number of inmate grievances filed in past 12 months.  | 711.00       | <b>0.06</b>            |
|                                       | (5)                    | Number of court malpractice or tort liability cases found in favor of inmate in the past 12 months. | 0.00         |                        |
|                                       | <i>divided by</i>      | Number of court malpractice or tort liability cases in past 12 months.                              | 0.00         | <b>NONE</b>            |

| 6C - Due Process for Inmates |                   |  |         |                 |
|------------------------------|-------------------|--|---------|-----------------|
| Standard                     | Outcome Measure   | Statistics: Numerator/Denominator  | Value   | Outcome Measure |
| <b>6C</b>                    | (1)               | Number of disciplinary incidents resolved informally in past 12 months.                        | 2360.00 |                 |
|                              | <i>divided by</i> | Average daily population for past 12 months.   | 1109.50 | <b>2.13</b>     |
|                              | (2)               | Number of formal disciplinary decisions that were appealed in past 12 months.                  | 84.00   |                 |
|                              | <i>divided by</i> | Total number of disciplinary decisions made in past 12 months.                                 | 1503.00 | <b>0.06</b>     |
|                              | (3)               | Number of appealed disciplinary decisions decided in favor of inmate in past 12 months.        | 10.00   |                 |
|                              | <i>divided by</i> | Total number of disciplinary decisions made in past 12 months.                                 | 1503.00 | <b>0.01</b>     |
|                              | (4)               | Number of grievances filed by inmates challenging disciplinary procedures in past 12 months.   | 5.00    |                 |
|                              | <i>divided by</i> | Average daily population for past 12 months.   | 1109.50 | <b>0.005</b>    |
|                              | (5)               | Number of disciplinary related grievances resolved in favor of inmate in past 12 months.       | 0.00    |                 |
|                              | <i>divided by</i> | Total number of disciplinary related grievances filed in past 12 months.                       | 3.00    | <b>0.00</b>     |
|                              | (6)               | Number of court suits filed against the facility regarding discipline in past 12 months.       | 0.00    |                 |
|                              | <i>divided by</i> | Average daily population in the past 12 months.  | 1109.50 | <b>0.00</b>     |
|                              | (7)               | Number of court cases regarding discipline decided against the facility in the past 12 months. | 0.00    |                 |

|                                   | <i>divided by</i>      | Total number of court decisions regarding discipline decided in past 12 months.                              | 0.00         | <b>NONE</b>            |
|-----------------------------------|------------------------|--|--------------|------------------------|
|                                   | (8)                    | Number of rule violations in past 12 months.   | 1596.00      |                        |
|                                   | <i>divided by</i>      | Average daily population in past 12 months.  | 1109.50      | <b>1.44</b>            |
|                                   | (9)                    | Number of inmates terminated from the facility due to rule violations in past 12 months.                     | 0.00         |                        |
|                                   | <i>divided by</i>      | Average daily population in the past 12 months.  | 1109.50      | <b>0.00</b>            |
| <b>6D - Inmate Responsibility</b> |                        |  |              |                        |
| <b>Standard</b>                   | <b>Outcome Measure</b> | <b>Statistics: Numerator/Denominator</b>   | <b>Value</b> | <b>Outcome measure</b> |
| <b>6D</b>                         | (1)                    | Number of inmates released in past 12 months who made regular payments toward their restitution obligations. | N/A          |                        |
|                                   | <i>divided by</i>      | Number of inmates who had restitution obligations in past 12 months.   | N/A          | <b>N/A</b>             |
|                                   | (2)                    | Number of inmates who satisfy their court costs/fines obligations in past 12 months.                         | N/A          |                        |
|                                   | <i>divided by</i>      | Number of inmates who had court costs/fines obligations in past 12 months.                                   | N/A          | <b>N/A</b>             |
|                                   | (3)                    | Total amount of restitution paid by inmates in past 12 months.   | N/A          |                        |
|                                   | <i>divided by</i>      | Average daily population in past 12 months.  | 1109.50      | <b>N/A</b>             |
|                                   | (4)                    | Total number of hours of community service donated by inmates in past 12 months.                             | N/A          |                        |

|                          |                        |  |              |                        |
|--------------------------|------------------------|--|--------------|------------------------|
|                          | <i>divided by</i>      | Average daily population for past 12 months.   | 1109.50      | <b>N/A</b>             |
|                          | (5)                    | Total number of inmates who participated in restitution in past 12 months.               | N/A          |                        |
|                          | <i>divided by</i>      | Total number of inmates housed in past 12 months.  | 13314.00     | <b>N/A</b>             |
|                          | (6)                    | Total number of inmates who participated in community service work in past 12 months.    | N/A          |                        |
|                          | <i>divided by</i>      | Total number of inmates housed in past 12 months.  | 13314.00     | <b>N/A</b>             |
|                          | (7)                    | Total number of inmates who participated in victim awareness programs in past 12 months. | N/A          |                        |
|                          | <i>divided by</i>      | Total number of inmates housed in past 12 months.  | 13314.00     | <b>N/A</b>             |
|                          | (8)                    | Total amount of restitution paid by inmates in past 12 months.                           | N/A          |                        |
|                          | <i>divided by</i>      | Total number of inmates housed in past 12 months.  | 13314.00     | <b>N/A</b>             |
|                          | (9)                    | Total number of hours delivered by inmates who participated in                           | N/A          |                        |
|                          | <i>divided by</i>      | Total number of inmates housed in past 12 months.  | 13314.00     | <b>N/A</b>             |
| <b>7A - Legal Status</b> |                        |  |              |                        |
| <b>Standard</b>          | <b>Outcome measure</b> | <b>Statistics: Numerator/Denominator</b>   | <b>Value</b> | <b>Outcome Measure</b> |
| <b>7A</b>                |                        | <b>NONE</b>  | <b>NONE</b>  |                        |
|                          |                        |  |              | <b>NONE</b>            |

| 7B - Recruitment, Retention, and Promotion            |                   |  |         |                 |
|---|-------------------|--|---------|-----------------|
| Standard  | Outcome Measure   | Statistics: Numerator/Denominator  | Value   | Outcome Measure |
| <b>7B</b>   | (1)               | Total number of years of staff members' education as of the end of last calendar year.   | 4208.00 |                 |
|   | <i>divided by</i> | Number of staff at the end of the last calendar year.  | 336.00  | <b>12.52</b>    |
|   | (2)               | Number of staff who left employment for any reason during past 12 months.  | 36.00   |                 |
|   | <i>divided by</i> | Number of full time equivalent staff positions in the past 12 months.  | 345.00  | <b>0.10</b>     |
|   | (3)               | Total number of credit hours in courses relevant to their facility responsibilities earned by staff participating in higher education in past 12 months. | 34.00   |                 |
|   | <i>divided by</i> | Number of full time equivalent staff positions in the past 12 months.  | 345.00  | <b>0.10</b>     |
|   | (4)               | Number of professional development events attended by staff in past 12 months.   | 27.00   |                 |
|   | <i>divided by</i> | Number of full time equivalent staff positions in the past 12 months.  | 345.00  | <b>0.08</b>     |
| 7C - Staff Ethics: Armor Correctional Health Services |                   |  |         |                 |
| Standard  | Outcome Measure   | Statistics: Numerator/Denominator  | Value   | Outcome Measure |
| <b>7C</b>   | (1)               | Number of incidents in which staff was found to have acted in violation of facility policy in past 12 months.  | 0.00    |                 |
|   | <i>divided by</i> | Number of full time equivalent staff positions in the past 12 months.  | 40.80   | <b>0.00</b>     |
|   | (2)               | Number of staff terminated for conduct violations in past 12 months.   | 1.00    |                 |

|  |                   |   |         |              |
|--|-------------------|---|---------|--------------|
|  | <i>divided by</i> | Number of full time equivalent staff positions in the past 12 months.                                 | 40.80   | <b>0.02</b>  |
|  | (3)               | Number of inmate grievances attributed to improper staff conduct which were upheld in past 12 months. | 1.00    |              |
|  | <i>divided by</i> | Number of grievances alleging improper staff conduct filed in past 12 months.                         | 3.00    | <b>0.33</b>  |
|  | (4)               | Number of inmate grievances attributed to improper staff conduct which were upheld in past 12 months. | 1.00    |              |
|  | <i>divided by</i> | Average daily population for past 12 months.  | 1109.50 | <b>0.001</b> |
|  | (5)               | Where staff is tested, number of staff substance abuse tests failed in past 12 months.                | 0.00    |              |
|  | <i>divided by</i> | Number of staff substance abuse tests administered in past 12 months.                                 | 8.00    | <b>0.00</b>  |
|  | (6)               | Number of terminations for violation of drug-free work policy in past 12 months.                      | 0.00    |              |
|  | <i>divided by</i> | Number of staff terminations in past 12 months.   | 22.00   | <b>0.00</b>  |
|  | (7)               | Average number of physicians employed in past 12 months.  | 3.00    |              |
|  | <i>divided by</i> | Number of physician positions authorized in past 12 months.   | 3.00    | <b>1.00</b>  |
|  | (8)               | Average number of nurses employed in past 12 months.  | 41.50   |              |
|  | <i>divided by</i> | Number of nurse positions authorized in past 12 months.   | 28.90   | <b>1.44</b>  |
|  | (9)               | Average number of mid-level health care practitioners employed in past 12 months.                     | 1.00    |              |

|           |                   |   |         |              |
|-----------|-------------------|---|---------|--------------|
|           | <i>divided by</i> | Number of mid-level health care practitioner positions authorized in past 12 months.                          | 1.00    | <b>1.00</b>  |
|           | (10)              | Average number of ancillary health care staff employed in past 12 months.                                     | 9.45    |              |
|           | <i>divided by</i> | Number of ancillary health care positions authorized in past 12 months.                                       | 10.10   | <b>0.94</b>  |
| <b>7C</b> | (1)               | Number of incidents in which staff was found to have acted in violation of facility policy in past 12 months. | 18.00   |              |
|           | <i>divided by</i> | Number of full time equivalent staff positions in the past 12 months.   | 345.00  | <b>0.05</b>  |
|           | (2)               | Number of staff terminated for conduct violations in past 12 months.  | 0.00    |              |
|           | <i>divided by</i> | Number of full time equivalent staff positions in the past 12 months.   | 345.00  | <b>0.00</b>  |
|           | (3)               | Number of inmate grievances attributed to improper staff conduct which were upheld in past 12 months.         | 2.00    |              |
|           | <i>divided by</i> | Number of grievances alleging improper staff conduct filed in past 12 months.                                 | 193.00  | <b>0.01</b>  |
|           | (4)               | Number of inmate grievances attributed to improper staff conduct which were upheld in past 12 months.         | 2.00    |              |
|           | <i>divided by</i> | Average daily population for past 12 months.  | 1109.50 | <b>0.002</b> |
|           | (5)               | Where staff is tested, number of staff substance abuse tests failed in past 12 months.                        | 0.00    |              |
|           | <i>divided by</i> | Number of staff substance abuse tests administered in past 12 months.   | 87.00   | <b>0.00</b>  |

|                              | (6)               | Number of terminations for violation of drug-free work policy in past 12 months.   | 0.00            |                 |
|------------------------------|-------------------|--|-----------------|-----------------|
|                              | <i>divided by</i> | Number of staff terminations in past 12 months.  | 1.00            | <b>0.00</b>     |
| 7D - Facility Administration |                   |  |                 |                 |
| Standard                     | Outcome Measure   | Statistics: Numerator/Denominator  | Value           | Outcome Measure |
| <b>7D</b>                    | (1)               | Net amount of budget shortfalls or surplus at the end of last fiscal year (budget less expenditures) Ending Sept 30, 2016. | \$3,336,812.47  |                 |
|                              | <i>divided by</i> | Budget for past 12 months.   | \$16,289,422.08 | <b>0.20</b>     |
|                              | (2)               | Number of material audit findings by an independent financial auditor at the conclusion of the last audit.                 | 0.00            |                 |
|                              | (3)               | Number of grievances filed by inmates regarding their records or property in past 12 months.                               | 197.00          |                 |
|                              | <i>divided by</i> | Average daily population in past 12 months.  | 1109.50         | <b>0.18</b>     |
|                              | (4)               | Number of inmate grievances (records/property) decided in favor of inmate in past 12 months.                               | 8.00            |                 |
|                              | <i>divided by</i> | Total number of inmate grievances (records/property) filed in past 12 months.  | 197.00          | <b>0.04</b>     |
|                              | (5)               | Number of objectives achieved in past 12 months.   | 1.00            |                 |
|                              | <i>divided by</i> | Number of objectives in past 12 months.  | 13.00           | <b>0.08</b>     |
|                              | (6)               | Number of program changes made in past 12 months.  | 1.00            |                 |
|                              | <i>divided by</i> | Number of program changes recommended in past 12 months.   | 1.00            | <b>1.00</b>     |



|                          |                   |   |         |             |
|--------------------------|-------------------|---|---------|-------------|
|                          | (7)               | Number of problems identified by internal health care review that were corrected in past 12 months.           | 13.00   |             |
|                          | <i>divided by</i> | Number of problems identified by internal health care review in past 12 months.                               | 13.00   | <b>1.00</b> |
| 7E - Staff Treatment     |                   |   |         |             |
| <b>7E</b>                | (1)               | Number of grievances filed by staff in the past 12 months.  | 0.00    |             |
|                          | <i>divided by</i> | Number of full-time equivalent staff positions in the past 12 months.   | 345.00  | <b>0.00</b> |
|                          | (2)               | Number of staff grievances decided in favor of staff in the past 12 months.                                   | 0.00    |             |
|                          | <i>divided by</i> | Total number of staff grievances in the past 12 months  | 0.00    | <b>NONE</b> |
|                          | (3)               | Total number of years of staff members' experience in the field as of the end of last calendar year.          | 3174.00 |             |
|                          | <i>divided by</i> | Number of staff at the end of last calendar year  | 336.00  | <b>9.45</b> |
|                          | (4)               | Number of staff termination or demotion hearings in which the facility decision was upheld in past 12 months. | 0.00    |             |
|                          | <i>divided by</i> | Number of staff termination or demotion hearings requested in past 12 months.                                 | 0.00    | <b>NONE</b> |
| 7F - Community Relations |                   |   |         |             |
| <b>7F</b>                | (1)               | Total number of hours of volunteer service delivered by members of the community in past 12 months.           | 6903.00 |             |
|                          | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50 | <b>6.22</b> |

|  | (2)               | Total number of individual community members who provided voluntary service in past 12 months. | 246.75   |                 |
|--|-------------------|--|----------|-----------------|
|  | <i>divided by</i> | Average daily population in past 12 months.  | 1109.50  | <b>0.22</b>     |
|  | (3)               | Total number of complaints filed by media regarding access to information in past 12 months.   | 0.00     |                 |
|  | <i>divided by</i> | Average daily population in past 12 months.  | 1109.50  | <b>0.00</b>     |
|  | (4)               | Total number of positive statements made by media regarding facility in past 12 months.        | 0.00     |                 |
|  | <i>divided by</i> | Average daily population in past 12 months.  | 1109.50  | <b>0.00</b>     |
|  | (5)               | Total number of complaints from the community in past 12 months.                               | 6.00     |                 |
|  | <i>divided by</i> | Average daily population in past 12 months.  | 1109.50  | <b>0.01</b>     |
|  | (6)               | Total number of hours of community service work delivered by inmates in past 12 months.        | 0.00     |                 |
|  | <i>divided by</i> | Average daily population in past 12 months.  | 1109.50  | <b>0.00</b>     |
| 4C - Continuum of Health Care Services |                   |  |          |                 |
| Standard                               | Outcome Measure   | Statistics: Numerator/Denominator  | Value    | Outcome measure |
| <b>4C</b>                              | (1)               | Number of inmates with a positive tuberculin skin test in past 12 months.                      | 11.00    |                 |
|  | <i>divided by</i> | Number of admissions in past 12 months.  | 11484.00 | <b>0.001</b>    |
|  | (2)               | Number of inmates diagnosed with active tuberculosis in past 12 months.                        | 2.00     |                 |

|  |                   |   |         |              |
|--|-------------------|---|---------|--------------|
|  | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50 | <b>0.002</b> |
|  | (3)               | Number of conversions to a positive TB skin test in past 12 months.   | 0.00    |              |
|  | <i>divided by</i> | Number of TB skin tests given in past 12 months   | 7778.00 | <b>0.00</b>  |
|  | (4)               | Number of inmates with positive TB skin test who completed prophylaxis treatment for TB in past 12 months.            | 2.00    |              |
|  | <i>divided by</i> | Number of inmates with positive TB skin test on prophylaxis treatment for TB in past 12 months.                       | 2.00    | <b>1.00</b>  |
|  | (5)               | Number of Hepatitis C positive inmates in past 12 months.   | 226.00  |              |
|  | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50 | <b>0.20</b>  |
|  | (6)               | Number of HIV positive inmates in past 12 months  | 140.00  |              |
|  | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50 | <b>0.13</b>  |
|  | (7)               | Number of HIV positive inmates who are being treated with highly active antiretroviral treatment in past 12 months.   | 140.00  |              |
|  | <i>divided by</i> | Number of known HIV positive inmates in past 12 months.   | 140.00  | <b>1.00</b>  |
|  | (8)               | Number of inmates diagnosed with an Axis I diagnosis (excluding sole diagnosis of substance abuse) in past 12 months. | 3002.00 |              |
|  | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50 | <b>2.71</b>  |

|           |                   |   |         |              |
|-----------|-------------------|---|---------|--------------|
|           | (9)               | Number of inmate suicide attempts in past 12 months                           | 5.00    |              |
|           | <i>divided by</i> | Average daily population in past 12 months.                                   | 1109.50 | <b>0.005</b> |
|           | (10)              | Number of inmate suicides in past 12 months.                                  | 0.00    |              |
|           | <i>divided by</i> | Average daily population in past 12 months.                                   | 1109.50 | <b>0.00</b>  |
|           | (11)              | Number of inmate deaths due to homicide in past 12 months.                    | 0.00    |              |
|           | <i>divided by</i> | Average daily population in past 12 months.                                   | 1109.50 | <b>0.00</b>  |
|           | (12)              | Number of inmate deaths due to injuries in the past 12 months.                | 0.00    |              |
|           | <i>divided by</i> | Average daily population in past 12 months.                                   | 1109.50 | <b>0.00</b>  |
|           | (13)              | Number of medically expected inmate deaths in past 12 months.                 | 0.00    |              |
|           | <i>divided by</i> | Average daily population in past 12 months.                                   | 1109.50 | <b>0.00</b>  |
|           | (14)              | Number of medically unexpected inmate deaths in past 12 months                | 0.00    |              |
|           | <i>divided by</i> | Average daily population in past 12 months.                                   | 1109.50 | <b>0.00</b>  |
| <b>4C</b> | (15)              | Number of inmate admissions to infirmary (where available) in past 12 months. | 282.00  |              |
|           | <i>divided by</i> | Average daily population in past 12 months.                                   | 1109.50 | <b>0.25</b>  |
|           | (16)              | Number of inmate admissions to off-site hospitals in past 12 months.          | 62.00   |              |
|           | <i>divided by</i> | Average daily population in past 12 months.                                   | 1109.50 | <b>0.06</b>  |

|  |                   |  |          |             |
|--|-------------------|--|----------|-------------|
|  | (17)              | Number of inmates transported off-site (via ambulance or correctional vehicle) for treatment of emergency health conditions in past 12 months. | 374.00   |             |
|  | <i>divided by</i> | Average daily population in past 12 months.  | 1109.50  | <b>0.34</b> |
|  | (18)              | Number of inmate specialty consults completed in past 12 months.   | 316.00   |             |
|  | <i>divided by</i> | Number of specialty consults (on-site or off-site) ordered by primary health care provider (MD, NP, PA) in past 12 months.                     | 316.00   | <b>1.00</b> |
|  | (19)              | Number of inmate grievances about access to health care services found in favor of inmate in past 12 months.                                   | 8.00     |             |
|  | <i>divided by</i> | Number of inmate grievances about health care services access in past 12 months.   | 62.00    | <b>0.13</b> |
|  | (20)              | Number of inmate grievances related to quality of health care found in favor of inmate in past 12 months.                                      | 8.00     |             |
|  |                   | Number of inmate grievances related to quality of health care filed in past 12 months.   | 112.00   | <b>0.07</b> |
|  | (21)              | Number of inmate lawsuits about access to health care services found in favor of inmate in past 12 months.                                     | 0.00     |             |
|  | <i>divided by</i> | Number of inmate lawsuits related to access to health care services filed in past 12 months.   | 0.00     | <b>NONE</b> |
|  | (22)              | Number of individual sick call encounters in past 12 months.   | 10561.00 |             |

|           |                   |   |           |               |
|-----------|-------------------|---|-----------|---------------|
|           | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50   | <b>9.52</b>   |
|           | (23)              | Number of physician visit contacts in past 12 months.                                 | 8208.00   |               |
|           | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50   | <b>7.40</b>   |
|           | (24)              | Number of individualized dental treatment plans in past 12 months                     | 1046.00   |               |
|           | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50   | <b>0.94</b>   |
|           | (25)              | Number of hypertensive inmates enrolled in chronic care clinic in past 12 months      | 730.00    |               |
|           | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50   | <b>0.66</b>   |
|           | (26)              | Number of diabetic inmates enrolled in chronic care clinic in past 12 months.         | 184.00    |               |
|           | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50   | <b>0.17</b>   |
|           | (27)              | Number of incidents involving pharmaceuticals as contraband in past 12 months.        | 13.00     |               |
|           | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50   | <b>0.01</b>   |
| <b>4C</b> | (28)              | Number of cardiac diets received by inmates with cardiac disease in past 12 months.   | 102397.00 |               |
|           | <i>divided by</i> | Number of cardiac diets prescribed in past 12 months.                                 | 730.00    | <b>140.27</b> |
|           | (29)              | Number of hypertensive diets received by inmates with hypertension in past 12 months. | 102397.00 |               |

|                                   | <i>divided by</i> | Number of hypertensive diets prescribed in past 12 months.                      | 730.00     | <b>140.27</b>   |
|-----------------------------------|-------------------|---|------------|-----------------|
|                                   | (30)              | Number of diabetic diets received by inmates with diabetes in past 12 months.   | 26710.00   |                 |
|                                   | <i>divided by</i> | Number of diabetic diets prescribed in past 12 months.                          | 184.00     | <b>145.16</b>   |
|                                   | (31)              | Number of renal diets received by inmates with renal disease in past 12 months. | 3687.00    |                 |
|                                   | <i>divided by</i> | Number of renal diets prescribed in past 12 months.                             | 42.00      | <b>87.79</b>    |
|                                   | (32)              | Number of needle stick injuries in past 12 months.                              | 2.00       |                 |
|                                   | <i>divided by</i> | Number of employees on average in past 12 months.                               | 40.80      | <b>0.05</b>     |
|                                   | (33)              | Number of pharmacy-dispensing errors in past 12 months.                         | 0.00       |                 |
|                                   | <i>divided by</i> | Number of prescriptions dispensed by the pharmacy in past 12 months.            | 2979.00    | <b>0.00</b>     |
|                                   | (34)              | Number of nursing-medication-administration errors in past 12 months.           | 39.00      |                 |
|                                   | <i>divided by</i> | Number of medications administered in past 12 months.                           | 1472646.00 | <b>0.00003</b>  |
| <b>4D - Health Services Staff</b> |                   |   |            |                 |
| Standard                          | Outcome Measure   | Statistics: Numerator/Denominator   | Value      | Outcome Measure |
| <b>4D</b>                         | (1)               | Number of staff with lapsed licensure and/or certification in past 12 months.   | 0.00       |                 |
|                                   | <i>divided by</i> | Number of licensed and/or certified staff in past 12 months.                    | 40.80      | <b>0.00</b>     |

|  |                   |   |         |             |
|--|-------------------|---|---------|-------------|
|  | (2)               | Number of new employees in past 12 months who completed orientation training prior to undertaking job assignments.          | 51.00   |             |
|  | <i>divided by</i> | Number of new employees in past 12 months.  | 51.00   | <b>1.00</b> |
|  | (3)               | Number of employees completing in-service training requirements in past 12 months.  | 4.25    |             |
|  | <i>divided by</i> | Number of employees eligible in past 12 months.   | 4.25    | <b>1.00</b> |
|  | (4)               | Number of MD staff who left employment in past 12 months.   | 1.00    |             |
|  | <i>divided by</i> | Number of authorized MD staff positions in past 12 months.  | 1.00    | <b>1.00</b> |
|  | (5)               | Number of RN staff who left employment in past 12 months.   | 3.00    |             |
|  | <i>divided by</i> | Number of authorized RN staff positions in past 12 months.  | 7.90    | <b>0.38</b> |
|  | (6)               | Number of LPN staff who left employment in past 12 months.  | 13.00   |             |
|  | <i>divided by</i> | Number of authorized LPN staff positions in past 12 months.   | 21.00   | <b>0.62</b> |
|  | (7)               | Number of medical records staff who left employment in past 12 months.  | 0.20    |             |
|  | <i>divided by</i> | Number of authorized medical records staff positions in past 12 months.   | 2.40    | <b>0.08</b> |
|  | (8)               | Number of alleged sexual misconduct incidents between staff and detainees in past 12 months.                                | 0.00    |             |
|  | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50 | <b>0.00</b> |
|  | (9)               | Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees in past 12 months. | 0.00    |             |




|  |                   |   |         |             |
|--|-------------------|---|---------|-------------|
|  | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50 | <b>0.00</b> |
|  | (10)              | Number of confirmed sexual misconduct incidents between staff and detainees in past 12 months.                                | 0.00    |             |
|  | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50 | <b>0.00</b> |
|  | (11)              | Number of confirmed sexual misconduct incidents between volunteers and/or contract personnel and detainees in past 12 months. | 0.00    |             |
|  | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50 | <b>0.00</b> |
|  | (12)              | Number of detainees identified as high risk with a history of sexually assaultive behavior in past 12 months.                 | 0.00    |             |
|  | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50 | <b>0.00</b> |
|  | (13)              | Number of detainees identified as at risk for sexual victimization in past 12 months.   | 181.00  |             |
|  | <i>divided by</i> | Average daily population in past 12 months.   | 1109.50 | <b>0.16</b> |

# CERTIFICATE OF INSPECTION

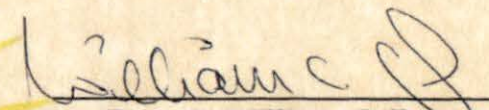
## *Manatee County Jail*

In recognition of a voluntary jail inspection conducted by the  
County Jail Inspection Team in accordance with the  
Florida model Jail Standards on

April 06, 2018

  
Lieutenant Victor Ruiz  
C.J.I. President



  
Captain William Galloway  
Inspection Chairman

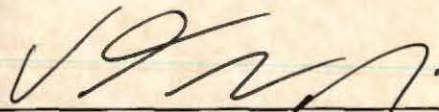


# CERTIFICATE OF INSPECTION

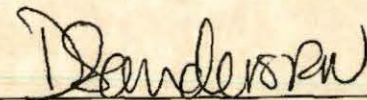
## *Manatee Medical Services*

In recognition of a voluntary jail inspection conducted by the  
County Jail Inspection Team in accordance with the  
Florida model Jail Standards on

April 06, 2018



Lieutenant Victor Ruiz  
C.J.I. President



Denise Sanders  
Medical Inspection Chairman



# Florida Model Jail Standards

Date: April 6, 2018

To: Sheriff R. Wells

From: Captain W. Galloway

Subject: Jail Inspection

## 1. Introduction:

The Peer Review Inspection Team conducted an inspection of the Manatee County Division of Corrections (Manatee County Jail) on April 6, 2018 at 0900 hours, with the following inspectors:

|                 |          |                         |
|-----------------|----------|-------------------------|
| Chairperson     | Polk     | Capt. William Galloway  |
| Inspector       | Sarasota | Lt. Jay Doyle           |
| Inspector       | Orange   | Capt. Barry White       |
| Inspector       | Sarasota | Sgt. Michelle Gilbert   |
| Inspector       | Orange   | Lt. Laura Rivera        |
| Inspector       | Volusia  | Lt. Christopher Stormer |
| Inspector       | Polk     | Capt. Darren Chambers   |
| Inspector       | Osceola  | Lt. Nathan Brown        |
| Inspector       | Osceola  | Lt. John Cooper         |
| Inspector       | Volusia  | Lt. Mose Hawkins        |
| Medical (Chair) | Hardee   | Denise Sanders          |
| Medical         | Orange   | Dr. Christine Edmond    |
| Medical         | Orange   | Robert Vance            |

## 2. Compliance Issues:

There were no serious or notable violations reported during this inspection.

## 3. Inspection process:

The CJI Team Members met at the Manatee Department of Corrections (Manatee County Jail) at 0900 on April 6, 2018 and assembled in the upstairs Conference Room. Captain Yvonne Ingersoll welcomed the Inspection Team Members to the facility, and then turned the podium over to Captain Ian Kogel. Captain Kogel also welcomed the Inspection Team Members to the facility and expressed his thanks to us for visiting the facility and giving them a fair and thorough inspection. Captain Ingersoll then identified inspectors, escorts, and areas of inspection responsibility. At approximately 0920 hours, the Inspection Team Members began their inspection of the facility. At approximately 1200 hours, the team members broke for lunch and returned to the Conference Room for a discussion of the facility inspection, and if any violations were observed. At approximately 1315 hours, Captain Ingersoll, Captain Kogel, and the rest of the staff were invited back into the Conference Room for the Inspection Team Members assessment.

#### 4. Conclusion:

Upon the completion of the inspection process, the Inspection Team Members assembled in the Conference Room to discuss their findings. Present were Captain Ingersoll, Captain Kogel, escorts, and other Detention staff members. Each Inspection Team Member reported their findings. The Inspection Team found no violations during the inspection. Each Team Member noted the professionalism of the Detention staff and their thorough knowledge of the workings of the facility. The Team Members also noted the cleanliness of the facility and the amicable interactions between staff and the inmate population. The staff members were helpful went that extra mile to ensure the Inspection Team Members had a memorable and pleasant experience. The Inspection Team Members and I thanked Captain Ingersoll and Captain Kogel for the opportunity to visit their facility and for their hospitality.

#### 5. Limitation of Liability

Each Inspector is a member of the County Jail Inspection Team, compiled this report in accordance with the Florida Model Jail Standards. The team only warrants that on the date of the above inspection, the Manatee County Division of Corrections (Manatee County Jail) did meet the Florida Model Jail Standards as set forth in this report. Pursuant to state law, the facilities must maintain the operation of the jails at the standards provided by the Florida Model Jail Standards. However, the Inspection Team is not responsible for the continued adherence with these standards subsequent to the date of this inspection.

The ultimate responsibility for the proper operation of the facilities and adherence with minimum standards rests solely with the individual or entity designated as the Chief Correctional Officer of the Manatee County Department of Corrections (Manatee County Jail). The Chief Correctional Officer hereby agrees to release and hold harmless the Peer Review Inspection Team to the extent allowed by law, from any and liability, losses or damages, including attorney's fees and cost of defense, which the Chief Correctional Officer or the officers, employees and agents may incur as a result of claims, demands, suits, causes or actions or proceedings of any kind or nature arising out of, resulting to, or resulting from the jail inspection process.

As a reminder, FMJS Paragraph 2.05 requires the Officer-In-Charge to compile a response to this report and submit a copy of the report and any corrective action plan, if appropriate, to the agency's County Commission and the Chairperson of the Florida Model Jail Standards Committee. Inspection reports, responses, and all other reports or documents prepared by the FMJS Inspector(s) or Officer-in-Charge shall become public records, and shall be subject to review under 119, Florida State Statutes.

  
Signature/Date

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 2 – General Provisions

|    |  |                                 |                                     |                          |                          |
|----|--|---------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. | If inmates are held longer than eight (8) hours in holding cells is documentation justifying the extension and including 15 minute documented checks completed?<br>Comments:                 | 2.1 (f)<br>(1) (2)              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Are appropriate Inspection Reports, Corrective Action Plans, Responses, and all other reports and/or documents related to previous facility inspections up to date and on file?<br>Comments: | 2.7                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Are all policies and procedures formally reviewed at least annually and updated as needed?<br>Comments:  | 2.10                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <b><i>Are personnel trained in CPR and first aid care on duty at all times as required by Chapter 943, Florida Statutes?</i></b><br>Comments:  | <b>2.8 a<br/>(5 g)<br/>7.08</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Are there written procedures addressing:   |                                 |                                     |                          |                          |
|    | a. The detection, prevention, reduction or punishment of sexual abuse inmates.   | <b>2.17</b>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | b. The safety and treatment needs of inmates who have been a victim of a sexual act.   | <b>2.17</b>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | c. The discipline and prosecution of any person who perpetrate sexual acts upon inmates.   | 2.17                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Comments:  |                                 |                                     |                          |                          |
| 6. | Is new employee orientation and annual refresher training being provided to staff covering required topics in section 2.17 (a)?<br>Comments:   | 2.17 (a)<br>(1-3)               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Are inmates being provided information required in section 2.17 (b)?<br>Comments:  | 2.17<br>(b)(1-4)                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 4 – Admission, Classification and Release

|     |   |         |                                     |                          |                          |
|-----|---|---------|-------------------------------------|--------------------------|--------------------------|
| 8.  | Are all established rules, regulations and legal procedures met and any questions clearly resolved as to inmate admissions?<br>Comments:                                      | 4.1     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | During the admission and booking process, are inmates examined for contraband and permitted to bathe?<br>Comments:  | 4.2     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Is each inmate searched by a certified staff member upon admission, subject to Section 901.211, Florida Statutes?<br>Comments:  | 4.3     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Are body cavity searches only conducted by licensed medical personnel?<br>Comments:   | 4.3     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | When a body cavity search is conducted, is a complete report written and given to the Officer-in-Charge?<br>Comments:   | 4.3     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Unless medically cleared, unconscious, seriously ill, or seriously injured persons are not admitted to the facility?<br>Comments:   | 4.4     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Are persons brought to the facility for detoxification reasons housed in an area designed for that use and are held only so long to meet statutory requirements?<br>Comments: | 4.5     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Are male staff present to admit male inmates and female staff present to admit female inmates?<br>Comments:   | 4.6     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | During the classification process, is each inmate given or provided access to a copy of the Rules and Regulations of the facility?<br>Comments:                               | 4.7     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Are inmate admission records compiled and maintained on each inmate and contain:  |         |                                     |                          |                          |
|     | a. Full name and known alias  | 4.8 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | b. Age, date of birth, sex  | 4.8 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | c. Date admitted  | 4.8 (c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | d. Race   | 4.8 (d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | e. Height   | 4.8 (e) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | f. Weight   | 4.8 (f) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | g. Specific reason for custody  | 4.8 (g) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

|     |  |          |                                     |                          |                          |
|-----|--|----------|-------------------------------------|--------------------------|--------------------------|
|     | h. Signature of person(s) delivering and receiving inmate  | 4.8 (h)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | i. Written inventory of items taken from inmate, personal property safeguarded and receipts signed for by staff and inmate         | 4.8 (i)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | j. Current or last known address   | 408 (j)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | k. Next of kin of inmate   | 4.8 (k)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | l. Marital status  | 4.8 (l)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | m. Religion  | 4.8 (m)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Comments:  |          |                                     |                          |                          |
| 18. | Is there a written directive or procedure for inmates who refuse to sign a property receipt?<br>Comments:                          | 4.08 (i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Are all persons booked into the facility photographed and fingerprinted?<br>Comments:  | 4.09     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | During the admission process, are inmates given access to a telephone to call attorney, family members or others?<br>Comments:     | 4.10     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | As soon as practical following the admission, are inmates classified?<br>Comments:   | 4.11     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Is classification criteria incorporated into the inmate rules and regulations as to housing, programs and privileges?<br>Comments: | 4.12     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | Are personal records maintained and kept confidential from other inmates and contain:  | 4.15     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | a. Legal authority for commitment  | 4.15 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | b. All information contained in the booking record   | 4.15 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | c. Classification information and progress reports   | 4.15 (c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | d. Sustained disciplinary reports including investigation and disposition  | 4.15 (d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | e. All absences from the facility  | 4.15 (e) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | f. Photographs, when taken   | 4.15 (f) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | g. Record of any detainer or other civil or criminal process   | 4.15 (g) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | h. Personal property records   | 4.15 (h) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | i. Date and terms or conditions of release, the authority for release and signature of the releasing employee.                     | 4.15 (i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

|     |   |          |                                     |                          |                          |
|-----|---|----------|-------------------------------------|--------------------------|--------------------------|
|     | j. All information contained in the booking record  | 4.15 (j) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Comments:   |          |                                     |                          |                          |
| 24. | Is the classification process a uniform process for all inmates?<br>Comments:   | 4.16     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | Does the classification process follow an inmate throughout his/her incarceration?<br>Comments:   | 4.16     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | Is there written procedures for legally releasing inmates and positive identification?<br>Comments:   | 4.17     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | At the time of release, does the inmate sign for the return of his/her property and is the receipt countersigned by an employee?<br>Comments: | 4.18     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 5 - Housing

|     |  |         |                                     |                          |                          |
|-----|--|---------|-------------------------------------|--------------------------|--------------------------|
| 28. | Is a female correctional officer on duty at all times when the facility houses female inmates?<br>Comments:  | 5.1     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | Are dangerous felons housed separate from misdemeanants?<br>Comments:  | 5.3 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | Does close supervision of special inmates include regular, documented physical sight checks by correctional officers or medical personnel at intervals not to exceed 15 minutes?<br>Comments:                                  | 5.4     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | Is special housing for medical reasons provided to inmates upon orders of the health authority?<br>Comments:   | 5.4     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | Until such time as the health authority determines in writing, inmates identified as suicidal are not housed in single cells unless they are directly observed 24 hours per day with documented 15 minute checks.<br>Comments: | 5.4 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | Are inmates assigned housing based upon classification with special attention paid to a demonstrated history of, or exhibit aggressiveness towards other inmates?<br>Comments:   | 5.5     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | Is each inmate provided reasonable access to toothpaste, toothbrush, shaving equipment, a comb, soap and a clean towel upon admission and thereafter, if indigent?<br>Comments:  | 5.6 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. | Inmates are not subjected to discrimination except that males and females are housed separately?<br>Comments:  | 5.7     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. | Are female inmates provided necessary hygiene items?<br>Comments:  | 5.8     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. | Is hair grooming services made available for inmates?<br>Comments:   | 5.9     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. | Are inmates required to bathe at least twice weekly?<br>Comments:  | 5.10    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. | Are drinking cups provided unless bubblers or fountains are available?<br>Comments:  | 5.11    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. | Are inmates in general population allowed to bathe daily?<br>Comments:   | 5.12    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. | Is inmate property stored in an orderly manner?<br>Comments:   | 5.13    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 6 – Food Services

|     |   |         |                                     |                          |                          |
|-----|---|---------|-------------------------------------|--------------------------|--------------------------|
| 42. | Do Food Service operations conform to acceptable standards of Chapter 64E-11, Florida Administrative Code?<br>Comments:   | 6.1     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. | <b><i>Employees or inmates are not allowed to work in any food service area if known to have a communicable disease, open wound, sore or respiratory infection.</i></b><br>Comments:                              | 6.2     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. | Are clean outer garments worn by food service workers and a high degree of personal hygiene maintained?<br>Comments:  | 6.3     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. | Is food prepared or supervised by an employee trained in culinary services and holding a Professional Food Manager certification as required by Chapter 64E-11, Florida Administrative Code? ?<br>Comments:       | 6.4     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. | Are inmates given three wholesome, nutritious meals per day?<br>Comments:   | 6.5     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. | Do no more than 14 hours pass between the evening meal and the morning meal?<br>Comments:   | 6.5     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. | <b><i>Are modified diets prepared and served when ordered by a physician or designee?</i></b><br>Comments:  | 6.6 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. | Are records of meals maintained as described in the Florida Department of State General Records Schedule GS1-SL and GS2?<br>Comments:   | 6.6 (c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. | Food is not used as a disciplinary measure; however, an inmate may be placed upon a SPECIAL MANAGEMENT MEAL program approved by a physician or qualified medical staff member.<br>Comments:                       | 6.6 (e) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. | Does the Officer-in-Charge or designee make weekly, documented inspections of the food service area and take corrective action, documenting the same? Are these reports maintained for one (1) year?<br>Comments: | 6.7     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. | Are food supplies not in use maintained in a clean, well ventilated room, free from vermin?<br>Comments:  | 6.8     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

|     |   |      |                                     |                          |                          |
|-----|---|------|-------------------------------------|--------------------------|--------------------------|
| 53. | <b><i>Is a separate storage area maintained for cleaning compounds, soaps, waxes, insecticides and is kept locked?</i></b><br>Comments: | 6.9  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. | Is delivery of food supervised by an employee, using common sanitary measures?<br>Comments:   | 6.10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. | Are singles service cups provided?  | 6.10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. | Is food service equipment kept clean and in good repair?<br>Comments:   | 6.11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. | <b><i>Is there a procedure to account for cutlery equipment?</i></b><br>Comments:   | 6.13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 8 – Clothing and Bedding

|     |   |            |                                     |                          |                          |
|-----|---|------------|-------------------------------------|--------------------------|--------------------------|
| 58. | Are inmates provided a fire retardant mattress and pillow that meets Florida Fire Marshal's Standards and is in good repair, a pillow case, sheets, and blanket as needed?<br>Comments: | 8.1        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. | Are linens laundered at least once per week?<br>Comments:   | 8.2        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. | Do inmates have the opportunity to have clothing laundered at least twice per week?<br>Comments:  | 8.5        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. | Are uniforms and linens washed prior to re-issue?<br>Comments:  | 8.2<br>8.5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. | If clothing is issued, do inmates held beyond first appearance receive an issue?<br>Comments:   | 8.5        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. | When an inmate has no funds and needs shoes, are they provided?<br>Comments:  | 8.6        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. | Are inmates, who are on work status, issued clothing and footwear appropriate to their job?<br>Comments:  | 8.6        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. | Are inmates deprived of clothing and bed linens only to protect them from inflicting injury to themselves or others?<br>Comments:   | 8.7        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. | If clothing and linens are taken from an inmate, is a record maintained identifying the reason and length of time for such deprivation?<br>Comments:                                    | 8.7        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 9 - Programs

|     |  |         |                                     |                          |                          |
|-----|--|---------|-------------------------------------|--------------------------|--------------------------|
| 67. | Does at least one employee in each facility act as a liaison between the facility and community groups that offer needed programs and services?<br>Comments: | 9.1     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. | Are all representatives of outside agencies and volunteers familiar with facility rules and regulations and have agreed in writing to comply?<br>Comments:   | 9.2     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. | If correspondence is denied, is the inmate given a written reason for the denial?<br>Comments:   | 9.3 (d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. | Is incoming privileged mail opened only in the presence of the inmate?<br>Comments:  | 9.3 (e) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71. | Is outgoing privileged mail held no longer than 72 hours pending verification of being properly addressed and it is not opened?<br>Comments:                 | 9.3 (f) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. | Are indigent inmates provided with stamps and writing materials?<br>Comments:  | 9.3 (g) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. | Is inmate mail, incoming and outgoing, handled without delay and received only through the facility?<br>Comments:  | 9.3 (h) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. | Are there no list of correspondents and no limit on incoming mail that may be received?<br>Comments:   | 9.3 (i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. | Are rules and regulations pertaining to conduct at visitation and the hours of visitation posted for inmates and visitors?<br>Comments:                      | 9.4 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. | Does each inmate in general population have the opportunity for visitation for at least two hours per week?<br>Comments:                                     | 9.4 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. | Are all visitors required to register recording name, address, and relationship to the inmate?<br>Comments:  | 9.4 (c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. | Non-sentenced inmates are not required to work more than is necessary to maintain cleanliness and order in their housing and living areas.<br>Comments:      | 9.5 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. | Inmates are not required to work more than 10 hours per day, but may do so if voluntary.   | 9.5 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

|     |  |               |                                     |                          |                          |
|-----|--|---------------|-------------------------------------|--------------------------|--------------------------|
|     | Comments:  |               |                                     |                          |                          |
| 80. | Do working inmates have supervision in keeping with their custody status, while outside the secure facility?<br>Comments:  | 9.5 (c)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. | Are inmate workers checked by staff to ensure security and accountability?<br>Comments:  | 9.5 (c)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. | Do inmates working voluntarily for charitable or nonprofit organizations have prior written authorization from the Officer-in-Charge?<br>Comments:                           | 9.5<br>(f)(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. | Prior to being assigned to a work program, is an inmate first medically cleared by the health authority in accordance with the Americans with Disabilities Act?<br>Comments: | 9.5 (g)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. | Is outdoor exercise, weather permitting, allowed for a minimum of three (3) hours per week?<br>Comments:   | 9.6 (a)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 85. | Is space and staffing sufficient to allow for group or individual activities?<br>Comments:   | 9.6 (b)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 86. | Does each inmate have reasonable access to a telephone at reasonable times?<br>Comments:   | 9.8           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 87. | At a minimum, do pro-se inmates, have reasonable access to legal material to assist them in filing any type of action cognizable in Florida courts?<br>Comments:             | 9.9           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 88. | Do all inmates, regardless of gender, have equal access to programs, privileges, exercise, visitation, and work release opportunities?<br>Comments:                          | 9.10          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 10 - Privileges

|     |   |          |                                     |                          |                                     |
|-----|---|----------|-------------------------------------|--------------------------|-------------------------------------|
| 89. | If a commissary has been established, has an inmate welfare fund also been established?<br>Comments:  | 10.1 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 90. | If inmates are allowed to have cash, has a limit been set in writing and all monies found on an inmate in excess of that amount confiscated and placed in the inmate welfare fund?<br>Comments: No cash allowed in the facility | 10.1 (a) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 91. | Does the commissary shopping list clearly show prices and any special condition of sale?<br>Comments:   | 10.1 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 92. | If valuable items are sold through the commissary, are they marked for identification and added to the inmate's property list?<br>Comments: No valuables are sold   | 10.1 (a) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 93. | Commissary prices do not exceed the fair market value for comparable products sold in the community?<br>Comments:   | 10.1 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 94. | Are profits from the commissary used for the overall inmate welfare?<br>Comments:   | 10.1 (d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 95. | When funds from the welfare fund are expended, is it with the final approval of the Officer-in-Charge or designee?<br>Comments:   | 10.1 (d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 96. | Is an annual audit of the commissary conducted by a disinterested party?<br>Comments:   | 10.1 (e) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 97. | Are commissary transactions and inventory records kept current?<br>Comments:  | 10.1 (e) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 98. | Is reading material available to inmates held beyond first appearance?<br>Comments:   | 10.2 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 11 – Security and Control

|      |  |          |                                     |                          |                          |
|------|--|----------|-------------------------------------|--------------------------|--------------------------|
| 99.  | <b><i>Are emergency plans written for the following:</i></b>   |          |                                     |                          |                          |
|      | <b><i>a. Alarms systems and notification</i></b>   | 11.1 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <b><i>b. Transmission of alarm to fire department, EMS, or other law enforcement agencies</i></b>  | 11.1 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <b><i>c. Response to alarms</i></b>  | 11.1 (c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <b><i>d. Isolation and control of fire or disturbance areas</i></b>  | 11.1 (d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <b><i>e. Emergency response equipment, its use and maintenance</i></b>   | 11.1 (e) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <b><i>f. Release and evacuation activity</i></b>   | 11.1 (f) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <b><i>g. Prevention of escape during evacuation</i></b>  | 11.1 (g) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <b><i>h. Firefighting and medical emergency plans</i></b>  | 11.1 (h) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <b><i>i. The chain-of-command to be followed during an emergency and specific staff duties</i></b>   | 11.1 (i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <b><i>j. Inspection schedules of hazardous areas and review of fire plan</i></b>   | 11.1 (j) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | <b><i>k. Documentation required following an emergency.</i></b>  | 11.1 (k) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Comments:  |          |                                     |                          |                          |
| 100. | Are fire drills and evacuation drills held quarterly and the records of such maintained?<br>Comments:  | 11.2     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. | Are security inspections held weekly and the results recorded and maintained by the Officer-in-Charge or designee?<br>Comments:                | 11.3     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. | Are all housing areas and other areas used by inmates checked daily and the results recorded and maintained?<br>Comments:                      | 11.3     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. | Are deficiencies noted in the above, recorded and corrected, including time and date of correction? Are these records maintained?<br>Comments: | 11.4     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. | <b><i>Is the facility in compliance with FAC 694-54 as to fire safety and prevention?</i></b><br>Comments:                                     | 11.5     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II  | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant                      | Non-<br>Com-<br>pliant   | N/A                      |
|-----------------------|---|-------------------------------|-------------------------------------|--------------------------|--------------------------|
| 105.                  | Is a key control system in place, including the following:  |                               |                                     |                          |                          |
|                       | a. Location of all locks and keys in the facility   | 11.6 (a)                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                       | b. Complete inventory of all keys   | 11.6 (b)                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                       | c. Written report of security problems with locks and keys (e.g., broken, missing, etc.)  | 11.6 (c)                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                       | d. Absolute control of keys by staff, not inmates   | 11.6 (d)                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                       | e. Location of emergency keys away from facility  | 11.6 (e)                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                       | f. A system ensuring that missing keys are immediately identified.  | 11.6 (f)                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                       | Comments:   |                               |                                     |                          |                          |
| 106.                  | Is one full "lock down" count conducted daily?<br>Comments:   | 11.7                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 107.                  | Are all inmates visually checked every hour between 11:00 p.m. and 6:00 a.m. and the results recorded and maintained?<br>Comments:  | 11.7                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 108.                  | <b><i>Is there a tool control system to ensure that tools are kept from inmates?</i></b><br>Comments:   | 11.8                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 109.                  | If tools are brought into the facility, are they accounted for at all times?<br>Comments:   | 11.9                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 110.                  | Does the facility have an identification system to ensure that staff, visitors, and inmates are positively identified to prevent bypassing of security measures? Comments:          | 11.10                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 111.                  | <b><i>Are firearms and ammunition allowed in the secure facility under only emergency conditions and then the Officer-in-Charge or designee must authorize it?</i></b><br>Comments: | 11.11                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 112.                  | If staff uses oleoresin capicum, are they trained in its use?<br>Comments:  | 11.12<br>(a)                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 113.                  | If staff uses electronic weapons, are they trained in its use?<br>Comments:   | 11.12<br>(b)                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 114.                  | Are weapon depositories maintained at the secure entrance of the facility?<br>Comments:   | 11.13<br>(c)                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II   | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant                      | Non-<br>Com-<br>pliant   | N/A                      |
|-----------------------|--|-------------------------------|-------------------------------------|--------------------------|--------------------------|
| 115.                  | Are hazardous or incendiary chemicals kept in a secure area and used only under the supervision of an employee?<br>Comments:   | 11.13                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 116.                  | Restraints are not used as punishment.<br>Comments:  | 11.14                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 117.                  | <b><i>Posted notices upon admission to the correctional institution, in female housing areas and medical care facilities informing female inmates of the policies and procedures for the use of restraints on pregnant inmates.</i></b><br>Comments: | 11.15                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 118.                  | <b><i>When moving "high risk" inmates in or out of a housing area, are two certified staff members present?</i></b><br>Comments:   | 11.16                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 119.                  | <b><i>Does each floor of a detention housing facility have a correctional officer present?</i></b><br>Comments:  | 11.16                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 120.                  | Does each housing area and floor of a detention facility have a secondary means of egress or fire exit?<br>Comments:   | 11.17                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 121.                  | <b><i>Are correctional officers posted to allow them to respond promptly to calls for help?</i></b><br>Comments:   | 11.18                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 122.                  | Inmates are never allowed to supervise or in any way exercise control over other inmates.<br>Comments:   | 11.19                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 123.                  | <b><i>Is sufficient staff maintained so that at all times the inmates are within hearing distance of officers?</i></b><br>Comments:  | 11.20                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 12 - Sanitation

|      |  |       |                                     |                          |                          |
|------|--|-------|-------------------------------------|--------------------------|--------------------------|
| 124. | Are light fixtures clean?  | 12.1  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 125. | Are all floors, walls, ceilings, windows, doors, and all appurtenances of the structure clean?<br>Comments:      | 12.2  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 126. | Are plumbing fixtures (sinks, toilets, water fountains, and floor drains) clean and sanitary?<br>Comments:       | 12.3  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 127. | Are laundry facilities clean?  | 12.5  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 128. | Are utility closets, pipe chases, and corridors kept clean and free of clutter?                                  | 12.7  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 129. | Is all inmate residential garbage, trash, and rubbish collected daily?<br>Comments:                              | 12.8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 130. | Is wet garbage collected and stored in impervious, leak proof, fly tight containers?<br>Comments:                | 12.8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 131. | Are all containers, storage areas, and surrounding premises clean and free of vermin?<br>Comments:               | 12.8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 132. | Is storage facility garbage removed at least as often as necessary to maintain sanitary conditions?<br>Comments: | 12.8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 133. | If there is on-site disposal, does it comply with Chapter 62, Florida Administrative Code?<br>Comments:          | 12.8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 134. | Are beds and bedding kept in good repair, clean, and sanitized regularly?<br>Comments:                           | 12.9  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 135. | Are sheets and personal clothing washed weekly and properly stored?<br>Comments:                                 | 12.9  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 136. | Are blankets cleaned quarterly and stored properly?<br>Comments:   | 12.9  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 137. | Are residential areas clean and containing no perishable foods?<br>Comments:                                     | 12.10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 138. | Are toilets, urinals, sinks and showers cleaned daily?<br>Comments:  | 12.10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

|      |  |       |                                     |                          |                          |
|------|--|-------|-------------------------------------|--------------------------|--------------------------|
| 139. | Are cleaning facilities clean, well vented, and supplies appropriately stored?<br>Comments:                            | 12.10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 140. | Is the facility free of vermin?<br>Comments:   | 12.12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 141. | Are all openings sealed or screened?<br>Comments:  | 12.12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 142. | Are pesticides appropriately applied and stored?<br>Comments:  | 12.12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 143. | Are outdoor exercise facilities clean and well drained?<br>Comments:   | 12.13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 144. | If bath room facilities are provided, are they clean and properly maintained?<br>Comments:                             | 12.13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 145. | Are formal sanitation inspections conducted by the Officer-in-Charge or designee at least once each week?<br>Comments: | 12.16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 13 – Order and Discipline

|      |  |              |                                     |                          |                          |
|------|--|--------------|-------------------------------------|--------------------------|--------------------------|
| 146. | Are rules and regulations governing the conduct of inmates and visitors posted and available to each inmate and all visitors?<br>Comments:                                       | 13.1         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 147. | Does the facility have written procedures for steps to be taken for breaches of discipline by inmates or visitors?<br>Comments:  | 13.2<br>(51) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 148. | Are translations for disabled and/or non-English- speaking inmates provided?<br>Comments:  | 13.2<br>(51) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 149. | Does the Officer-in-Charge establish a disciplinary committee or a hearing officer for disciplinary infractions?<br>Comments:  | 13.4         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 150. | Are staff members who are witnesses to a rule infraction prohibited from sitting on the disciplinary committee?<br>Comments:   | 13.4         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 151. | When a disciplinary infraction occurs, is a written report completed and forwarded to the Officer-in-Charge or designee?<br>Comments:  | 13.5         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 152. | Does the report contain at a minimum:  |              |                                     |                          |                          |
|      | a. Date of infraction  | 13.5 (a)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | b. Place and time of infraction  | 13.5 (b)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | c. Date of report  | 13.5 (c)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | d. Specific rules violated   | 13.5 (d)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | e. Details of the incident   | 13.5 (e)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | f. Actions taken by employee   | 13.5 (f)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | g. Names of witnesses (as security allows)   | 13.5 (g)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Comments:  |              |                                     |                          |                          |
| 153. | Does the Officer-in-Charge or designee cause an investigation of the alleged infraction(s) and forward the report to the disciplinary hearing officer or committee?<br>Comments: | 13.6         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

|      |   |                |                                     |                          |                          |
|------|---|----------------|-------------------------------------|--------------------------|--------------------------|
| 154. | Are inmates, accused of violating rules, notified in writing of the charges brought against them and given at least 24 hours advanced notification of impending disciplinary action?<br>Comments: | 13.7           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 155. | Are disciplinary hearings held within seven working days (excluding holidays) after the incident?<br>Comments:  | 13.8           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 156. | If a continuance is permitted, is documentation provided justifying the extension and is the hearing held within the maximum time of ten (10) days?<br>Comments:                                  | 13.8<br>(a)(b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 157. | Does the committee or hearing officer determine that the inmate understands the charges and the possible actions that can result? Sec. 13.08<br>Comments:   | 13.8           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 158. | Does the committee chairperson, or majority, or hearing officer have authority to call for witnesses, evidence, and/or documents?<br>Comments:  | 13.9           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 159. | Are reasons for not calling witnesses or restricting information documented by the committee or hearing officer?<br>Comments:   | 13.9 (b)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 160. | When an inmate is unable to defend himself due to language or literacy problems, does the committee or hearing officer offer staff assistance to the inmate?<br>Comments:                         | 13.9 (c)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 161. | Are charged inmates allowed to be present at the hearing unless, a written waiver is obtained, the inmate refuses or security is threatened?<br>Comments:   | 13.10<br>(a)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 162. | If an inmate is not present, does the committee or hearing officer record the reason?<br>Comments:  | 13.10<br>(a)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 163. | Does the inmate receive a written decision from the committee or hearing officer?<br>Comments:  | 13.10<br>(b)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 164. | Does the inmate have the right to appeal the decision to the Officer-in-Charge or designee?<br>Comments:  | 13.10<br>(d)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 165. | Are all steps in the process maintained as a written record?  | 13.10<br>(e)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

|      |  |              |                                     |                          |                          |
|------|--|--------------|-------------------------------------|--------------------------|--------------------------|
|      | Comments:  |              |                                     |                          |                          |
| 166. | Are "Not Guilty" decisions noted on the report?<br>Comments:   | 13.10<br>(e) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 167. | Are decisions of guilt based solely on witnesses, evidence and documentation? Is a statement to this effect made part of the official record?<br>Comments: | 13.10<br>(f) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 168. | The Officer-in-Charge or designee cannot increase an inmate's punishment.<br>Comments:   | 13.11        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 169. | Is corporal punishment prohibited?<br>Comments:  | 13.12        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 170. | Does the facility adhere to procedures for placing inmates in administrative confinement, including documentation?<br>Comments:                            | 13.13        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 171. | When an inmate is released from confinement, administrative or disciplinary, is the date and time recorded and maintained?<br>Comments:                    | 13.13<br>(a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 172. | Do inmates in administrative confinement receive privileges comparable to general population inmates?<br>Comments:   | 13.13<br>(b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 173. | Does the Officer-in-Charge or designee see and talk with inmates in administrative or disciplinary confinement twice daily?<br>Comments:                   | 13.14        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 174. | Is the attitude and general condition of the inmate in confinement documented?<br>Comments:  | 13.14        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 14 - Contraband

|      |   |      |                                     |                          |                          |
|------|---|------|-------------------------------------|--------------------------|--------------------------|
| 175. | Has the Officer-in-Charge or designee established a list of acceptable items, anything else being considered contraband?<br>Comments:             | 14.1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 176. | Unless needed for a hearing or trial, are confiscated monies placed in the inmate welfare fund or into the inmate's canteen account?<br>Comments: | 14.2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Chapter 15 – Direct Supervision

|      |   |          |                                     |                          |                          |
|------|---|----------|-------------------------------------|--------------------------|--------------------------|
| 177. | Inmates are not housed in direct supervision units unless approved by classification.<br>Comments:                | 15.1     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 178. | Does staff receive appropriate training prior to being assigned to the direct supervision unit?<br>Comments:      | 15.2     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 179. | Do certified correctional officers in the facility perform the following duties:                                  |          |                                     |                          |                          |
| 180. | a. Provide direct supervision of inmates in the housing unit  | 15.3 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 181. | b. Provide emergency backup to the supervising officer as a priority of the employee's assigned duties            | 15.3 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 182. | Comments:   |          |                                     |                          |                          |
| 183. | Have facility rules and regulations been developed specifically for direct supervision?<br>Comments:              | 15.4     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 184. | Do staff members have access to the rules and regulations?<br>Comments:   | 15.4     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 185. | Are officers assigned to direct supervision units equipped with a secondary means of communications?<br>Comments: | 15.5     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 16 – Physical Plant

|      |  |          |                                     |                          |                          |
|------|--|----------|-------------------------------------|--------------------------|--------------------------|
| 186. | Does secure housing areas have at least one sink and one toilet in each cell? Comments:  | 16.2 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 187. | Do dormitories and multiple occupancy cells have at least one toilet and one sink for each twelve (12) inmates or fraction thereof? (Note: Urinals may be substituted for ½ of the toilets in the male housing areas.) Comments: | 16.3 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 188. | Is there at least one showerhead for each 16 inmates or fraction thereof? Comments:  | 16.3 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 189. | Are accommodations for reading and writing available for use during non-sleeping hours? Comments:  | 16.3 (c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 190. | Does the facility have adequate heating [at least 60 degrees Fahrenheit at a point twenty (20) inches above the floor in inmate sleeping areas]? Comments:   | 16.4     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 191. | Does bed spacing meet the following requirements?  | 16.5     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | a. 12" from the floor (clear space)  | 16.5 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | b. 36" clear ceiling height (above mattress)   | 16.5 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | c. 27" between double bunks  | 16.5 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | d. 36" laterally and end-to-end  | 16.5 (c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | e. 6' between inmates' heads if a solid barrier is not used  | 16.5 (d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Comments:  |          |                                     |                          |                          |
| 192. | Are all cells and other areas of the facility well-lighted with at least 20 foot candles? Comments:  | 16.7     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 193. | Are all floors, walls, ceilings, windows, door, and all appurtenances of the structure properly constructed, maintained, and clean? Comments:  | 16.8     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 194. | Are all walls, ceilings, and area partitions light colored? Comments:  | 16.8     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 195. | Are water supplies adequate and in good repair? Comments:  | 16.9 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 196. | Is drinking water accessible to all inmates? Comments:   | 16.9 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

|      |  |                          |                                     |                          |                                     |
|------|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 197. | Do all showers provide tempered running water, under pressure, that is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit?<br>Comments:                | 16.9 (c)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 198. | Do all sinks provide cold and either hot or tempered running water?<br>Comments:   | 16.9 (d)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 199. | Do all plumbing fixtures comply with Chapter 10D-9, Florida Administrative Code?<br>Comments:  | 16.9 (e)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 200. | Are plumbing fixtures such as toilets, sinks, water fountains, and properly constructed and maintained?<br>Comments:   | 16.9 (f)<br>16.13<br>(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 201. | Are all mop sinks and curbed areas appropriately positioned?<br>Comments:  | 16.9 (g)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 202. | Are floor drains properly constructed and maintained?<br>Comments:   | 16.9 (h)<br>16.13<br>(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 203. | Is sewage and liquid waste disposed of into an approved public sewerage system? If not, does the disposal system meet the requirements of Chapter 10D-6, Florida Administrative Code?<br>Comments: | 16.9 (i)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 204. | Are all cells and facilities free of offensive odors and have adequate ventilation?<br>Comments:   | 16.10                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 205. | If utilizing natural ventilation, does the opened window area equal one-tenth of the floor space in the inmate residential area?<br>Comments:  | 16.10<br>(a)             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 206. | If mechanical ventilation or cooling systems are used:   | 16.10<br>(b)             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|      | a. Are they clean?   | 16.10<br>(b)             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|      | b. Properly maintained?  | 16.10<br>(b)             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|      | c. Are dust filters removable?   | 16.10<br>(b)             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|      | d. Provide 10 cubic feet of fresh/ purified air per minute for each inmate?  | 16.10<br>(c)             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|      | Comments:  |                          |                                     |                          |                                     |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

|      |  |              |                                     |                          |                          |
|------|--|--------------|-------------------------------------|--------------------------|--------------------------|
| 207. | Are all toilet rooms provided with direct openings to the outside or provided with mechanical ventilation to the outside?<br>Comments:                 | 16.10<br>(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 208. | Where laundry facilities are provided, are they:   | 16.11        |                                     |                          |                          |
|      | a. Adequate to insure ample quantities of clean clothing, bed linens, and towels?  | 16.11        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | b. Soundly constructed and maintained?   | 16.11        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | c. Provide adequate lighting and ventilation?  | 16.11        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | d. Offer exterior ventilation for dryers and dry cleaning machines?  | 16.11        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Comments:  |              |                                     |                          |                          |
| 209. | Are industrial facilities well lit (30 ft. candles)?<br>Comments:  | 16.12        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 210. | If noise levels exceed an average of 90 dba in 8 hours in industrial facilities, is appropriate ear protection provided?<br>Comments:                  | 16.12        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 211. | Are all floors, walls, ceiling, windows, window sills, window screens, doors, and all appurtenances of the structure properly maintained?<br>Comments: | 16.13<br>(b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 212. | Are sink, toilet, water fountains, and floor drains kept in good repair?<br>Comments:  | 16.13<br>(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 213. | Is there a preventative maintenance program established?<br>Comments:  | 16.14        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 214. | Are outdoor exercise facilities well-drained?<br>Comments:   | 16.15        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 215. | If bathroom facilities are provided, are they properly maintained?   | 16.15        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 18 – Admission, Classification and Release of Juveniles

|      |   |          |                                     |                          |                          |
|------|---|----------|-------------------------------------|--------------------------|--------------------------|
| 216. | Are juveniles not transferred to the adult system by direct file, waiver or grand jury indictment or who have not been found to have committed a criminal offense as an adult held in temporary custody if release is not possible? Comments:     | 18.2     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 217. | Juveniles held in temporary custody are held in an area of the facility for fingerprinting and photographing and transportation to an appropriate juvenile facility. The time held does not exceed six hours. Comments:                           | 18.2     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 218. | Are juveniles, held in temporary custody, kept out of sight and sound of adult inmates? Comments:   | 18.2     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 219. | Are juveniles held only if the facility has adequate staff to monitor them at all times? Comments:  | 18.2     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 220. | Prior to admitting the juvenile, are all appropriate and legal documents presented? Comments:   | 18.3     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 221. | Does this documentation remain part of the juvenile's permanent file? Comments:   | 18.3     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 222. | Unless wanted in another jurisdiction as an adult, juveniles are not housed in an adult jail unless:  |          |                                     |                          |                          |
|      | a. The juvenile has been indicted   | 18.3 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | b. The juvenile waived  | 18.3 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | c. The juveniles was direct filed   | 18.3 (c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | d. Adult sanctions were imposed by the court  | 18.3 (d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Comments:   |          |                                     |                          |                          |
| 223. | Can juveniles taken to a facility for criminal traffic violations demand to be taken before a magistrate, and if the demand is not made, the facility immediately notifies the parents, responsible adult, or guardian of the juvenile? Comments: | 18.4     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II  | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant                      | Non-<br>Com-<br>pliant   | N/A                      |
|-----------------------|---|-------------------------------|-------------------------------------|--------------------------|--------------------------|
| 224.                  | If a juvenile is charged with a traffic offense involving death or injury,<br>under no circumstances is the juvenile placed with adults?<br><br>Comments: | 18.5                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FMJS<br>CHECK<br>LIST | FACILITY JAIL INSPECTION REPORT<br>PART II | FMJS<br>STANDARD<br>REFERENCE | Com-<br>pliant | Non-<br>Com-<br>pliant | N/A |
|-----------------------|--|-------------------------------|----------------|------------------------|-----|
|-----------------------|--|-------------------------------|----------------|------------------------|-----|

## Chapter 19 – Housing of Juveniles

|      |   |          |                                     |                          |                          |
|------|---|----------|-------------------------------------|--------------------------|--------------------------|
| 225. | A juvenile transferred for prosecution as an adult is not housed with adults, nor is a juvenile who is wanted for prosecution as an adult in another jurisdiction?<br>Comments: | 19.1 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 226. | Does the facility have a housing area designated for juveniles and have sufficient staff to supervise and monitor the juveniles at all times?<br>Comments:                      | 19.1 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 227. | When a juvenile is housed as an adult, is all of the below criteria met:  |          |                                     |                          |                          |
|      | a. The courts have certified the juvenile for prosecution as an adult.  | 19.2 (a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | b. The juvenile has been tried as an adult.   | 19.2 (b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | c. The juvenile was found guilty as an adult.   | 19.2 (c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | d. The juvenile was sentenced as an adult.  | 19.2 (d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      | Comments:   |          |                                     |                          |                          |
| 228. | Is a juvenile being housed with adult sanctions being housed only with inmates with the same classification?<br>Comments:   | 19.3     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





# Florida Model Jail Standards

---

Date: 4/11/2018

To: Major Daniel Kaufman  
Manatee County Sheriff's Office  
14470 Harlee Road  
Palmetto, FL 34221

From: Denise Sanders, RN (Chair for Medical Inspection)

Subject: Medical Jail Inspection

## 1. Introduction:

The Peer Review Inspection Team conducted an inspection of the Manatee County Jail on April 06, 2018 at 0900 hours, with the following inspectors:

Denise Sanders, RN (Chair)  
Dr. Christine Edmund  
Robert Vance

2. Compliance Issues: Inspector Sanders and Vance conducted a review of inmate medical charts. One record (out of 50 reviewed) had no date of completion on a health appraisal to confirm if completed in the 14 day limit. All other intake screenings and history and physical were completed in a timely manner. Medication Administration records were reviewed in the chart (past months) and on the medication cart (current month) by all inspectors. Several MAR's were noted to be missing signatures of officials issuing the medication (resulting in a notable violation of 7.30e). Several TB test (PPD) conducted had no documentation of a date the test was read within the 24-72 hours of test results. These issues were brought to the attention of acting HSA Traci Lindsey and Taylor which will address it immediately. The review did not indicate any major trending violations of standards to report. All other clinical notes and orders were complete with dates and signatures to the best of all inspectors' knowledge. The pharmacy (to include sharps, tools, narcotic counts, refrigerator temp log, ect.) was inspected by Inspector Sanders and Vance which was noted to be in order with no discrepancies noted. Inspector Edmund reviewed policy and procedures, credentials of

medical staff, first aid logs, and the jail annex and found everything to be in order and up to date with licensure compliance.

3. Inspection process: Inspector Sanders and Vance were escorted by N. Law, DON and M. Taylor Regional HSA. Inspector Edmund was escorted by T. Lindsey HSA.

4. Conclusion: The facility staff was very friendly, willing and knowledgeable to assist in conducting a proper inspection. The facility was clean and appeared to run smoothly with you staff demonstrating professionalism towards inmates and inspectors. It was a privilege to be invited to inspect your facility.

#### 5. Limitation of Liability

Each Inspector is a member of the Jail Medical Inspection Team, compiled this report in accordance with the Florida Model Jail Standards. The team only warrants that on the date of the above inspection, the Manatee County Jail did meet the Florida Model Jail Standards as set forth in this report. Pursuant to state law, the facilities must maintain the operation of the jails at the standards provided by the Florida Model Jail Standards. However, the Inspection Team is not responsible for the continued adherence with these standards subsequent to the date of this inspection.

The ultimate responsibility for the proper operation of the facilities and adherence with minimum standards rests solely with the individual or entity designated as the Chief Correctional Officer of the Manatee County Jail. The Chief Correctional Officer hereby agrees to release and hold harmless the Peer Review Inspection Team to the extent allowed by law, from any and liability, losses or damages, including attorney's fees and cost of defense, which the Chief Correctional Officer or the officers, employees and agents may incur as a result of claims, demands, suits, causes or actions or proceedings of any kind or nature arising out of, resulting to, or resulting from the jail inspection process.

As a reminder, FMJS Paragraph 2.05 requires the Officer-In-Charge to compile a response to this report and submit a copy of the report and any corrective action plan, if appropriate, to the agency's County Commission and the Chairperson of

the Florida Model Jail Standards Committee. Inspection reports, responses, and all other reports or documents prepared by the FMJS Inspector(s) or Officer-in-Charge shall become public records, and shall be subject to review under 119, Florida State Statutes.

*D. Sanders, RN* 4/11/2018  
Signature/Date

**FLORIDA MODEL JAIL STANDARDS  
ANNUAL MEDICAL INSPECTION REPORT**

**Part I**

Name of Facility: Manatee County Division of Corrections

Facility Type: Adult-Juvenile Facility

Mailing Address: 14470 Harlee Road

City: Palmetto County: Manatee Phone: 941-747-3011

Agency Head: Sheriff Rick Wells

Facility Administrator: Major Daniel Kaufman

Chairperson – County Commission: Betsy Benac

Chairperson or Mayor – City Council: N/A

Inspection Date: April 6, 2018

Facility Population on Date of Inspection: 1021

Date of Last Inspection: April 7, 2017

Health Services Provided By: Agency Staff: ☐ Contracted: ☒

If Provided By Contract, Company Name: Armor Correctional Health Care

Health Services Administrator: Traci Lindsey

Medical Inspector(s) and Agency:

1. Denise Sanders RN (Hardee) - Chair

2. Dr. Christine Edmond (Orange)

3. Robert Vance (Orange)

4.

5.

6.

7.

8.

9.

**FLORIDA MODEL JAIL STANDARDS  
ANNUAL MEDICAL INSPECTION REPORT  
Part I**

| <b>Health Services Staff:</b> | <b>Full Time</b> | <b>Part Time</b> | <b>Total</b> |
|-------------------------------|------------------|------------------|--------------|
| Physicians                    | 1                | 2                | 3            |
| ARNP/PA                       | 1                | 0                | 1            |
| RN                            | 9                | 4                | 11           |
| LPN                           | 20               | 4                | 24           |
| CNA/MA/EMT                    | 2                | 1                | 3            |
| All Other Staff               | 4                | 2                | 6            |

**Additional Information:**

|   |   |             |                                     |                          |
|---|---|-------------|-------------------------------------|--------------------------|
| 1 | <b><i>Is there an agreement with the Health Authority licensed in the State of Florida for the provision of medical care and services as set forth in this section?</i></b><br>Comments:  | 7.1         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 | Are there standard operating procedures for the medical section, which are reviewed at least annually by the Health Authority that covers:  |             |                                     |                          |
|   | (a) Receiving medical screening;  | 7.2 a       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (b) Health appraisal and physical examination   | 7.2 b       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (c) Necessary medical, dental, and mental health services;  | 7.2 c       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (d) Emergency medical and dental services;  | 7.2 d       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (e) Notification of next of kin in cases of life threatening illness, or injury, or death;<br>(NOTE: All such notifications shall be in accordance with the parent agency's own policies and procedures)  | 7.2 e       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (f) Prenatal care;  | 7.2 f       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (g) Delousing procedures to be implemented as designated by the Health Authority;   | 7.2 g       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (h) Detoxification procedures under medical supervision;  | 7.2 h       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (i) A procedure by the Health Authority proscribing standards for review of health appraisals and identification of problems to be reviewed by a physician, advanced registered nurse practitioner, or physician assistant;   | 7.2 i       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (j) A policy and procedure for a Comprehensive Quality Improvement Program that defines an ongoing effort and dedicated resources to monitor and evaluate the quality and appropriateness of patient care objectively and systemically; to pursue opportunities to improve patient care, and to resolve identified problems | 7.2 j       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | Comments:   |             |                                     |                          |
| 3 | Does the screening at receiving consist of, at minimum, a visual observation by staff and completion of a screening form?<br>Comments:  | 7.3         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 | Does the receiving screening include inquiry into and recording of:   |             |                                     |                          |
|   | (a) Current illnesses, including health, psychological problems, communicable and other infectious diseases;  | 7.3 a       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (b) Medications taken and special health requirements;  | 7.3 b       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (c) Behavioral observation, including state of consciousness and mental status;   | 7.3 c       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (d) Notation of body deformities, trauma markings, bruises, lesions, ease of movement, jaundice, etc.;  | 7.3 d       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (e) Condition of skin, eyes, ears, nose and throat, including rashes and infestations, and needle marks, or other indications of drug abuse;  | 7.3 e       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (f) Inquiry into use of alcohol and other drugs including type of drugs used, mode of use, amount used, frequency used, time and/or date of last use;   | 7.3 f       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | (g) Screening of other health problems as designated by a member of the medical staff.  | 7.3 g       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | Comments:   |             |                                     |                          |
| 5 | Are medical records maintained for at least seven (7) years on each admitted inmate, kept confidential and kept separate from the inmate's custody record?<br>Comments:   | 7.4<br>7.13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|    |  |       |                                     |                          |
|----|--|-------|-------------------------------------|--------------------------|
| 6  | Is each inmate given a health appraisal, including physical hands on examination by the Health Authority or designee within 14 days of admission to the facility?<br>Comments: Out of 50 charts reviewed 1 Health Appraisal not dated with completion date | 7.5   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7  | Does the Health Authority proscribe the extent of the examination, but include as a minimum:   |       |                                     |                          |
|    | (a) Review of medical screening forms by qualified health personnel as designated by the physician;  | 7.5 a | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (b) Collection of additional data to complete the medical, dental, and psychiatric histories, including a gynecological history for females;   | 7.5 b | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (c) Laboratory and diagnostic tests as determined necessary by the Health Authority to detect communicable disease, including sexually transmitted diseases and tuberculosis;  | 7.5 c | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (d) Recording of height, weight, pulse, blood pressure and temperature;  | 7.5 d | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (e) Other tests and examinations as deemed appropriate;  | 7.5 e | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (f) Medical examination with comments about mental and dental status;  | 7.5 f | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (g) Review of the results of the medical examination, tests and identification of problems by a physician or an advanced registered nurse practitioner when required by procedures as referenced in 7.02 (i) of this standard                              | 7.5 g | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (h) The facility policy and procedure requiring a health appraisal contained in the standard operating procedure for the medical section.  | 7.5 h | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | Comments:  |       |                                     |                          |
| 8  | Does the facility have an agreement or understanding with one or more health care providers to provide regular or emergency services within the facility or at a designated location?<br>Comments:   | 7.6   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9  | Is a list of names, phone numbers, and call days of emergency health care providers available at each facility?<br>Comments:   | 7.7   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 | <b><i>Is staff trained in the delivery of emergency first aid care and CPR on duty in the facility at all times?</i></b><br>Comments:  | 7.8   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 | <b><i>Are first aid supplies, as designated by the Health Authority, readily available to medical or security staff in the facility at all times?</i></b><br>Comments:   | 7.8   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 | <b><i>Does the Health Authority or designee inspect all first aid supplies monthly?</i></b><br>Comments:   | 7.8   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 | Is a procedure established and maintained for inmates to confidentially request medical assistance which may or may not result in a formal clinic visit.<br>Comments:  | 7.9   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14 | Medical requests are screened on a daily basis by medically trained personnel and appropriate referrals made for non-emergent illness or injury. As necessary through a protocol supervised by the Health Authority or designee.<br>Comments:              | 7.9   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15 | Is treatment initiated when appropriate and within a time frame provided by the Health Authority?<br>Comments:   | 7.9   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16 | Does the facility have an agreement or understanding with a licensed Dentist to provide emergency dental care?   | 7.10  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



|    |  |              |                                     |                          |
|----|--|--------------|-------------------------------------|--------------------------|
|    | Comments:  |              |                                     |                          |
| 17 | Does the facility's standard operating procedures for the proper management of pharmaceuticals include:  |              |                                     |                          |
|    | (a) Adherence to federal and state regulations governing controlled substances;  | 7.11 a       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (b) Maximum security storage and perpetual inventory of all controlled substances, syringes, needles, sharps and other instruments defined by the Health Authority.  | 7.11 b       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | Comments:  |              |                                     |                          |
| 18 | Are medications administered by licensed medical personnel or by qualified and trained facility staff members according to the direction of a designated physician, PA, or ARNP?<br>Comments:  | 7.12         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19 | Are summaries or copies of the health record routinely sent to the facility to which the inmate is transferred and marked as Confidential Health Information?<br>Comments:   | 7.14         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20 | Is health record information transmitted to any appropriate health care provider upon request of the physician or medical facility with written approval of the inmate?<br>Comments:   | 7.14         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21 | Are inmates who are under the influence of alcohol or drugs separated from the general population and kept under close supervision for a reasonable amount of time?<br>Comments:   | 7.15         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22 | Unless authorized in writing by the Health Authority, are inmates determined by medical personnel to have suicidal tendencies assigned to quarters that have close supervision or direct observation.<br>Comments:                                   | 7.16         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23 | Are safety provisions for inmates with a propensity for seizures provided?<br>Comments:  | 7.17         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24 | Are certificates and licenses of the facility medical staff kept on file at a central location within the facility? Comments:  | 7.19         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 25 | Does the facility have a written procedure whereby an inmate shall be tested for infectious disease consistent with the Centers for Disease Control guidelines?<br>Comments:   | 7.20<br>7.21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 26 | Do pregnant females receive timely and appropriate prenatal care by a qualified practitioner that includes medical examinations, advice on appropriate levels of activity and safety precautions, nutritional guidance, and counseling?<br>Comments: | 7.22         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 27 | Are inmates confined in an isolation cell for medical purposes, examined by a physician or designee within 48 hours following their confinement?<br>Comments:  | 7.23         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28 | Does a physician or designee determine when inmates are returned to general population?<br>Comments:   | 7.23         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 29 | Does the facility have an agreement with a consultant pharmacist or dispensing physician if medicinal drugs in quantities other than individual prescriptions are stocked?<br>Comments:  | 7.24         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30 | Does the facility have procedures relating to the safe handling and storage of medicinal drugs?<br>Comments:   | 7.24         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31 | Does the policy and procedure for each facility, which maintains only individual prescriptions, prohibit prescription drugs ordered or stocked in bulk quantities?<br>Comments:  | 7.25         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



|    |  |         |                                     |                                     |                          |
|----|--|---------|-------------------------------------|-------------------------------------|--------------------------|
| 32 | Are all individual prescriptions from pharmacies properly labeled to consist of:   |         |                                     |                                     |                          |
|    | (a) Name and address of the pharmacy;  | 7.27 a  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|    | (b) Date of dispensing;  | 7.27 b  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|    | (c) Name of prescribing practitioner;  | 7.27 c  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|    | (d) Name of patient;   | 7.27 d  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|    | (e) Directions for use;  | 7.27 e) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|    | (f) Warning statements if necessary;   | 7.27 f  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|    | (g) Name and strength of medication;   | 7.27 g  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|    | (h) Prescription number; and   | 7.27 h  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|    | (i) Expiration date.   | 7.27 i  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
|    | Comments:  |         |                                     |                                     |                          |
| 33 | Is all medication kept in a locked area at all times except when being issued and is there a maximum security storage area and perpetual inventory system of accountability for all controlled substances, syringes, needles and other sharp instruments?<br>Comments: | 7.28    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| 34 | Are narcotics kept behind double lock?   | 7.28    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 35 | Is all prescribed medication recorded on a Medication Administration Record (MAR) in either hard copy or electronic format and made part of the inmates file?<br>Comments:   | 7.29    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 36 | Is there a system of accountability in place for medications that come under the jurisdiction of the Federal Controlled Substances Act?<br>Comments:   | 7.29 a  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 37 | Are logs being maintained for controlled substances, with current balance and balance carried forward from full logs?<br>Comments:   | 7.29 b  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 38 | Does the medication administration records contain at a minimum:   |         |                                     |                                     |                          |
|    | (a) Name and number of inmate;   | 7.30 a  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|    | (b) Name and strength of medication;   | 7.30 b  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|    | (c) Directions for use;  | 7.30 c  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|    | (d) Date and time of issue;  | 7.30 d  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|    | (e) Initials or electronic signature of official issuing medication;   | 7.30 e  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (f) Amount of medication issued;   | 7.30 f  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|    | (g) Special restrictions or limitations on use.  | 7.30 g  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|    | Comments: (E) Several missing signatures on MAR's  |         |                                     |                                     |                          |
| 39 | When the inmate refuses medication, is the refusal indicated on the MAR?<br>Comments:  | 7.31    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 40 | Is unused medication recorded when removed from circulation and stored in a separate container in a secure location, labeled with:   |         |                                     |                                     |                          |

|    |  |          |                                     |                          |
|----|--|----------|-------------------------------------|--------------------------|
|    | (a) The prescription number;   | 7.32 a   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (b) The name of the pharmacy issuing the prescription;   | 7.32 b   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (c) The quantity of the unused medicine in the prescription container.   | 7.32 c   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | Comments:  |          |                                     |                          |
| 41 | Is unused medication, controlled or non- controlled, destroyed by appropriate means in accordance with the Florida Board of Pharmacy Rule 64B16-28.303, Methods of Destruction?<br>Comments:   | 7.33     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 42 | When an inmate is transferred to another facility, is the inmate's medication log, three days dosage of the medication and the inmate's medication log sent to the receiving facility unless otherwise directed by the physician or designee?<br>Comments: | 7.34     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 43 | When the inmate is released from custody, is at least a 3 day supply via written prescription or voucher provided unless otherwise directed by a physician?<br>Comments:   | 7.35     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 44 | When an inmate being released refuses medication, is the refusal documented in the health record?<br>Comments:   | 7.35     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 45 | Does medication requiring refrigeration meet the following requirements:   |          |                                     |                          |
|    | 1) Drugs and nonprescription medications requiring refrigeration shall be stored in a refrigerator   | 7.36 a 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | 2) When stored in a general-use refrigerator, medications shall be stored in separate, covered, waterproof, labeled receptacles.   | 7.36 a 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | 3) Refrigerators in which medications are stored shall be equipped with a thermometer, and the temperature of the refrigerator shall be maintained between 36 and 46 degrees Fahrenheit.   | 7.36 a 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (a) Medication refrigerators shall be cleaned and inspected monthly by Medical Staff.  | 7.36 b   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | (b) A refrigerator checklist (or facility form) shall be used to document the daily interior temperature of the refrigerator and the monthly refrigerator inspection and cleaning.   | 7.36 c   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | Comments:  |          |                                     |                          |

4/6/2018

FMJS Medical Inspection

Manatee County Corrections:

Chair medical inspector: Hardee S.O. Denise Sanders RN

Medical Inspector: Orange Co. Robert Vance, LPN, FMJS, CCHP, CIT

Thank you for the opportunity to inspect Health Services at your facility.

Thanks to MTaylor and NLaw our assigned escorts and the entire health care staff. They were professional and courteous during the inspection.

The inspection included the Pharmacy, there were no discrepancies pertaining to the standards.

Chart review: There were a few oversights noted pertaining to documenting on the Booking Roster but was quickly addressed.

Dental screening: compliance standards noted

Mental Health screening: compliance standards noted

Robert Vance

Armor Correctional Health Services  
Mantatee County Jail  
14470 Harlee Road  
Palmetto, FL 34221

April 27, 2018

Florida Sheriffs Association  
2617 Mahan Drive  
Tallahassee, FL 32308

To whom it may concern:

Please note corrective action plan for violation of Standard: 7.30E The Medication Administration Record (MAR) will contain the following information: Initials or electronic signature of official issuing medication.

Problem: Several missing signatures on MARs.

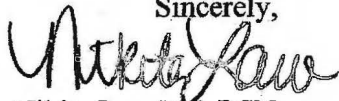
Root Cause: It was observed a nurse did not indicate if medications were received, refused, or if the patient was or medication was not available on the MAR.

Corrective Action:

1. Report findings and deficiency addressed in staff meeting on April 18, 2018 (see attached agenda, minutes, and sign in sheets).
2. All nursing staff to review policy J-D-02.3 and complete policy and procedure quiz related to this policy (see attached referenced policy and quiz) deadline for completion May 31, 2018.
3. Installation of an electronic Medication Administration Record so reports can be ran at the end of the shift to ensure all MARs have documentation of each medication pass (See attached program information).

Person Responsible for Ensuring Actions are Carried out: Nikita Law RN, BSN, Director of Nursing, Traci Lindsey RN, BSN, Interim Health Service Administrator, Meghan Taylor RN, BSN, Regional Administrator.

Target Date: All listed items to be completed by May 31, 2018.

Sincerely,  
  
Nikita Law RN, BSN  
Director of Nursing



## April 18, 2018 Staff Meeting Agenda

1. Welcome
  - a. New Staff Members
2. Intake
  - a. XRAY HIV
  - b. Inmate Medication Property Log
3. Infirmary
  - a. Suicide and Mental Health Hold Patients
  - b. Suicide Prevention Education
  - c. Biohazard Room
  - d. Documentation
  - e. Dressing Changes/Wound Care
  - f. Weekly Weights
  - g. PT INR
4. Pharmacy
  - a. MAR
  - b. Cart Checks
  - c. Patient Specific Medication
  - d. Refills
  - e. Cutting Pills
  - f. ETO
5. General
  - a. Vital Signs
  - b. Confinement Clearance
  - c. PHI
  - d. Miss punch forms
  - e. Missed meetings
  - f. Case Scenario
  - g. Someone borrowed a digital stethoscope from the annex please return it as it belongs to someone.

**Next Staff Meeting: May 16, 2018 0630&1730**



## April 18, 2018 Staff Meeting Minutes

1. Welcome
  - a. New Staff Members
2. Intake
  - a. XRAY HIV
    - i. All patients that come in with a diagnosis of HIV must have a chest xray ordered in intake.
  - b. Inmate Medication Property Log
    - i. When an inmate comes in with medication we are to complete this log we sign and have the inmate sign. We make two copies until we get the correct forms in. The original of the form will get put with the medications, the first copy will go with the chart and the second copy will be given to the patient. If we cannot read the labels on the medication we cannot accept the medication.
  - c. Pregnancy Test
    - i. Please make sure that you document all pregnancy test results on form PT-038
  - d. Meds
    - i. If a patient is able to tell us all of their medications at intake please make sure that we get those meds ordered from the provider.
3. Infirmary
  - a. Suicide and Mental Health Hold Patients
    - i. When a patient is on suicide watch, psych obs or they have a mental health hold you must call LCSW to evaluate patient before they are released from jail.
  - b. Suicide Prevention Education
    - i. Powerpoint
  - c. Biohazard Room
    - i. Please see attached picture.
  - d. Documentation
    - i. Presentation on documentation
  - e. Dressing Changes/Wound Care
    - i. Presentation on sutures and staples
  - f. Weekly Weights
    - i. Weekly weights are to be written on the vital signs flow sheet and are to be done by the LPN on dayshift on Sundays.
  - g. PT INR
    - i. The INR flow sheet should be kept in the MAR. Please make sure at the end of the month it gets transferred over to the next month's MAR book.
4. Pharmacy
  - a. MAR

- i. As everyone knows we just had our FMJS inspection and thanks to everyone for their hard work, we have to make sure that we are signing are MARs this was something that the inspectors pointed out. We now have to complete a corrective action plan. Please note there will be education to follow.
  - b. Cart Checks
    - i. Please remember that we are to be doing weekly cart checks. Weeks one and three are to be done by the LPN on dayshift and weeks two and four are to be done by the LPN on nightshift
  - c. Patient Specific Medication
    - i. If you receive an order for a medication that we do not carry here on site please make sure that you place the order in the computer so that we can get it sent to us. Please keep in mind that you have to click standard instead of profile so that the medication can be sent. If you do not have access to the computer please remain after the meeting so that you can be assigned login information Sapphire.
  - d. Refills
    - i. Please make sure that you are writing patient specific medications on the wall so that they can be refilled.
  - e. Cutting Pills
    - i. We cannot cut pills that are not scored.
  - f. ETO
    - i. Presentation on ETO
  - g. Insulin
    - i. Please do not open up multiple bottles of insulin at one time.
  - h. Narc Count
    - i. Please make sure that you are using the index page to complete the Narc Count.
5. General
- a. Vital Signs
    - i. Please remember that a full set of vitals must be on every sick call.
  - b. Confinement Clearance
    - i. When we receive information on a patient being moved to D-Pod please make sure that you complete the confinement clearance and check the medication carts to see if the patient has a MAR and move the MAR to D-Pod
  - c. PHI
    - i. Medication records, Nurse's Notes, anything with patient's personal information cannot be left in doors.
  - d. Miss punch forms
    - i. These forms should be given to the AA not the DON.
  - e. Missed meetings
    - i. If you miss a meeting it is your responsibility to get the information that was covered at that meeting.
  - f. Case Scenario
  - g. Someone borrowed a digital stethoscope from the annex please return it as it belongs to someone.

- h. We are going to have a potluck on 4/26/18 for day and night shifts. Please bring something in to share with your coworkers if you are working that day.

**Next Staff Meeting: May 16, 2018 0630&1730**



## SIGN-IN SHEET

Meeting: 5:45-7pm

[illegible]

## SIGN-IN SHEET

Meeting: 10:00am-7:50am

Facility: MCCJ

| PRINT Name / Title      | Signature           | Facility |
|-------------------------|---------------------|----------|
| Lakesha Scott           | L. Scott            | MCCJ     |
| Martha Robinson         | M. Robinson         |          |
| Marc Mueller            | M. Mueller          |          |
| L. Brown                | L. Brown            |          |
| Hilbush                 | Hilbush             |          |
| Mary Coble              | M. Coble            |          |
| Roxanne Willard RN      | R. Willard          |          |
| Ashley Dwyer RN         | A. Dwyer            |          |
| <del>Dr. S. Brown</del> | <del>S. Brown</del> |          |
| Lidia Belgrave LPN      | L. Belgrave         |          |
| Tanya Carter            | T. Carter           |          |
| DEBORAH DIAZ LPN        | D. Diaz             |          |
| NIRITA AUDON            | N. Audon            |          |
| A. Tencaras, LCSW       | A. Tencaras         |          |
| George Viner RN         | G. Viner            |          |
| Trace Lindsey           | T. Lindsey          |          |
| Tania Sanders           | T. Sanders          |          |
| Deb Baer                | D. Baer             |          |

# ARMOR CORRECTIONAL HEALTH SERVICES, INC.

Health Services  
Policy & Procedures

FACILITY NAME: Manatee County Jail

|                                     |
|-------------------------------------|
| Date: 7/1/05                        |
| Reviewed: 7/27/07; 1/3/08           |
| Reviewed: 2/10/09; 10/3/14, 2/1/17  |
| Revision: 6/24/09; 1/1/9/12; 6/7/16 |

**TITLE: MEDICATION ADMINISTRATION RECORD\***

**NUMBER: J-D-02.3**

**Page 1 of 3**

**Reference:** NCCHC: J-D-02\* (\*Essential)  
ACA: 4-ALDF-4C-38\* (\*Mandatory)  
FCAC: 20.05  
FMJ: 7.27.05

## Policy:

1. Each dose of medication is to be administered as prescribed and documented in the patient's Health Record.
2. Patient specific Medication Administration Record (MAR) will be utilized to document the administration and distribution of each dose of all prescribed medications.

## Procedure:

1. Health care staff will complete the following demographic information each time a new MAR is initiated:
  - a. Patient name;
  - b. Arrest or ID number
  - c. Cell location (must be changed on the MAR if the patient is moved);
  - d. Date of Birth;
  - e. Allergies to medications (in RED ink unless pre-printed). NKDA may be used if inmate denies allergies;
  - f. Applicable month and year.
2. Medication orders will be transcribed onto the MAR each month that the order is still valid. If pre-printed MARs are used, they shall be reviewed for order changes and accuracy each month.
3. Nursing staff will transcribe the following information from the Order Sheet for each medication on the MAR:

|  |                        |
|--|------------------------|
| Medical Director: Dr. Angel Acevedo MD | Date: February 1, 2017 |
| H.S.A: Shonya Hines CCHP, BSN, RN, HSA | Date: February 1, 2017 |

*Shonya Hines CCHP, BSN, RN, HSA*

- a. Start Date: Date prescription written;
  - b. Stop Date: Date duration of therapy will end;
  - c. Initials: Initials of staff member transcribing order onto MAR;
  - d. Medication name: Generic name of drug with trade name, if applicable, in parentheses; strength of drug, route of administration and dosing frequency; and
  - e. Hour of Administration: As ordered.
4. Nursing staff designated to administer medication will initial the appropriate block of the MAR. Staff initials and full signature will be written on each MAR.
  5. A line blocking out all dates on the MAR that are not included in the Start/Stop dates will be drawn (e.g. Start date: January 5, Stop date: January 12. A line is drawn through the blocks for January 1-4 and January 13-31).
  6. Discontinued orders will be marked "discontinued" on the date discontinued and remaining MAR space blocked out.
  7. Staff administering medications will document in the appropriate date and time square all medications administered. Medication administration codes will be used as listed on medication administration records (MAR).
  8. If patient does not receive a dose of medication due to not showing up during schedule medication administration time or for any other reason (except refusal), the medication nurse is to pursue resolution; if unable to resolve and provide medication, charge nurse is to be notified and "Medication Error Reporting" form (#AD-017) completed. Resolution must be accomplished by end of shift.
  9. If medication is noted as "out of stock" or "unavailable" for more than 24 hours after dose is due, follow above procedure (#8) and notify the Medical Director.
  10. Each "PRN", STAT, and Emergency Treatment Order (ETO) medication administered will be noted on the MAR. Reason for administration will be documented in the appropriate space on the back of the MAR.
  11. Chronic medications that are 4 days away from the stop date will be brought to the attention of the clinician. Medications should not be allowed to expire without an evaluation or note by the clinician.
  12. Completed MARs will be filed in patient's permanent Health Record.
  13. Self-Medications will be documented on the MAR when given, by whom, and quantity delivered.

**Forms Referenced in Policy:**

**Medication Error Reporting Form (#AD-014)**  
**Medication Administration Record (MAR)**

Footnote: Revision 6/7/16- pg.2 of 3 #8 added language.

Footnote: Revision 2/18/16- .

# ARMOR CORRECTIONAL TRAINING CENTER

[HOME](#) [LIBRARY](#) [VIDEO TRAINING](#) [CE QUIZZES](#) [P&P QUIZZES](#) [PROFICIENCY EXAMS](#) [ORIENTATION EXAMS](#)

[←Back](#)

## Quiz for J-D-02.1/J-D-02.2/J-D-02.3

### True/False Question(s)

Question 1: Use of initials "T.O.R.B." signifies that the nurse taking a telephone order has read the order back to the Practitioner and verified it.

Answer: ☐ True ☐ False

Question 2: Medication Error Reporting Form should be completed if patient medication is unavailable for more than 24 hours.

Answer: ☐ True ☐ False

### Multiple Choice Question(s)- Select only one answer per question(s)

Question 1: Provider medication orders must include the following:

- ☐ Name of medication
- ☐ Duration of medication
- ☐ Dosage of medication therapy
- ☐ All of the above

Question 2: Patient medication profiles to are reviewed to identify potential for drug-drug interactions or allergies by the:

- ☐ Transcribing Nurse
- ☐ Pharmacy
- ☐ Medication Nurse
- ☐ HCP

Question 3: Medication orders are written by the HCP on the:

- ☐ Order sheet
- ☐ Progress note
- ☐ Medication Administration Record
- ☐ All of the above

Question 4: Health Care staff must completely transcribe the following information on the MAR:

- ☐ Medication orders
- ☐ Allergies
- ☐ Demographic information
- ☐ All of the above

Question 5: The nurse must attempt to resolve the situation if medication is out of stock for more than:

- ☐ 1 day
- ☐ 3 days
- ☐ One week

☐ One dose

---

Submit

---

## Monthly Health Services Report

Manatee  
2015

|   | Jan  | Feb | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | YTD   |
|---|------|-----|------|------|------|------|------|------|------|------|------|------|-------|
| <b>Population Stats</b>   |      |     |      |      |      |      |      |      |      |      |      |      |       |
| Average Daily Population  | 947  | 983 | 1008 | 997  | 1034 | 1007 | 1025 | 1031 | 1057 | 1065 | 1068 | 1030 | 1019  |
| Intake Screenings   | 1049 | 940 | 1089 | 1016 | 1025 | 982  | 1017 | 1011 | 928  | 957  | 825  | 848  | 11687 |
| Number Pregnant   | 4    | 6   | 5    | 1    | 1    | 1    | 6    | 2    | 1    | 5    | 3    | 7    | 42    |
| Births  | 0    | 0   | 0    | 0    | 0    | 0    | 1    | 1    | 1    | 1    | 1    | 0    | 5     |
| Miscarriages/Fetal Demise   | 0    | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0     |
| Deaths  | 0    | 0   | 0    | 0    | 0    | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 1     |
| <b>Physicals</b>  |      |     |      |      |      |      |      |      |      |      |      |      |       |
| 14 Day Health Assessments   | 305  | 305 | 410  | 327  | 415  | 322  | 419  | 411  | 423  | 378  | 410  | 697  | 4822  |
| Annual Health Assessments   | 7    | 6   | 4    | 13   | 9    | 1    | 5    | 2    | 0    | 0    | 4    | 8    | 69    |
| <b>On-Site Care</b>   |      |     |      |      |      |      |      |      |      |      |      |      |       |
| Sick Call Visits  | 641  | 733 | 653  | 751  | 640  | 650  | 626  | 541  | 618  | 553  | 666  | 787  | 7869  |
| HCP Encounters  | 445  | 436 | 375  | 425  | 420  | 320  | 418  | 498  | 468  | 582  | 534  | 322  | 6243  |
| Telemedicine/Telepsych Encounters                                 | 0    | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0     |
| In-house X-Rays   | 64   | 64  | 60   | 64   | 36   | 36   | 48   | 59   | 64   | 52   | 60   | 100  | 707   |
| Infirmary Admissions  | 30   | 41  | 29   | 31   | 15   | 26   | 28   | 28   | 18   | 25   | 20   | 37   | 328   |
| <b>Dental Care</b>  |      |     |      |      |      |      |      |      |      |      |      |      |       |
| Exams   | 109  | 88  | 93   | 74   | 107  | 64   | 87   | 88   | 72   | 80   | 91   | 85   | 1038  |
| Fillings  | 52   | 15  | 29   | 18   | 30   | 21   | 37   | 19   | 24   | 13   | 16   | 34   | 308   |
| Extractions   | 67   | 64  | 70   | 61   | 72   | 55   | 60   | 55   | 47   | 61   | 78   | 58   | 748   |
| Dental Clinic Visits  | 109  | 88  | 93   | 74   | 107  | 64   | 87   | 88   | 72   | 80   | 91   | 85   | 1038  |
| <b>Chronic Care Visits</b>  |      |     |      |      |      |      |      |      |      |      |      |      |       |
| Asthma/COPD/Pulmonary   | 13   | 5   | 14   | 16   | 5    | 4    | 10   | 15   | 28   | 26   | 23   | 43   | 202   |
| Diabetes/Endocrine  | 10   | 4   | 12   | 15   | 6    | 4    | 8    | 13   | 30   | 26   | 30   | 21   | 179   |
| HIV/AIDS  | 2    | 6   | 8    | 8    | 1    | 2    | 6    | 4    | 7    | 8    | 16   | 5    | 73    |
| Hypertension/Cardio   | 18   | 6   | 18   | 20   | 16   | 7    | 12   | 29   | 33   | 96   | 113  | 94   | 462   |
| OB/GYN  | 5    | 6   | 6    | 4    | 3    | 3    | 6    | 6    | 8    | 5    | 2    | 7    | 61    |
| Seizure/Neurology   | 5    | 2   | 12   | 13   | 5    | 2    | 7    | 11   | 29   | 30   | 36   | 23   | 175   |
| <b>Infectious Diseases</b>  |      |     |      |      |      |      |      |      |      |      |      |      |       |
| MRSA Suspect Cases  | 0    | 0   | 2    | 3    | 4    | 3    | 5    | 1    | 6    | 8    | 6    | 8    | 46    |
| Confirmed MRSA Cases  | 0    | 0   | 0    | 0    | 0    | 3    | 1    | 1    | 1    | 2    | 1    | 3    | 12    |
| PPDs Given to Inmates   | 269  | 266 | 361  | 283  | 357  | 281  | 370  | 366  | 374  | 337  | 330  | 628  | 4222  |
| PPDs Given Other  | 0    | 0   | 15   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 5    | 3    | 23    |
| Suspect Active TB   | 26   | 32  | 34   | 23   | 20   | 20   | 22   | 22   | 37   | 23   | 31   | 44   | 334   |
| Confirmed Active TB   | 0    | 1   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 1     |
| Identified Chicken Pox Cases                                      | 0    | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0     |
| Identified Gonorrhea Cases  | 1    | 1   | 1    | 3    | 0    | 1    | 2    | 2    | 1    | 2    | 2    | 0    | 16    |
| Identified Chlamydia Cases  | 6    | 3   | 7    | 4    | 3    | 7    | 6    | 4    | 5    | 6    | 3    | 2    | 56    |
| Identified Syphilis Cases   | 1    | 1   | 1    | 0    | 0    | 2    | 0    | 1    | 0    | 0    | 0    | 0    | 6     |
| <b>Vaccines Administered</b>                                      |      |     |      |      |      |      |      |      |      |      |      |      |       |
| Influenza to Inmates  | 0    | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 15   | 15    |
| Influenza Other   | 0    | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0     |
| Hepatitis B to Inmates  | 0    | 0   | 0    | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 1     |
| Hepatitis B Other   | 0    | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 2    | 2     |
| Tetanus   | 0    | 1   | 1    | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 1    | 1    | 5     |
| Pneumovax   | 0    | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 1    | 0    | 1     |
| <b>Mental Health</b>  |      |     |      |      |      |      |      |      |      |      |      |      |       |
| Psych HCP Encounters  | 179  | 183 | 174  | 200  | 192  | 192  | 179  | 163  | 193  | 198  | 148  | 157  | 2158  |
| Psych MHP Encounters  | 835  | 713 | 800  | 782  | 655  | 650  | 569  | 618  | 578  | 556  | 607  | 527  | 7890  |
| Attempted Suicides  | 0    | 0   | 0    | 0    | 0    | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 1     |
| Completed Suicides  | 0    | 0   | 0    | 0    | 0    | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 1     |
| State hospital commitments awaiting admission                     | 0    | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0     |
| <b>Pharmacy</b>   |      |     |      |      |      |      |      |      |      |      |      |      |       |
| Patients receiving meds from med carts or pill windows (Last Day) | 461  | 398 | 377  | 361  | 274  | 382  | 302  | 315  | 217  | 362  | 350  | 337  | 344.7 |
| <b>Hospitalizations</b>   |      |     |      |      |      |      |      |      |      |      |      |      |       |
| ER Visits   | 15   | 10  | 14   | 13   | 18   | 7    | 10   | 6    | 8    | 7    | 6    | 2    | 116   |
| Hospital Admissions   | 3    | 1   | 6    | 5    | 6    | 6    | 10   | 5    | 7    | 2    | 4    | 8    | 63    |
| Total Hospital Days   | 15   | 9   | 23   | 16   | 14   | 36   | 30   | 30   | 12   | 2    | 24   | 17   | 226   |
| Other Off-Site Referrals  | 22   | 16  | 29   | 20   | 18   | 13   | 22   | 17   | 16   | 23   | 17   | 12   | 225   |
| <b>Grievances</b>   |      |     |      |      |      |      |      |      |      |      |      |      |       |
| Total Grievances  | 11   | 10  | 13   | 7    | 4    | 6    | 7    | 5    | 6    | 16   | 8    | 7    | 100   |
| Unfounded Grievances  | 10   | 10  | 13   | 7    | 4    | 6    | 7    | 5    | 6    | 1    | 8    | 7    | 84    |

= update

JAN 9 2016



# Monthly Health Services Report

Manatee

2016

|   | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | YTD    |
|---|------|------|------|------|------|------|------|------|------|------|------|------|--------|
| <b>Population Stats</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Average Daily Population  | 1005 | 1026 | 1027 | 1023 | 1088 | 1120 | 1148 | 1133 | 1129 | 1135 | 1089 | 1079 | 13,002 |
| Intake Screenings   | 839  | 850  | 954  | 868  | 895  | 928  | 918  | 850  | 840  | 860  | 808  | 839  | 10,449 |
| Number Pregnant   | 1    | 1    | 0    | 4    | 7    | 9    | 9    | 11   | 10   | 13   | 14   | 11   | 90     |
| Births  | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 0    | 1    | 0    | 0    | 4    | 6      |
| Miscarriages/Fetal Demise   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| Deaths  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| <b>Physicals</b>  |      |      |      |      |      |      |      |      |      |      |      |      |        |
| 14 Day Health Assessments   | 878  | 749  | 780  | 802  | 715  | 658  | 677  | 810  | 636  | 763  | 630  | 721  | 8,819  |
| Annual Health Assessments   | 8    | 9    | 8    | 4    | 5    | 4    | 18   | 9    | 12   | 3    | 6    | 14   | 100    |
| <b>On-Site Care</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Sick Call Visits  | 675  | 793  | 879  | 798  | 618  | 939  | 918  | 974  | 767  | 962  | 790  | 879  | 9,992  |
| HCP Encounters  | 724  | 871  | 877  | 677  | 556  | 576  | 338  | 637  | 862  | 907  | 848  | 865  | 8,738  |
| Telemedicine/Telepsych Encounters                                 | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| In-house X-Rays   | 146  | 130  | 141  | 164  | 113  | 127  | 125  | 138  | 117  | 128  | 148  | 96   | 1,573  |
| Infirmary Admissions  | 29   | 39   | 20   | 28   | 25   | 22   | 17   | 17   | 28   | 24   | 22   | 34   | 305    |
| <b>Dental Care</b>  |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Exams   | 102  | 76   | 77   | 108  | 75   | 73   | 87   | 71   | 82   | 100  | 115  | 80   | 1,046  |
| Fillings  | 28   | 32   | 22   | 39   | 27   | 20   | 25   | 22   | 15   | 25   | 61   | 16   | 332    |
| Extractions   | 78   | 59   | 44   | 63   | 42   | 43   | 51   | 39   | 65   | 75   | 86   | 60   | 705    |
| Dental Clinic Visits  | 102  | 76   | 77   | 117  | 80   | 80   | 97   | 80   | 91   | 128  | 143  | 95   | 1,166  |
| <b>Chronic Care Visits</b>  |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Asthma/COPD/Pulmonary   | 20   | 32   | 22   | 16   | 31   | 25   | 2    | 18   | 26   | 29   | 10   | 10   | 241    |
| Diabetes/Endocrine  | 12   | 33   | 27   | 27   | 20   | 48   | 4    | 9    | 10   | 9    | 9    | 13   | 221    |
| HIV/AIDs  | 6    | 5    | 3    | 5    | 3    | 2    | 2    | 2    | 2    | 8    | 4    | 3    | 45     |
| Hypertension/Cardio   | 47   | 89   | 58   | 55   | 82   | 78   | 15   | 108  | 66   | 72   | 38   | 52   | 760    |
| OB/GYN  | 6    | 7    | 2    | 4    | 6    | 9    | 9    | 11   | 9    | 3    | 20   | 10   | 96     |
| Seizure/Neurology   | 13   | 27   | 14   | 19   | 23   | 24   | 4    | 10   | 16   | 10   | 8    | 15   | 183    |
| <b>Infectious Diseases</b>  |      |      |      |      |      |      |      |      |      |      |      |      |        |
| MRSA Suspect Cases  | 13   | 5    | 6    | 10   | 12   | 8    | 10   | 8    | 7    | 8    | 12   | 11   | 110    |
| Confirmed MRSA Cases  | 2    | 1    | 0    | 0    | 1    | 0    | 1    | 0    | 2    | 5    | 1    | 0    | 13     |
| PPDs Given to Inmates   | 652  | 624  | 730  | 707  | 679  | 592  | 624  | 607  | 602  | 684  | 572  | 680  | 7,753  |
| PPDs Given Other  | 0    | 0    | 0    | 14   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 14     |
| Suspect Active TB   | 33   | 38   | 39   | 2    | 1    | 1    | 0    | 2    | 1    | 2    | 1    | 1    | 121    |
| Confirmed Active TB   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 1    | 1    | 2      |
| Identified Chicken Pox Cases                                      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| Identified Gonorrhea Cases  | 0    | 0    | 3    | 0    | 0    | 0    | 0    | 1    | 0    | 0    | 0    | 0    | 0      |
| Identified Chlamydia Cases  | 2    | 0    | 2    | 0    | 3    | 1    | 1    | 1    | 0    | 0    | 0    | 1    | 11     |
| Identified Syphilis Cases   | 1    | 1    | 1    | 2    | 1    | 3    | 0    | 1    | 2    | 3    | 2    | 1    | 18     |
| <b>Vaccines Administered</b>                                      |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Influenza to Inmates  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 5    | 13   | 18     |
| Influenza Other   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| Hepatitis B to Inmates  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 1    | 0    | 1      |
| Hepatitis B Other   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| Tetanus   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| Pneumovax   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| <b>Mental Health</b>  |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Psych HCP Encounters  | 119  | 80   | 124  | 128  | 178  | 223  | 170  | 214  | 216  | 213  | 223  | 205  | 2,093  |
| Psych MHP Encounters  | 546  | 538  | 595  | 552  | 581  | 544  | 556  | 472  | 609  | 420  | 467  | 620  | 6,500  |
| Attempted Suicides  | 0    | 0    | 0    | 0    | 0    | 2    | 0    | 0    | 0    | 1    | 0    | 0    | 3      |
| Completed Suicides  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| State hospital commitments awaiting admission                     | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| <b>Pharmacy</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Patients receiving meds from med carts or pill windows (Last Day) | 293  | 435  | 443  | 474  | 318  | 552  | 580  | 611  | 640  | 700  | 603  | 643  | 6,292  |
| <b>Hospitalizations</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| ER Visits   | 8    | 11   | 6    | 7    | 5    | 4    | 12   | 46   | 41   | 38   | 41   | 44   | 263    |
| Hospital Admissions   | 2    | 5    | 6    | 2    | 4    | 2    | 4    | 4    | 7    | 4    | 7    | 14   | 61     |
| Total Hospital Days   | 7    | 17   | 23   | 3    | 5    | 5    | 10   | 7    | 18   | 14   | 26   | 55   | 190    |
| Other Off-Site Referrals  | 27   | 25   | 30   | 24   | 29   | 29   | 48   | 27   | 18   | 27   | 37   | 19   | 340    |
| <b>Grievances</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Total Grievances  | 10   | 19   | 46   | 18   | 116  | 93   | 69   | 38   | 3    | 5    | 1    | 2    | 420    |
| Unfounded Grievances  | 10   | 19   | 46   | 18   | 114  | 91   | 68   | 37   | 3    | 1    | 1    | 2    | 410    |
| <b>Deaths</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Deaths  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |

= update

# Monthly Health Services Report

Manatee  
2017

|   | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  | Dec  | YTD    |
|---|------|------|------|------|------|------|------|------|------|------|------|------|--------|
| <b>Population Stats</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Average Daily Population  | 1113 | 1134 | 1119 | 1106 | 1116 | 1115 | 1102 | 1090 | 1083 | 1078 | 1055 | 1044 | 1,096  |
| Intake Screenings   | 904  | 790  | 844  | 871  | 917  | 894  | 880  | 828  | 771  | 886  | 871  | 869  | 10,325 |
| Number Pregnant   | 7    | 9    | 6    | 5    | 6    | 5    | 5    | 5    | 2    | 2    | 4    | 7    | 63     |
| Births  | 1    | 1    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 2      |
| Miscarriages/Fetal Demise   | 0    | 0    | 0    | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 1      |
| Deaths  | 0    | 0    | 0    | 0    | 0    | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 1      |
| <b>Physicals</b>  |      |      |      |      |      |      |      |      |      |      |      |      |        |
| 14 Day Health Assessments   | 812  | 660  | 732  | 701  | 721  | 679  | 548  | 633  | 518  | 557  | 576  | 522  | 7,659  |
| Annual Health Assessments   | 19   | 17   | 16   | 13   | 12   | 15   | 8    | 10   | 7    | 0    | 9    | 5    | 131    |
| <b>On-Site Care</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Sick Call Visits  | 1002 | 931  | 986  | 792  | 770  | 653  | 703  | 763  | 952  | 958  | 1036 | 1021 | 10,567 |
| HCP Encounters  | 870  | 724  | 348  | 453  | 727  | 609  | 628  | 777  | 315  | 680  | 688  | 600  | 7,419  |
| Telemedicine/Telepsych Encounters                                 | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| In-house X-Rays   | 120  | 120  | 133  | 128  | 125  | 159  | 65   | 95   | 71   | 99   | 94   | 84   | 1,293  |
| Infirmity Admissions  | 25   | 19   | 21   | 22   | 26   | 12   | 18   | 12   | 13   | 13   | 12   | 13   | 206    |
| <b>Dental Care</b>  |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Exams   | 87   | 81   | 87   | 85   | 68   | 74   | 77   | 64   | 133  | 122  | 101  | 85   | 1,064  |
| Fillings  | 9    | 20   | 16   | 35   | 26   | 32   | 24   | 8    | 34   | 39   | 25   | 21   | 289    |
| Extractions   | 76   | 59   | 61   | 78   | 52   | 58   | 62   | 37   | 102  | 111  | 101  | 77   | 874    |
| Dental Clinic Visits  | 118  | 110  | 115  | 113  | 87   | 89   | 77   | 64   | 101  | 122  | 101  | 85   | 1,182  |
| <b>Chronic Care Visits</b>  |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Asthma/COPD/Pulmonary   | 15   | 13   | 12   | 26   | 20   | 17   | 10   | 31   | 8    | 33   | 21   | 33   | 239    |
| Diabetes/Endocrine  | 15   | 9    | 11   | 7    | 6    | 11   | 14   | 15   | 3    | 18   | 14   | 15   | 138    |
| HIV/AIDs  | 2    | 4    | 2    | 2    | 5    | 15   | 6    | 5    | 0    | 5    | 5    | 8    | 59     |
| Hypertension/Cardio   | 63   | 60   | 41   | 44   | 58   | 52   | 66   | 70   | 25   | 78   | 49   | 46   | 652    |
| OB/GYN  | 7    | 4    | 2    | 2    | 6    | 2    | 3    | 2    | 2    | 2    | 4    | 5    | 41     |
| Seizure/Neurology   | 9    | 11   | 9    | 10   | 11   | 14   | 10   | 13   | 5    | 15   | 12   | 11   | 130    |
| <b>Infectious Diseases</b>  |      |      |      |      |      |      |      |      |      |      |      |      |        |
| MRSA Suspect Cases  | 5    | 7    | 0    | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 13     |
| Confirmed MRSA Cases  | 1    | 0    | 0    | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 2      |
| PPDs Given to Inmates   | 762  | 604  | 665  | 625  | 655  | 614  | 470  | 531  | 438  | 468  | 488  | 453  | 6,773  |
| PPDs Given Other  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| Suspect Active TB   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| Confirmed Active TB   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| Identified Chicken Pox Cases                                      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| Identified Gonorrhea Cases  | 0    | 0    | 0    | 0    | 0    | 1    | 0    | 0    | 0    | 1    | 0    | 3    | 5      |
| Identified Chlamydia Cases  | 1    | 2    | 4    | 1    | 1    | 2    | 2    | 1    | 2    | 1    | 0    | 2    | 19     |
| Identified Syphilis Cases   | 0    | 4    | 0    | 1    | 0    | 1    | 1    | 1    | 1    | 1    | 1    | 2    | 13     |
| <b>Vaccines Administered</b>                                      |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Influenza to Inmates  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 6    | 0    | 0    | 6      |
| Influenza Other   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| Hepatitis B to Inmates  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| Hepatitis B Other   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 13   | 13     |
| Tetanus   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 2    | 0    | 0    | 2      |
| Pneumovax   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| <b>Mental Health</b>  |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Psych HCP Encounters  | 192  | 231  | 158  | 129  | 127  | 141  | 143  | 119  | 97   | 167  | 157  | 135  | 1,796  |
| Psych MHP Encounters  | 415  | 715  | 747  | 747  | 644  | 670  | 704  | 687  | 593  | 785  | 861  | 832  | 8,400  |
| Attempted Suicides  | 0    | 1    | 1    | 0    | 0    | 0    | 4    | 0    | 0    | 0    | 1    | 0    | 7      |
| Completed Suicides  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0      |
| State hospital commitments awaiting admission                     | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 1      |
| <b>Pharmacy</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Patients receiving meds from med carts or pill windows (Last Day) | 643  | 685  | 675  | 520  | 480  | 520  | 551  | 610  | 479  | 537  | 497  | 434  | 6,631  |
| <b>Hospitalizations</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| ER Visits   | 45   | 45   | 46   | 53   | 46   | 47   | 47   | 39   | 32   | 43   | 31   | 38   | 512    |
| Hospital Admissions   | 4    | 8    | 2    | 3    | 5    | 8    | 6    | 5    | 7    | 4    | 4    | 4    | 60     |
| Total Hospital Days   | 27   | 21   | 32   | 25   | 95   | 68   | 35   | 9    | 60   | 19   | 14   | 7    | 412    |
| Other Off-Site Referrals  | 20   | 20   | 18   | 21   | 26   | 25   | 18   | 29   | 15   | 20   | 15   | 16   | 243    |
| <b>Grievances</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Total Grievances  | 3    | 2    | 8    | 8    | 4    | 6    | 2    | 4    | 0    | 4    | 5    | 7    | 53     |
| Unfounded Grievances  | 1    | 0    | 8    | 7    | 1    | 5    | 1    | 0    | 0    | 3    | 2    | 4    | 32     |
| <b>Deaths</b>   |      |      |      |      |      |      |      |      |      |      |      |      |        |
| Deaths  | 0    | 0    | 0    | 0    | 0    | 0    | 1    | 0    | 0    | 0    | 0    | 0    | 1      |

= update

# Monthly Health Services Report

Manatee  
2018

RECEIVED  
JUL 10 8 2018  
BY-

|   | Jan  | Feb  | Mar  | Apr  | May  | Jun | Jul | Aug | Sep | Oct | Nov | Dec | YTD   |
|---|------|------|------|------|------|-----|-----|-----|-----|-----|-----|-----|-------|
| <b>Population Stats</b>   |      |      |      |      |      |     |     |     |     |     |     |     |       |
| Average Daily Population  | 1013 | 1017 | 1013 | 1036 | 1048 |     |     |     |     |     |     |     | 1,025 |
| Intake Screenings   | 862  | 824  | 908  | 965  | 970  |     |     |     |     |     |     |     | 4,529 |
| Number Pregnant   | 8    | 10   | 4    | 5    | 12   |     |     |     |     |     |     |     | 39    |
| Births  | 3    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 3     |
| Miscarriages/Fetal Demise   | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| Deaths  | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| <b>Physicals</b>  |      |      |      |      |      |     |     |     |     |     |     |     |       |
| 14 Day Health Assessments   | 479  | 459  | 581  | 551  | 510  |     |     |     |     |     |     |     | 2,580 |
| Annual Health Assessments   | 0    | 3    | 26   | 4    | 4    |     |     |     |     |     |     |     | 37    |
| <b>On-Site Care</b>   |      |      |      |      |      |     |     |     |     |     |     |     |       |
| Sick Call Visits  | 1186 | 1006 | 1116 | 1042 | 993  |     |     |     |     |     |     |     | 5,343 |
| HCP Encounters  | 594  | 727  | 743  | 761  | 808  |     |     |     |     |     |     |     | 3,633 |
| Telemedicine/Telepsych Encounters                                 | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| In-house X-Rays   | 74   | 112  | 91   | 77   | 130  |     |     |     |     |     |     |     | 484   |
| Inpatient Admissions  | 13   | 20   | 20   | 10   | 23   |     |     |     |     |     |     |     | 86    |
| <b>Dental Care</b>  |      |      |      |      |      |     |     |     |     |     |     |     |       |
| Exams   | 79   | 110  | 117  | 110  | 121  |     |     |     |     |     |     |     | 537   |
| Fillings  | 35   | 32   | 33   | 55   | 34   |     |     |     |     |     |     |     | 189   |
| Extractions   | 52   | 74   | 90   | 84   | 85   |     |     |     |     |     |     |     | 385   |
| Dental Clinic Visits  | 79   | 110  | 117  | 110  | 121  |     |     |     |     |     |     |     | 537   |
| <b>Chronic Care Visits</b>  |      |      |      |      |      |     |     |     |     |     |     |     |       |
| Asthma/COPD/Pulmonary   | 10   | 15   | 32   | 22   | 34   |     |     |     |     |     |     |     | 113   |
| Diabetes/Endocrine  | 14   | 15   | 9    | 22   | 22   |     |     |     |     |     |     |     | 82    |
| HIV/AIDs  | 2    | 6    | 9    | 8    | 13   |     |     |     |     |     |     |     | 38    |
| Hypertension/Cardio   | 51   | 52   | 58   | 73   | 71   |     |     |     |     |     |     |     | 305   |
| OB/GYN  | 8    | 8    | 7    | 11   | 12   |     |     |     |     |     |     |     | 46    |
| Hep C   | 19   | 9    | 8    | 8    | 15   |     |     |     |     |     |     |     | 69    |
| Seizure/Neurology   | 11   | 12   | 14   | 9    | 21   |     |     |     |     |     |     |     | 67    |
| <b>Infectious Diseases</b>  |      |      |      |      |      |     |     |     |     |     |     |     |       |
| MRSA Suspect Cases  | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| Confirmed MRSA Cases  | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| PPDs Given to Inmates   | 408  | 407  | 500  | 487  | 452  |     |     |     |     |     |     |     | 2,254 |
| PPDs Given Other  | 0    | 23   | 26   | 0    | 0    |     |     |     |     |     |     |     | 49    |
| Suspect Active TB   | 0    | 0    | 0    | 2    | 0    |     |     |     |     |     |     |     | 2     |
| Confirmed Active TB   | 0    | 0    | 0    | 2    | 0    |     |     |     |     |     |     |     | 2     |
| Identified Chicken Pox Cases                                      | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| Identified Gonorrhea Cases  | 1    | 3    | 2    | 0    | 1    |     |     |     |     |     |     |     | 7     |
| Identified Chlamydia Cases  | 1    | 1    | 5    | 1    | 3    |     |     |     |     |     |     |     | 11    |
| Identified Syphilis Cases   | 1    | 2    | 0    | 2    | 6    |     |     |     |     |     |     |     | 11    |
| <b>Vaccines Administered</b>                                      |      |      |      |      |      |     |     |     |     |     |     |     |       |
| Influenza to Inmates  | 1    | 4    | 0    | 0    | 0    |     |     |     |     |     |     |     | 5     |
| Influenza Other   | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| Hepatitis B to Inmates  | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| Hepatitis B Other   | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| Tetanus   | 2    | 0    | 1    | 0    | 0    |     |     |     |     |     |     |     | 3     |
| Pneumovax   | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| <b>Mental Health</b>  |      |      |      |      |      |     |     |     |     |     |     |     |       |
| Psych HCP Encounters  | 168  | 126  | 141  | 144  | 146  |     |     |     |     |     |     |     | 725   |
| Psych MHP Encounters  | 747  | 668  | 703  | 681  | 915  |     |     |     |     |     |     |     | 3,714 |
| Attempted Suicides  | 0    | 0    | 0    | 1    | 0    |     |     |     |     |     |     |     | 1     |
| Completed Suicides  | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| State hospital commitments awaiting admission                     | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |
| <b>Pharmacy</b>   |      |      |      |      |      |     |     |     |     |     |     |     |       |
| Patients receiving meds from med carts or pill windows (Last Day) | 503  | 501  | 525  | 515  | 513  |     |     |     |     |     |     |     | 2,557 |
| <b>Hospitalizations</b>   |      |      |      |      |      |     |     |     |     |     |     |     |       |
| ER Visits   | 34   | 36   | 19   | 11   | 6    |     |     |     |     |     |     |     | 106   |
| Hospital Admissions   | 10   | 4    | 7    | 5    | 6    |     |     |     |     |     |     |     | 32    |
| Total Hospital Days   | 34   | 11   | 29   | 19   | 20   |     |     |     |     |     |     |     | 113   |
| Other Off-Site Referrals  | 18   | 12   | 24   | 27   | 20   |     |     |     |     |     |     |     | 101   |
| <b>Grievances</b>   |      |      |      |      |      |     |     |     |     |     |     |     |       |
| Total Grievances  | 4    | 10   | 21   | 36   | 48   |     |     |     |     |     |     |     | 119   |
| Unfounded Grievances  | 3    | 6    | 16   | 32   | 40   |     |     |     |     |     |     |     | 97    |
| <b>Deaths</b>   |      |      |      |      |      |     |     |     |     |     |     |     |       |
| Deaths  | 0    | 0    | 0    | 0    | 0    |     |     |     |     |     |     |     | 0     |

10-May-18

= update

## **HEALTH SERVICES AGREEMENT**

This **AGREEMENT** shall become effective on the 1<sup>st</sup> day of October 2012, by and between the **BOARD OF COUNTY COMMISSIONERS of MANATEE COUNTY, FLORIDA** (hereinafter referred to as the "**COUNTY**"); and **SHERIFF W. BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the "**MSO**") and **ARMOR CORRECTIONAL HEALTH SERVICES, INC.** (hereinafter referred to as "**ARMOR**"). The **COUNTY, MSO** and **ARMOR** shall hereinafter be collectively referred to as the "**PARTIES**".

**WHEREAS**, the **COUNTY** and **MSO** have the statutory and constitutional duty and responsibility to provide necessary and proper medical, psychiatric, dental and other health care services for persons remanded to their care, custody and control within the county correctional system; and

**WHEREAS**, the said **COUNTY** correctional system presently consists of physical plants, hereinafter collectively referred to as "Correctional Facilities" located at 14470 & 14490 Harlee Road, Palmetto, FL 34221; and

**WHEREAS**, **ARMOR** affirms that it is a Florida Corporation in good standing and is qualified and authorized to do business in the State of Florida to include the provisions of all services required by this Agreement with substantial experience in the field of providing total health care services for persons incarcerated in public jails and prison facilities and has certain similar ongoing contracts and programs in other states of the union; and

**WHEREAS**, the **COUNTY** and the **MSO** are desirous of contracting with **ARMOR**, and **ARMOR** is desirous of contracting with the **COUNTY** and the **MSO** to provide or arrange for health care services for the inmates housed within the county Correctional Facilities described above.

**NOW THEREFORE**, in consideration of the premises and mutual promises contained herein, it is agreed as follows:

### **1. CONTRACT TERM**

- A. This is a three-year Agreement which shall commence and be effective October 1, 2012, and continue in full force and effect through September 30, 2015 ("Initial Term") unless otherwise terminated as provided herein.
- B. Upon expiration of the Initial Term, the **COUNTY**, the **MSO**, and **ARMOR** may mutually elect to continue this Agreement for four (4) additional one (1) year periods. The Agreement shall thereafter automatically renew for one year periods for a maximum of four one year extension periods unless either party

informs the other, in writing, at least one hundred eighty (180) days prior to the anniversary date of its intention to not renew.

## **2. CONSIDERATION**

As consideration for the services provided or arranged by ARMOR pursuant to this Agreement, the COUNTY agrees to pay ARMOR in equal monthly installments, the following base price for all services:

- A. During the first initial contract year, the base price (the "Base Price") shall be Four Million Seven Hundred Twenty Seven Thousand and Ninety Two dollars (\$4,727,092.00) subject to all adjustments, credits, and/or debits as hereinafter set forth. The Base Price shall be paid in twelve (12) equal monthly installments of \$393,924.00.
- B. During the second initial contract year, the base price (the "Base Price") shall be Four Million Eight Hundred Twenty Seven Thousand and Six Hundred Thirty dollars (\$4,827,630.00) subject to all adjustments, credits, and/or debits as hereinafter set forth. The Base Price shall be paid in twelve (12) equal monthly installments of \$402,302.
- C. During the third initial contract year, the base price (the "Base Price") shall be Four Million Nine Hundred Thirty Three Thousand and Fifty Eight dollars (\$4,933,058.00) subject to all adjustments, credits, and/or debits as hereinafter set forth. The Base Price shall be paid in twelve (12) equal monthly installments of \$411,088.
- D. The increase for the second and third year Base Price amounts as stated above are based on projected CPI increases. Should the CPI calculation outlined in Paragraph 2E decrease for either year, a lower Base Price will be calculated for that second and/or third year, as set forth in Paragraph 2E.
- E. To the extent this Agreement is extended for a fourth year as provided for in paragraph 1B, the base price for that year shall be calculated by using the base price set forth in paragraph 2C for the third year of the initial term, adjusted up or down by the change in the U.S. Department of Labor's Consumer Price Index – All Urban Consumers (CPI-U), Tampa-St. Petersburg-Clearwater, FL - Average for Medical Services Component (the "Index"), based on the change in the CPI, for the previous twelve (12) months. However such adjustments either up or down shall not be larger than 3%. The base price for each successive extension year shall be calculated in the same manner using the most recent monthly Index published as of the commencement of each successive twelve month period. The calculated new base price shall be made by the COUNTY no later than sixty (60) days prior to the start of a new one year option period. ARMOR will be notified of the CPI calculation and shall have fourteen (14) days to contest the County's calculation and related new base price. Upon

expiration of the fourteen day contesting period the new base price calculated by the County shall become effective for the new period.

Example of calculation:

#### **INDEX POINT CHANGE**

Index for April 20\_\_ 152.3 (Index at twelve months after base  
index is established)

Index for April 20\_\_ 146.1 (Base Index)

Equals Index Point Change 6.2 Index Point Change

#### **INDEX PERCENT CHANGE**

Index Point Change from above 6.2  
Divided by Base Index 146.1  
Equals 0.042436 or 4.2 Percent

- F. ARMOR shall invoice the COUNTY for the Base Price on the last day of each month for services rendered in that month and the COUNTY agrees to pay ARMOR on a 45-day basis by wire funds transfer no later than forty five (45) days after receipt of the invoice from ARMOR. In the event the Agreement should commence or terminate on a date other than the first or last day of any calendar month, the Base Price will be prorated accordingly for the shortened month.

COUNTY shall give ARMOR prompt notice of any dispute with respect to ARMOR's invoice.

### **3. ADDITIONAL CONSIDERATION**

In addition to the base price stated herein, additional compensation may be due as follows:

#### **A. CHANGES IN INMATE POPULATION**

MSO will provide to ARMOR Average Daily Population (ADP) on the last day of each month to be included with the monthly invoice.

If the ADP exceeds 1243, or falls below 843, then, on a monthly basis, the following per diem for excess or credit shall apply:

Year 1 \$1.14  
Year 2 \$1.18

Year 3 \$1.22

B. REIMBURSEABLE COSTS AND LIMITS THEREON

The following costs are reimbursable to ARMOR:

1. Outside Services

COUNTY agrees to pay ARMOR on a reimbursement basis for Outside Services for documented actual costs in excess of the Outside Services limit of seven hundred fifty thousand dollars (\$750,000.00) per contract year or as prorated in paragraph 2F. If Outside Service costs exceed \$750,000, ARMOR will share in the costs between \$750,000 to \$950,000 ARMOR being responsible for 50% and the COUNTY being responsible for 50%. Should Outside Service costs exceed \$950,000 for the contract year, the COUNTY will reimburse ARMOR at 100%.

**NOTE:** This amount (\$750,000.00) is included in the base price of the Agreement; however, this amount shall not be adjusted by the method used in paragraph 2.E herein. ARMOR shall credit the COUNTY one hundred percent (100%) of the annual \$750,000.00 not spent on any contract year. ARMOR shall be responsible for reporting on a monthly basis all inmate Outside Services, with specific descriptions and corresponding dollars associated with same, as a cumulative and percentage (%) of the total annual Outside Services Limit.

For the purposes of this Agreement, "Outside Services" shall be defined as: inpatient and outpatient hospitalization, emergency room, hospital and physician fees, visits to off-site medical and dental specialists for consultation and treatment, off-site hemodialysis treatment, laboratory and diagnostic services prescribed by an Outside Service provider which are unable to be performed on site and visits to special medical diagnostic facilities using equipment and/or services not available within the Correctional Facilities nor within the medical specialties or services of the staff or subcontractors.

In the event the Agreement should commence or terminate on a date other than the first or last day of any calendar month, the Base Price will be prorated accordingly for the shortened month.

2. Pharmaceuticals

Manatee COUNTY agrees to pay ARMOR on a reimbursement basis for documented actual pharmaceutical costs in excess of four hundred fifty thousand dollars (\$450,000.00) per contract year. This amount (\$450,000.00) is included in the annual base price of the Agreement; however, this amount shall not be adjusted by the method used in paragraph 2.E herein. ARMOR shall

credit to COUNTY one hundred percent (100%) of \$450,000 not spent on any contract year. ARMOR shall be responsible for reporting on a monthly basis, with specific descriptions and corresponding dollars associated with same, all pharmaceutical costs that are applied to the annual pharmaceutical limit as a cumulative and percentage (%) of the total Pharmaceutical Limit.

In the event the Agreement should commence or terminate on a date other than the first or last day of any calendar month, the Base Price will be prorated accordingly for the shortened month.

### 3. Reconciliation of Aggregate Limits

ARMOR will provide a final reconciliation (the "Final Reconciliation") of the Outside Services and Pharmaceuticals Costs within 150 days after the end of each annual contract year. Yearly reimbursement adjustments from the Final Reconciliation will be in the form of a credit memo to the COUNTY or an additional invoice to the COUNTY payable within forty five (45) of receipt of invoice. The parties recognize that ARMOR will make every reasonable effort to control the timeliness of the submission of claims from third party providers, but there may be instances in which claims are received by ARMOR after the 150<sup>th</sup> day of the final reconciliation period. In such instances, notwithstanding anything in this paragraph to the contrary, COUNTY agrees that it will pay such claims to the extent the COUNTY is responsible under the provisions of this Agreement.

### C. CREDIT FOR FAILURE TO PROVIDE MEDICAL SERVICES

Given the immediate need to ensure medical treatment which would prohibit the ability to give notice of breach and demand for a cure, in any instance where the COUNTY is required to provide medical services reasonably required to be performed by ARMOR, and which ARMOR has failed to provide, all costs incurred by the COUNTY to provide such services shall be credited by ARMOR to the COUNTY in ARMOR's next monthly invoice.

The COUNTY shall be entitled to a credit for any and all costs that the COUNTY reasonably incurs for any medical services ARMOR fails to provide that are reasonably required to be performed by ARMOR under this Agreement.

### 4. THIRD PARTY REIMBURSEMENT SOURCES

- A. During the intake and booking process, ARMOR shall seek and collect information concerning any third party reimbursement sources that might be available to an inmate to cover services rendered outside the Correctional Facilities, including but not limited to any type of private medical insurance, Manatee County Indigent Care Program, Worker's Compensation, injury claim benefits, and/or other federal, state, or local health care benefits or programs.



To the extent that MSO is able to obtain any pertinent data during the book-in process, MSO shall provide this information to ARMOR. The COUNTY acknowledges that Medicaid and Medicare are not currently available third party payment sources for individuals once they have been incarcerated, however as the Affordable Care Act is implemented all available third party payment sources shall be considered.

- B. ARMOR shall provide the third-party reimbursement information it has collected to all off-site providers at the time an inmate is provided healthcare services or is sent for off-site health care services.
- C. ARMOR will not pay or include a bill in Outside Services until it makes all reasonable attempts to collect payment from all known third-party sources. Such attempts do not require the filing of a legal action.

**5. SCOPE OF HEALTH CARE SERVICES**

ARMOR shall provide all medical, dental, mental health, substance abuse and other related health care services, including but not limited to, laboratory, x-ray and pharmacy services, unless expressly limited by this Agreement for all inmates at the Correctional Facilities, excluding non emergency transportation by Emergency Medical Service (EMS), in accordance with Attachment A, "Standards and Requirements/Scope of Services", and pursuant to all applicable federal, state and local laws. The following services are referenced for example only, but in no way shall these references limit the duties of ARMOR to provide all required medical services.

**A. EMERGENCY MEDICAL SERVICES**

ARMOR shall provide necessary emergency medical care and treatment 24 hours per day, 7 days per week to the inmates at the MSO facilities to be performed either on-site where the person is housed or at an emergency medical care facility or hospital. Where ARMOR has a choice it shall provide necessary ambulance service for emergency medical care patients via Manatee County EMS.

The inmate shall be billed directly by Manatee County EMS for necessary ambulance services for emergency medical care. For each contract year, ARMOR shall be financially responsible for the first \$40,000 of transportation cost not reimbursed to Manatee County EMS by the inmate for emergency medical services exclusive of pre-booking or off-the street bookings. The \$40,000 will not be a part of the \$750,000 Aggregate Off-Site Cap.

B. HOSPITALIZATION SERVICES

ARMOR shall arrange for the admission of any inmate who requires hospitalization. ARMOR shall be fully responsible for any and all costs or expenses incurred thereof subject to Section 3.B. In the event of a dispute between the ARMOR Medical Director and the MSO Jail Administrator or designee regarding the need for hospitalization for any inmate, upon MSO request, the ARMOR Medical Director shall state in writing the reasons that hospitalization is or is not required for a particular inmate.

C. OBSTETRICS/GYNECOLOGICAL SERVICES

ARMOR shall provide for obstetrics/gynecological services to all female inmates. These services shall also include prenatal and postnatal care and delivery. Reproductive health services shall be provided by ARMOR only to the extent medically necessary to treat the inmate or unborn child. ARMOR shall not be responsible for any direct expenses associated with the unborn child nor shall ARMOR be responsible for post-delivery care to the newborn child. ARMOR shall initiate the transfer of care of the newborn child as prescribed by the policies of the Florida Department of Children and Families.

D. HIV/AIDS-RELATED ILLNESSES

ARMOR shall be liable for medical expenses associated with the treatment of Human Immuno-Deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), or HIV-AIDS-related illnesses, as defined by the Centers for Disease Control, to include prescribing disease management drugs for any inmate diagnosed with HIV/AIDS. ARMOR shall administer voluntary blood tests to inmates to screen for HIV/AIDS.

ARMOR shall administer voluntary blood tests to inmates to screen for health hazards as required by standards and requirements referenced in Attachment A of this agreement

Any MSO directive on testing/screening exceeding standards resulting in material cost to ARMOR shall be reimbursed to ARMOR by the COUNTY. Reimbursement shall be made only with prior written approval from COUNTY for said testing/screening. For this subsection, the term "material" shall be defined as a cost exceeding 2% of ARMOR's base annual compensation under the then current contract year with the COUNTY and MSO) and shall follow all confidentiality requirements required by law.

**6. ADDITIONAL SERVICES TO BE PROVIDED BY ARMOR**

A. PRE-BOOKING/OFF-THE STREET INJURIES

ARMOR shall have the responsibility to properly screen and assess any individual who, when arrested by any law enforcement agency, has an apparent injury or complaint of sustaining an injury prior and/or incidental to the arrest, if the individual is presented at a ARMOR staffed facility under this Agreement. After having medically examined the arrestee, if ARMOR determines that the individual is not fit for admittance into any of the MSO facilities as conditioned by ARMOR's policies and procedures approved by the MSO/COUNTY, ARMOR shall refer the arrestee to a hospital for treatment.

Except for the assessment and screening process described above, ARMOR will not be financially responsible for the cost of any medical treatment or health care services provided to medically stabilize any inmate presented at booking with a life threatening injury or illness or in immediate need of emergency medical care.

MSO shall promptly notify ARMOR of all individuals who are taken by the arresting agency to a hospital prior to booking and are booked by MSO at the bedside. ARMOR shall have no financial responsibility for the cost of medical treatment for bedside booked individuals unless and until such time as those individuals are physically incarcerated at the Correctional Facilities.

B. EMERGENCY MEDICAL SERVICES - First Aid and Stabilization for all other persons:

ARMOR further agrees to provide, at no additional charge, emergency first aid and temporary medical stabilization of any MSO staff or a visitor at an MSO facility until emergency medical treatment and personnel arrive at the facility unless so conflicts with ARMOR's primary obligation to provide emergency patient care set forth herein.

**7. PERSONNEL**

A. NOTIFICATION OF CHANGES

ARMOR shall notify the COUNTY and MSO in writing of any changes of staff, including, but not limited to, any employee, subcontractor or service provider ARMOR shall use to provide service under this Agreement.

B. LICENSURE CERTIFICATION AND REGISTRATION OF PERSONNEL

All personnel provided or made available by ARMOR to render services herein shall be licensed, certified, and/or registered, in their respective medical disciplines or expertise pursuant to all applicable Florida law. For the purpose of this Agreement, the terms Registered Nurse, Licensed Practical Nurse, and Nursing Supervisor or Advance Registered Nurse Practitioner are defined as set forth in Florida Law, as may be amended from time to time.

The terms "Dentist", "Psychologist" and "Psychiatrist" are defined as and are to be in compliance with Florida law, as may be amended from time to time.

For the purpose of performing under this Agreement, the "Medical Director" for ARMOR shall be a licensed physician or medical doctor as defined by Florida law, as may be amended from time to time.

C. MSO APPROVAL OF ARMOR HEALTH CARE PERSONNEL

Any person gaining access to the Correctional Facility must meet the security requirements of the MSO prior to admission. MSO shall exercise all reasonable speed to determine and convey to ARMOR an individual's security status.

ARMOR shall arrange with MSO to have law enforcement background checks conducted on each employee hired by ARMOR or ARMOR's subcontractors to perform medical services as stated in this Agreement. In addition, the MSO reserves the right to perform additional background checks on employees or contractors subsequent to the initial hire check to the extent it determines its security needs require such checks. Post-hire background checks of ARMOR staff shall be at the MSO's cost.

In the event the MSO should become dissatisfied with any health care personnel provided by ARMOR, ARMOR in recognition of the sensitive nature of correctional services, shall, following receipt of written notice from the MSO of its dissatisfaction and the reasons thereof, exercise its best efforts to resolve the concerns expressed by the MSO in its written notice, and if such concerns cannot be resolved to the PARTIES satisfaction, ARMOR shall no longer assign such individual(s) to perform services at or respond to the Correctional Facilities. Unless security and safety concerns require prompt removal, the MSO agrees to allow ARMOR reasonable opportunity prior to, or after, removal of the personnel to find an acceptable replacement without penalty or prejudice to ARMOR, however, the vacancy shall be filled as required by paragraph G of section 7. The MSO shall have the right of reasonable approval of any health care professional hired or contracted by ARMOR.

Attached hereto and incorporated herein is Attachment "E," Armor Drug/Alcohol Testing Policy and Procedures which establish the requirements for ARMOR to maintain a drug free workplace. ARMOR hereby agrees that throughout the term hereof, and any extension thereof, ARMOR shall comply with said policy and procedures.

D. USE OF INMATES IN HEALTH CARE FACILITY

Inmates, including trustees, shall not be used or otherwise engaged by either ARMOR or the MSO in the direct or indirect rendering of any health care

service pursuant to this Agreement. Trustees may be used in positions not involving the rendering of health care services directly or indirectly to other inmates within a health care facility as ARMOR and the MSO may permit.

## E. SUBCONTRACTING AND CONTRACT MANAGEMENT

### E.1 SUBCONTRACTING:

The COUNTY and the MSO agree that ARMOR shall engage and contract with certain health care professionals as independent contractors rather than employees of ARMOR, and the COUNTY and the MSO expressly consent to subcontracting of health care professionals. ARMOR shall, at all times, be totally liable and responsible for the overall management, direction of, and all actions taken by the aforementioned health care professionals notwithstanding any claims of alleged, proposed, or actual independent contractor status relationship with ARMOR. All contracts for services and/or activities subcontracted by ARMOR in order to meet the obligations of the contract must be entered into and completed within sixty (60) days of the contract start date. After the contract start date, no subcontracted services and/or activities contracted between ARMOR and the subcontracted parties may lapse or remain unassigned for more than thirty (30) days unless ARMOR elects to provide such services internally. Failure to meet these deadlines shall be a material breach of this Agreement.

The right to subcontract, pursuant to this section, shall not apply to the position of Health Services Administrator, Medical Director, any member of the nursing staff, medical staff, secretaries, technicians, clerical and secretarial personnel and similar support persons. Unless the COUNTY and MSO approve a different relationship in writing, these individuals shall be employees of ARMOR. Nothing herein shall operate to limit ARMOR's right to contract for labor service on a temporary basis until a staff position is permanently filled by an ARMOR employee, subject to the MSO's background investigation.

### E.2 CONTRACT MANAGEMENT

The County Administrator will appoint a designee as the Contract Manager for this Agreement. The COUNTY Contract Manager shall have the authority to transmit instructions, receive information, interpret and define the policy of the COUNTY and make decisions pertinent to this Agreement. To the extent the provisions being interpreted relate to correctional facility security or the application or interpretation of any policy of the MSO, the Contract Manager will consult with the Sheriff or designee. The COUNTY reserves the right to designate a different Contract Manager, provided that ARMOR is given written notice thereof.

F. COMPLIANCE WITH CIVIL RIGHTS LAWS

ARMOR shall recruit, select, train, promote, transfer, and release its personnel, as contemplated hereunder, without regard to race, color, religion, national origin, disability, Vietnam Era status, age or sex; (except where same are a bona fide occupational qualification). Further, ARMOR shall administer its other personnel policies, such as compensation, benefits, layoffs, return from layoffs, work sponsored training, education, and tuition assistance without regard to race, color, religion, national origin, disability, Vietnam Era status, age or sex.

G. STAFF VACANCIES

For purposes of this Agreement, actual hours worked by all designated staff positions during each month of the contract must meet or exceed the hours as set forth in Attachment "B" Total Staffing/Staffing by Shift/Hours/FTE and, Attachment "C" Average Hourly Rates Per Position by each category of staff.

ARMOR may, at its own discretion, fill positions with equally or higher qualified staff, from a nursing/staff (per diem) pool, or from an agency and credit for hours worked shall be given. Full-time positions shall not be staffed with agency personnel for more than sixty (60) days consecutive days.

Notwithstanding any provision to the contrary or other relief available to the COUNTY, when a staff position remains unfilled for more than the initial 40 hours of scheduled time in a given pay period and subsequent pay periods, ARMOR shall credit the COUNTY the Total Hourly Rate stated for service hours not provided by any medical staff as set forth in Attachment C rate schedule from the initial date of non-service to the date the position(s) is filled. On a monthly basis, ARMOR shall report the hours filled and unfilled hours by payroll period for all staffing positions at each Correctional Facility. No staffing penalties will apply unless total monthly worked hours by position fall below 95% of total hours set forth in Attachment B. Should staffing by position fall below this 95% threshold ARMOR shall issue a staffing credit in its next invoice in a format acceptable to the COUNTY for an amount equal to the staffing credits assessed below 95 % over the previous month period.

Any services that must be furnished at a place other than the Correctional Facilities due to ARMOR'S failure to maintain base Staffing Level shall not be considered Outside Services as provided for in Section 3.B.

H. INMATE RELATIVE

ARMOR shall ensure that its personnel policies require all of its employees and contractors to inform ARMOR of any instance of an inmate admitted to a MSO correctional facility being a relative of an ARMOR healthcare staff member.

**8. ACCREDITATION AND HEALTH CARE INSPECTIONS**

ARMOR shall, within the first sixty (60) days of the contract, establish a standard and quality of health care which shall satisfy those standards developed by the American Correctional Association (ACA) provided for in Attachment "A", provided the MSO meets its obligation to do the same. ARMOR shall at all times be compliant with the Florida Model Jail Standards (FMJS) and Florida Correctional Accreditation Commission (FCAC) requirements. Any deficiency caused by ARMOR or its agents in the performance of health care services in the COUNTY correctional system resulting in notice of such deficiency from any regulatory or accrediting organization will constitute a material breach of this Agreement.

Failure by ARMOR to rectify any such deficiency within a thirty (30) day cure period or to maintain required accreditation, shall entitle the COUNTY at its sole discretion to terminate this Agreement and seek applicable damages.

ARMOR will meet a minimum of monthly with both the COUNTY and with the MSO between October 1, 2012 and December 31, 2012. The purpose of the meetings is to review program implementation and program management.

**9. EDUCATION AND TRAINING**

ARMOR shall conduct health education programs for inmates, correctional officers of the MSO or ARMOR's own medical services staff designed to raise the level of inmate health and health care. Such health care education and training program shall include, but not be limited to, at the MSO's request, programs in first aid, signs and symptoms of chemical dependency, and responses to medical emergencies. On a yearly basis, ARMOR will provide MSO will a list of education and training programs it has provided pursuant to this section.

In addition, ARMOR shall ensure that its medical, professional and paraprofessional staff receive all statutorily mandated annual in-service or proficiency training, and such other professional or paraprofessional education and training programs necessary to ensure current proficiency in the professional and paraprofessional's particular medical discipline or specialty, and/or to ensure compliance with applicable operating standards, or to ensure accreditation.

**10. RECORDS AND REPORTS**

**A. MEDICAL RECORDS**

ARMOR shall maintain a medical record for each inmate who receives medical care services. This medical care record shall be maintained in accordance with

applicable professional standards and the standards set forth in Attachment A, and shall be maintained separately from the inmate's confinement record. A complete copy or summary of the applicable medical record shall be made available to accompany any inmate who is transferred from the COUNTY correctional system to any other correctional facility, whether local, COUNTY, state or federal. All medical records shall be the property of the MSO and shall be maintained by ARMOR during the contract period. Medical records shall be kept confidential to the extent permitted by law, subject to the right of access thereto at all times on the part of authorized staff of the COUNTY and MSO. Said medical records shall be kept and maintained by ARMOR at the respective correctional facility or, by mutual agreement of the MSO and ARMOR, at a central location. The right of access to medical records by any inmate or their legal representative shall be as required by law, and shall be complied with by ARMOR. No information contained in the medical record shall be released by ARMOR except as provided by order of court, or otherwise in accordance with applicable law. Upon the expiration or termination of this Agreement, all such records shall remain the property of the MSO, provided, however, ARMOR shall have reasonable access to such records when necessary to enable ARMOR to properly prepare for litigation or anticipated litigation brought or threatened by third persons in connection with services rendered during the term of this Agreement. MSO may dispose of medical records once retention period has expired in accordance with State Statutes.

**B. PERIODIC REPORTS BY HEALTH CARE PROVIDER**

ARMOR shall submit monthly and other periodic reports to the COUNTY and MSO designees, reporting or/and analyzing the overall operation of the health care services program in general or the health status in particular of the inmates committed to the custody of the MSO. Such reports shall be submitted on such dates and in such formats as determined by the COUNTY, ARMOR and MSO from time to time. In addition to the foregoing reports, monthly reports reviewing inmate health care usage and costs shall be submitted to the COUNTY and MSO in such form and detail as may reasonably be required by the COUNTY or MSO. ARMOR shall fully cooperate with the COUNTY and MSO in the submission of any reports, records or documents required by any court, quasi-judicial agency or state agency requesting the same for any reasons whatsoever, or as may be required to support any provision or section of this Agreement, without any additional charge, fee or assessment to the COUNTY. However ARMOR may access and collect all costs authorized under the Florida Public Record Act.

ARMOR shall log medical grievances from inmates and report to the COUNTY and MSO such grievances within five (5) days of the grievance submission.

ARMOR shall regularly confer with the COUNTY and MSO designated representatives concerning existing health related procedures and problems



within the Correctional Facilities and for the purpose of making changes, from time to time, of such procedures and other practices reasonably related thereto as ARMOR, COUNTY and the MSO shall deem advisable.

ARMOR shall collaborate with COUNTY and MSO to develop written standard administrative practices for use by ARMOR.

C. INMATE INFORMATION

MSO shall provide ARMOR with such information, records, and reports that the MSO may have pertaining to any inmate that ARMOR identifies as reasonable and necessary for ARMOR to adequately perform its obligations hereunder.

D. RECORDS AVAILABILITY

ARMOR covenants that ARMOR and all ARMOR subcontractors, and all officers, agents and employees of ARMOR, shall comply with the requirements of Florida's Public Records Law as that Law is interpreted by the COUNTY and MSO.

E. PROPRIETARY RIGHTS

Many of the systems, methods, procedures, written materials and other controls employed by ARMOR in the performance of its obligations, including its web-based software and applications, are proprietary in nature and will remain the property of ARMOR. ARMOR agrees to grant the County and MSO a fully paid, non-exclusive license for any software programs and web applications it develops or has already developed and uses as part of the provision of services under this Agreement ("Software"). Such license shall be in effect for the term of the Agreement between the parties. The Software shall be used solely for the purpose of the provision of health care in the Correctional Facilities operated by the County and MSO. The County and MSO may not sell, assign, or otherwise transfer the Software or the license or sublicense, distribute or disclose the Software to any other entity. ARMOR shall retain ownership and all rights, title and interest in and to the Software and to all the documentation, source code and other information and material relating to the Software provided or disclosed to the County. ARMOR shall maintain and update the Software as long as it is the contractor performing services for the County. ARMOR shall have no obligations as to maintenance and updates for the Software after termination or expiration of this Agreement. ARMOR agrees that all medical records, data and reports maintained by it, in either electronic or other format, pursuant to the Agreement will remain the property of the County and MSO.

**11. SECURITY**

A. GENERAL

ARMOR and MSO understand that adequate security services are necessary for the safety of the agents, employees, contractors and subcontractors of ARMOR as well as for the security of inmates and MSO's correctional staff. MSO shall provide security services sufficient to enable ARMOR and its personnel to safely provide the health care services called for herein. The final determination for the security plan for the Correctional Facility shall rest solely with the MSO. In the event that any reasonable recommendation by ARMOR for particular health care services for the inmate or group of inmates, including but not limited to, recommendations for inmate transfer or transfers to other medical facilities, should not be implemented and carried out for security reasons, ARMOR shall thereupon be released from professional liability for any damages resulting from any such decision on the part of the MSO not to respond or to institute a requested transfer of inmates.

B. TRANSPORTATION OFF SITE

MSO shall provide security, as necessary and appropriate, in connection with the transportation of any inmate between any correctional facility and any other location for off-site medical services as contemplated herein.

**12. OFFICE SPACE AND EQUIPMENT**

A. OFFICE SPACE AND SUPPORT

COUNTY agrees to provide ARMOR with office space or facilities at the correctional facility, including water, sewer, garbage, electric and local telephone services, sufficient to enable ARMOR to perform its obligation herein. In providing telephone service within any clinical or office facility occupied by ARMOR, ARMOR shall reimburse the COUNTY for any and all long distance telephone calls or telephone based services placed (i.e. language lines and fax) or billed to any telephone lines assigned to ARMOR. ARMOR shall provide all biomedical bags and waste sharps containers used by ARMOR or ARMOR subcontractors. MSO shall maintain a separate agreement for biomedical waste disposal services

B. EQUIPMENT AND EXISTING SUPPLIES

ARMOR shall be totally responsible for the purchase of all medical/office supplies. ARMOR shall also be responsible for the maintenance, repair and satisfactory working order of all equipment and within sixty (60) days of the effective date of this Agreement submit to the COUNTY and MSO an Inventory List of all equipment with ownership identified. ARMOR shall update this Inventory List on an annual basis. ARMOR further agrees that at ARMOR's sole expense, ARMOR shall maintain in good repair and in satisfactory operating condition, all equipment identified in Attachment "D" which

ARMOR utilizes and which is owned by the MSO and/or COUNTY. All equipment which is purchased by ARMOR for use at the Correctional Facilities during the term of the Agreement shall remain the property of ARMOR upon termination of this Agreement. All equipment identified as or purchased by the COUNTY and/or MSO during the term of this Agreement shall remain the property of the COUNTY and/or MSO and be returned to the County and/or MSO upon termination in its present condition, reasonable wear and tear accepted.

**13. GENERAL MAINTENANCE SERVICE**

MSO shall provide the same range of services and facilities for those inmates who are confined to reside in a health clinical area for the purpose of receiving medical services, to include but not be limited to, daily house cleaning services, dietary services, building maintenance services, personal hygiene supplies and services and linen supplies, as are provided for all other inmates.

**14. LICENSES AND PERMITS**

ARMOR acknowledges that it shall cause its employees or subcontractors to obtain all occupational professional licenses which may be necessary under the laws of the State of Florida and the ordinances of Manatee County and all local ordinances for the rendering of the services contemplated by this Agreement. Further, ARMOR agrees that it shall require all its employees, agents, contractors and subcontractors and other persons rendering such services to secure and to maintain in good standing any and all professional and other licenses which may be required of them by such governmental agencies for the purposes hereof. ARMOR shall require its employees, agents, contractors and subcontractors to meet all applicable continuing education courses as mandated by the State of Florida and any regulatory agency to maintain professional licensing and accreditation for medical and para-medical personnel. If required, ARMOR shall absorb the cost of substitute personnel to assume duties of medical personnel attending mandatory educational programs.

**15. INDEMNIFICATION AND HOLD HARMLESS**

ARMOR agrees to indemnify, defend and hold harmless the COUNTY, MSO, and their agents, employees, appointees, officers, administrators, successors or assigns from any and all claims, demands, damages, actions, causes of actions, suits, judgments, or liabilities of any kind or nature, but not limited to, compensatory, consequential, incidental or punitive, and further including any charges, expenses, attorney's fees for counsel approved by ARMOR as directed by a court or other costs which arise out of or relate to the performance of, or failure to perform, any services, duties, or responsibilities of ARMOR pursuant to this Agreement. ARMOR shall undertake at its own expense the defense

required herein. Nothing herein shall preclude the COUNTY from providing its own defense at the COUNTY'S own cost.

**16. INSURANCE**

ARMOR and all subcontractors agree to furnish and maintain for its operation, at all times during the course of the services to be performed herein, policies of commercial insurance with an insurance company(s) satisfactory to the COUNTY and the MSO with minimum limits in each policy of commercial insurance as follows:

**A. Comprehensive General Liability**

\$1,000,000 Bodily Injury and Property Damage per occurrence, and \$2,000,000 aggregate for bodily injury and property damage on an occurrence form.

Comprehensive General Form

Extended Liability Bodily Injury Endorsement

Products/Completed Operations (to be provided for minimum of 24 months after completion of work)

Broad Form Contractual Liability

Personal Injury Liability

**B. Comprehensive Automobile Liability**

\$1,000,000 Combined Single Limits

Hired and Non-Owned Coverage

**C. Professional Liability (Medical Malpractice)**

\$1,000,000 per occurrence or claim made, if claim made insurance is offered by ARMOR then a tail policy (or other insurance product which would provide similar coverage) must be purchased at the end of the contract to cover the statute of limitations of the COUNTY, and MSO

\$3,000,000 aggregate

**D. Worker's Compensation and Employer's Liability**

Statutory Coverage for Florida

\$1,000,000 Employer's Liability

Broad Form All States Endorsement

ARMOR shall not commence any services pursuant to this Agreement until the COUNTY and the MSO have been furnished with Certificates of Insurance in duplicate from ARMOR's insurance carrier(s) certifying that policy(s) of insurance providing coverage in amounts equal to or greater than listed above have been issued to ARMOR and are in full force and effect. Furthermore,

prior to any commencement of services by ARMOR, the aforementioned Certificates must be examined and approved by the COUNTY Risk Manager. In addition to the foregoing, ARMOR shall provide the COUNTY and MSO a thirty (30) day notice of cancellation, non-renewal, or change in any respective policy. Both the COUNTY and MSO shall be named as an additional insured all policies of insurance listed above with the exception of the workers compensation policy.

ARMOR shall ensure that any physician, dentist, psychiatrist, psychologist, nurse or other medical professional engaged by ARMOR either as an employee, agent, appointee or independent contractor under this Agreement shall have in full force and effect or shall be required to maintain in full force and effect all required coverage under this Agreement.

Any cancellations or lapses of insurance coverage affecting directly or indirectly the operation of any COUNTY or MSO facility under this Agreement shall be deemed a material breach, and the COUNTY and the MSO shall have the right, in their sole discretion, to terminate this Agreement and seek applicable damages or other judicial relief.

COUNTY and MSO reserves the right to modify the insurance requirements by the issuance of a notice in writing to ARMOR to the extent reasonably deemed necessary to protect COUNTY and MSO from loss damage or liability for the acts, errors and omissions of ARMOR. The COUNTY shall reimburse ARMOR within 45 days of invoice showing proof of additional cost incurred to comply with modifications.

COUNTY and MSO shall have no duty or responsibility to insure, replace or protect ARMOR'S equipment, furnishings or other personal property provided or paid for by ARMOR, and all risk of loss and insurance against such risks shall be the sole responsibility of ARMOR.

NO WAIVER OF IMMUNITY – Nothing herein shall be interpreted as a waiver of the COUNTY and MSO of its rights, including the limitations of the waiver of immunity, as set forth in Florida Statutes 768.28, or any other statute, and the COUNTY and MSO expressly reserves these rights to the full extent allowed by law.

**17. PERFORMANCE BOND**

ARMOR shall furnish a Performance Bond with a surety acceptable to the COUNTY in the amount of five hundred thousand dollars (\$500,000). This Performance Bond will be conditioned solely upon the full and faithful performance by ARMOR under this Agreement, and the payment of all of its obligations arising thereunder. The Performance Bond will be submitted to the

COUNTY before ARMOR's commencement of operations at the correctional facilities.

The Performance Bond will remain in effect through the initial term of the Agreement and any extensions thereof.

**18. TERMINATION OF AGREEMENT**

This Agreement may be terminated as follows:

**A. Termination for Convenience:**

This Agreement may be unilaterally terminated by the COUNTY or by ARMOR without cause or reason so long as the effective date of termination is preceded by a one hundred and fifty (150) day written notice to the other PARTIES.

**B. Termination for Default:**

Except as otherwise provided in this Agreement, if any PARTY gives written notice to the other parties of a material breach or default in the performance of any of its obligations herein and such default shall not have been cured within thirty (30) days following the giving of such notice (or such other cure period as may be agreed to by the Parties), the party giving notice shall have the right to immediately terminate this Agreement.

**19. NEGOTIATION UPON CHANGE**

If any contract, statute, ordinance, rule, or regulation is passed or any order or standard or policy issued or any statute or guideline adopted, or clinical standards of care, scope of services, changes in physical facility layout or number of Correctional Facilities changes which any Party feels materially and substantially changes the costs of providing health care services herein, or which results in the reduction of health care services as contemplated herein, then the PARTIES (ARMOR, COUNTY and MSO) shall in good faith negotiate on such additional or reduced services and/or compensation terms as a result of such change.

**20. AMENDMENTS**

This Agreement may be amended only by written agreement executed by the PARTIES.

**21. RESPONSIBILITY OF INMATE CARE UPON TERMINATION**

Upon expiration or termination of this Agreement, total responsibility for providing health care services to all inmates, including inmates receiving health care services at facilities off-site shall be assumed from ARMOR by the COUNTY and the MSO to the extent required by law. However, nothing herein is intended to lessen or eliminate any contractual or professional service liability of ARMOR to any inmate in need of medical care during a transition period or COUNTY and MSO obligation to reasonably compensate for such services

**22. DISPUTE RESOLUTION**

Disputes shall be resolved as follows: through good faith negotiations of the Parties, and if not resolved by such Parties after twenty-eight (28) days, the dispute (with the basis for the dispute) shall be submitted in writing to the Manatee County Purchasing Official, for a determination and handling in accordance with the provisions of the Manatee County Purchasing Code. Any dispute resolution requiring a change to a term of this Agreement, or providing for payment in excess of the amount established by or pursuant to this Agreement or any subsequent budget amendments by the County Commission, shall not be final until approved by the County Commissioners by written amendments.

**23. ASSIGNMENT**

This Agreement, including any rights or responsibilities thereof may not be assigned by ARMOR to any other corporation, entity, partnership, group or individual, without the express written consent of the COUNTY and the MSO, and the Parties each bind themselves, their successors, assigns and legal representatives to the other Parties hereto and to the successors, assigns and legal representatives of such other Parties in respect to all covenants, agreements and obligations contained herein.

Notwithstanding any provisions to the contrary, nothing herein is intended to limit the common law or statutory authority or responsibility of the Board of County Commissioners for Manatee County, Florida, or the Manatee County Sheriff, over the County's correctional system, or its management and contracts, as the law may exist today or be enacted, amended or modified in the future.

**24. NOTICE**

All notices or other communications received or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or mailed via certified mail, return receipt requested, postage prepaid, on the date posted, and addressed to the appropriate

party at the following address or such other address as may be given to the Parties:

1. MSO

W. Brad Steube  
Sheriff of Manatee County, Florida  
600 US Highway 301 Blvd. West  
Bradenton, FL 34205

2. COUNTY

Director  
Community Services Department  
1112 Manatee Avenue West  
Bradenton, FL 34205

OR

Director  
Community Services Department  
P. O. Box 1000  
Bradenton, FL 34206-1000

3. ARMOR

Bruce A. Teal, Chief Executive Officer  
Armor Correctional Health Services, Inc.  
4960 SW 72<sup>nd</sup> Avenue, Suite  
Miami, FL 33155

And

Ken Palombo, COO  
Armor Correctional Health Services, Inc.  
4960 SW 72<sup>nd</sup> Avenue, Suite  
Miami, FL 33155

And

William S. Galvano, Esquire  
Law Firm of Grimes Goebel Grimes Haskins Gladfelter & Galvano, P.L.  
The Professional Building  
1023 Manatee Avenue West  
Bradenton, FL 34205



**25. GOVERNING LAW AND VENUE**

This Agreement and all of the rights and obligations of the PARTIES hereto shall be governed both procedurally and substantively by and construed according to the Laws of the State of Florida.

Venue for any court proceedings between the Parties related to the Agreement shall be in the United States District Court for the Middle District of Florida, Tampa Division, as to cases falling within Federal jurisdiction, and a Florida State Court sitting in Manatee County as to cases of a state law nature.

**26. ENTIRE AGREEMENT**

This Agreement constitutes the entire Agreement of the PARTIES and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and agreements that have been made in connection with the subject of the Agreement.

**27. WAIVER OF BREACH**

A waiver by any of the PARTIES of a breach or violation of any provision of this Agreement shall not operate, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

**28. FORCE MAJEURE**

The PARTIES shall not be deemed in violation of this Agreement if a PARTY is prevented from performing its obligations herein for any reason beyond its control, including: strikes, inmate disturbances, acts of God, civil or military authority, acts of public enemy, war, accident, fire, explosion, earthquake, flood, hurricane, failure of available transportation or any similar cause beyond the reasonable control of either party.

**29. SEVERABILITY**

In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement, which shall remain in full force and effect and enforceable in accordance with its terms.

**30. APPROPRIATIONS**

The PARTIES acknowledge that performance of this Agreement and payment for medical services to ARMOR pursuant to this Agreement is predicated on the continued annual appropriations by the Board of County Commissioners of Manatee County. If at any time, sufficient funds are not budgeted, the

COUNTY shall promptly notify ARMOR and this Agreement shall terminate as of the date funding is insufficient to continue this Agreement. ARMOR shall be paid by the COUNTY for all services rendered through the termination date.

**31. AUTHORITY TO EXECUTE.**

Each PARTY hereto covenants to the other Parties that it has lawful authority to enter into this Agreement and has authorized the execution of this Agreement by the Party's authorized representative.

**32. SOLICITATION OF CONTRACT**

ARMOR warrants that it has not employed or retained any company or person other than a bona fide employee working solely for ARMOR to solicit or secure this Agreement, and that it has not paid or agreed to pay any company or person other than an employee working solely for ARMOR, any fee, commission, percentage, brokerage fee, gift, contingent fee, or any other consideration contingent upon or resulting from the award or making of this Agreement. For breach or violation of this warranty, the COUNTY shall have the right to annul this Agreement, without liability or at its discretion to deduct from the contract price or consideration or otherwise recover the full amount of such fee, commission, percentage, brokerage fee, gifts, or contingent fee.

**33. ETHICAL CONSIDERATIONS**

ARMOR recognizes that in rendering or performing Correctional Healthcare Services pursuant to the provisions of this Agreement, ARMOR is working for the residents of Manatee County, Florida, subject to public observation, scrutiny and inquiry, and based upon said recognition ARMOR shall, in all of its relationships with the COUNTY and MSO pursuant to this Agreement, conduct itself in accordance with all of the recognized applicable ethical standards set by any related national societies, and the reasonable traditions to perform Correctional Healthcare Services.

**34. MAINTENANCE OF RECORDS; AUDITS**

ARMOR shall maintain records, accounts, property records, and personnel records in accordance with generally accepted accounting principles, as deemed necessary by the County to assure proper accounting of funds and compliance with the provisions of this Agreement.

ARMOR shall provide the County all necessary information, records and contracts required by this Agreement as requested by the County for monitoring and evaluating services. ARMOR's records shall be made available to the County or its auditors for audit, inspection or copying during normal business hours and as often as the County may deem necessary, except for records protected by client

confidentiality rules or regulations established by State or Federal law. In cases where confidentiality applies, ARMOR shall provide requested records in a fashion which maintains confidentiality. The County shall have the right to obtain and inspect any audit pertaining to the performance of this Agreement or ARMOR made by any local, State or Federal agency. ARMOR shall retain all of its records and supporting documents related to this Agreement in accordance with all applicable laws, rules and regulations; in the absence of any other requirement, such records and supporting documents will be retained by ARMOR for at least three (3) years after the termination of this Agreement or any extension thereof.

**35. ATTORNEY FEES AND COSTS**

Each Party hereto shall be solely responsible for paying its attorneys fees and costs in any dispute, litigation, dispute resolution proceeding, settlement negotiations or pre-ligation negotiation arising under this Agreement.

**36. NO THIRD-PARTY BENEFICIARIES**

This Agreement is solely for the benefit of the Parties hereto, and no right, privilege, or cause of action shall by reason hereof accrue upon, to, or for the benefit of any third party. Nothing in this Agreement is intended or shall be construed to confer upon or give any person, corporation, partnership, trust, private entity, agency, or other governmental entity and right, privilege, remedy, or claim under or by reason of this Agreement or any provisions or conditions hereof.

**37. ATTACHMENTS**

The following attachments are attached hereto and made a part hereof. Should a conflict arise between these attachments and the above Agreement language, the above language shall control.

Attachment A - Standards & Requirements/Scope of Services  
Attachment B – Total Staffing/Staffing by Shift/Hours/FTE  
Attachment C - Average Hourly Rate Per Position  
Attachment D - Medical and Office Equipment List  
Attachment E – Drug/Alcohol Testing Policy and Procedures

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed, in triplicate, by their authorized representatives.

**ARMOR CORRECTIONAL HEALTH SERVICES, INC.**

By: 

Name: Bruce Teav

Title: Ceo

APPROVED, with a quorum present and voting this 25<sup>th</sup> day of SEPTEMBER 2012.

**COUNTY OF MANATEE**

By: 

Melissa M. Wendel, CPPO;  
Purchasing Official

By: 

W. Brad Steube, Sheriff  
Manatee County, Florida

**ATTACHMENT A**  
**STANDARDS & REQUIREMENTS / SCOPE OF SERVICES**

**1. STANDARDS & REQUIREMENTS CORRECTIONAL FACILITY  
HEALTHCARE SERVICES**

**A. Standards & Requirements**

The correctional healthcare services shall include, but not be limited to the following standards and requirements. Armor shall perform in accordance with all pertinent federal, state and local laws, standards and requirements as may be amended, renewed or replaced by the authority and subject to Section 19 of the Agreement.

**B. Manatee County Sheriff's Office for all Manatee County Inmates:**

1. American Correctional Association (ACA)
2. Florida Model Jail Standards (FMJS)
3. Florida Correctional Accreditation Commission (FCAC)

**C. ARMOR shall address the following in accordance with the aforementioned standards and requirements. This is not a complete and comprehensive listing of the overall healthcare requirements to be performed by Armor.**

1. Documentation
2. Emergency treatment
3. Medical and mental health/substance abuse screenings (i.e. for TB, vision, hearing, STD's, immunizations, suicide, etc.)
4. Medications
5. Outside treatment
6. Routine physical exams
7. Sick Call
8. Time periods for treatment/exams

**2. SCOPE OF SERVICES**

**A. General Medical Services**

1. Provide necessary, adequate, and reasonable medical services:
  - a. Within the institutions
  - b. Inpatient hospital care and services
  - c. Outpatient care and services
  - d. Emergency services

The standard cutoff levels for standard ten-panel drugs and alcohol are:

| (ng/mL)         | Initial Test | Confirmation Test |
|-----------------|--------------|-------------------|
| Marijuana       | 50           | 15                |
| Cocaine         | 300          | 150               |
| Phencyclidine   | 25           | 25                |
| Amphetamines    | 1000         | 500               |
| Opiates         | 2000         | 2000              |
| Benzodiazepines | 300          | 300               |
| Propoxyphene    | 300          | 300               |
| Methadone       | 300          | 300               |
| Methaqualone    | 300          | 300               |
| Barbiturates    | 300          | 300               |
| Alcohol         | .02 BrAC     | .04 BrAC          |

*Note: Panel scope and cutoff levels may vary based on state and other requirements*

### **3. Testing Procedure**

The Company reserves the right to utilize, any form of testing, including, but not limited to, blood, hair, breath, saliva or urinalysis testing procedures.

#### **D. Collection Sites**

The Company and EDPM will designate collection sites in areas where it maintains facilities or job sites where individuals may provide specimens.

#### **E. Collection Procedures**

The Company, Employers Drug Program Management, and the laboratory have developed and will maintain a documented procedure for collecting, shipping and accessing specimens. The designated laboratory and collection sites are subject to change without notice. If the testing laboratory determines that tampering has occurred or may have occurred, resulting in a canceled test, the employee in question will be required to submit to another test.

#### **F. Occasions When the Collection Personnel Should Directly Observe the Specimen Being Provided**

The Company has adopted the direct observation procedures as set out in Section 40.67 of the Department of Transportation regulations as amended. An employer or medical representative at the collection site may directly observe an employee provide the specimen where there is reason to believe that an individual may alter or substitute the specimen. Section 40.67 sets out the only circumstances where direct observation is appropriate:

- (1) An employer **MUST** direct an immediate collection under direct observation with no advance notice to the employee if:

- (a) The laboratory reported to the MRO that a specimen is invalid, and the MRO reported to the employer that there was not an adequate medical explanation for the result.
  - (b) The MRO reported to the employer that the original positive, adulterated or substituted test result had to be cancelled because the test of the split specimen could not be performed.
- (2) An employer MAY direct a collection under direct observation of an employee if the drug test is a return-to-duty test or a follow-up test.
- (3) A collector MUST immediately conduct a collection under direct supervision if:
- (a) The Designated Employer Representative directs the collector to do so;
  - (b) The collector observes materials brought to the collection site or the employee's conduct clearly indicates an attempt to tamper with a specimen;
  - (c) The temperature on the original specimen was out of range; or
  - (d) The original specimen appeared to have been tampered with.

The collector or the employer must explain to the employee the reason for the direct observation.

Where necessary, a Company representative or medical personnel may obtain a specimen outside of a designated collection site (such as, at a public restroom at an accident investigation).

#### **G. Evaluations and Return of Results to the Company**

The laboratory will transmit (by fax, mail, or computer, but not orally over the telephone) the results of all tests to the Company's MRO. The MRO will be responsible for reviewing test results of employees and confirm that the individuals testing non-negative have used drugs or adulterated or substituted the specimen in violation of the Company policy. Prior to making a final decision, the MRO shall give the individuals an opportunity to provide a medical explanation for the positive, adulterated, or substituted test result either face to face or over the telephone.

The MRO shall then promptly report to the Designated Employer Representative which employees or applicants test positive.

#### **H. Request for Retest and Statement of Explanation**

Where a split specimen has been collected an employee may request a retest of the split specimen within 72 hours of notification of the final test result. Where a single specimen is submitted for testing the employee may request a retest of the original sample within 72 hours

after notification of the final test result. Requests must be submitted to the MRO. A donor is not allowed to have his or her specimen reconfirmed for an adulterant if the original sample has tested positive for one. The employee may be required to pay the associated costs of retest in advance.

The applicant or employee who receives a positive verified test result from the MRO may contest or explain the result to the Designated Employer Representative within five (5) working days after receiving notification of the test result.

### **I. Statement of Confidentiality**

The Company, beyond the MRO and Company's management, without the individual's written authorization, shall not release test results. However, all employees will be required to execute a consent/release form permitting the Company to release test results and related information to its workers' compensation provider, the workers' compensation, unemployment compensation commissions, and/or other relevant government agencies.

The MRO shall retain the positive test results for five (5) years and negative test results for twelve (12) months.

Actions in connection with or information obtained as a result of the Company's Policy and Procedures will be shared only on a "need to know" basis. Failure to maintain confidentiality with respect to the Company's Policy and procedures will result in disciplinary action.

All information, reports, statements, memoranda, and test results, written or otherwise, received through Company's substance use testing program shall be held as confidential communications by the Company's MRO, laboratories, drug and alcohol rehabilitation programs, employee assistance programs, and their respective agents. These communications may be used or received in evidence, obtained in discovery, or disclosed in any civil or administrative proceeding. However, information on test results shall not be released or used in any criminal proceeding against the employee or applicant. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by the individual that was tested, unless the release is compelled by an agency of the state or a court of competent jurisdiction or unless deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding.

### **VII. Employer Discipline for Policy Violations**

The Company will discipline, including discharge, employees for any violation of the policy, including refusing to submit to screening, to execute a release, or otherwise cooperate with an investigation or search by the Company. Disciplinary measures will be instituted in accordance with state and federal laws.

An MRO-verified positive test, an adulterated/substituted test for alcohol/drugs, or any other violation of Company policy may result disciplinary action, including and up to discharge. Any employee returned to duty after violating the policy or testing positive will be subject to follow-up testing as set out in a written Return-to-Duty Agreement. Any employee who refuses a drug or alcohol test will be terminated.



Rehabilitation, at a pre-approved treatment provider, may be available to individuals who violate the policy or are referred through voluntary or administrative channels. However, unless other provisions are available to the affected individual, assistance will be limited to the degree of treatment provided within the Company's Employee Benefit Plan. The Company has no obligation to pay for rehabilitation services. The Designated Employer Representative should be contacted for guidance.

#### **VIII. Training and Employee Assistance Program (EAP)**

The Company shall include education and training for supervisors who are authorized to determine reasonable suspicion testing. These supervisors must receive a minimum of one hour of training on controlled substance use and abuse and an additional hour on alcohol abuse. The training shall cover the physical, behavioral, speech and performance indicators of probable use and misuse of alcohol and controlled substances, how to document and corroborate signs of employee substance abuse, and how to refer substance-abusing employees to the proper resources at a minimum. Documentation of training attendance will be maintained.

An employee having previously tested positive for drugs or alcohol or voluntarily acknowledged being under the influence of drugs or alcohol while on duty (in the event the employee is retained) will be required to pass a drug/alcohol test before being returned to duty. Such employees will not be allowed to return to work until they test negative for covered substances and are evaluated by and released for duty by the Substances Abuse Professional. If the employee is retained, he or she must enter into a last chance agreement before returning to duty.

Employees who voluntarily seek assistance in dealing with problems relating to alcohol or drug abuse will be immediately referred to the company's employee assistance program. Employees who self refer are assured of confidentiality and no job jeopardy will result. Employees who are referred as a part of supervisory performance counseling or intervention are assured of confidentiality. Only those in the chain of responsibility may be aware of a treatment request.

The Company shall maintain on file a list of state and national resources available for EAP purposes (See Addendum A). The Designated Employer Representative should be contacted for further guidance.

#### **NOTE**

These procedures should not be construed as contractual in any nature. They represent the Company's current guidelines in dealing with a developing problem under evolving laws and facts, and may be changed in accordance with Company policy and state and federal law.

ADDENDUM A

**SUBSTANCE ABUSE RESOURCES**

**Employers Drug Program Management, Inc**  
505 20<sup>th</sup> Street North  
Financial Center, Suite 1200  
Birmingham, Alabama 35203-4610  
205-326-3100  
800-833-9412

**Information Hot Lines**

|  |              |
|--|--------------|
| Alcoholics Anonymous (AA)                | 800-356-9996 |
| American Council on Alcoholism Helpline  | 800-527-5344 |
| Cocaine Hotline                          | 800-347-8998 |
| National Council on Alcoholism           | 800-NCA-CALL |
| National Institute on Drug Abuse Hotline | 800-662-HELP |
| Narcotics Anonymous (NA)                 | 800-338-8750 |
| Al-Anon                                  | 800-356-9996 |
| Nar-Anon                                 | 213-574-5800 |

**National Association of Alcoholism and Drug Abuse Council (NAADAC)**  
1911 N. Ft. Myer Drive, Suite 900  
Arlington, Virginia 22209  
703-741-7686

Primary Laboratory  
Laboratory Corporation of America  
1904 Alexander Drive  
Research Triangle Park, NC 27709

Medical Review Officer  
Dr. Howard M. Strickler  
Dr. Jack C. Whites  
505 20<sup>th</sup> Street North  
Financial Center, Suite 1200  
Birmingham, Alabama 35203-4610

**ATTACHMENT B**  
**TOTAL STAFFING/STAFFING BY SHIFT/HOURS/FTE**

| Total Staffing                |            |            |            |            |            |            |            |           |              |              |
|-------------------------------|------------|------------|------------|------------|------------|------------|------------|-----------|--------------|--------------|
| POSITION                      | MON        | TUE        | WED        | THU        | FRI        | SAT        | SUN        | TBS*      | Hrs/<br>Wk   | FTE          |
| Health Services Administrator | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| Medical Director              | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| ARNP                          | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 32        | 32           | 0.80         |
| Director of Nursing           | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| RN - Discharge Planner        | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| RN - Charge                   | 24         | 24         | 24         | 24         | 24         | 24         | 24         | 0         | 168          | 4.20         |
| RN                            | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| LPN                           | 88         | 88         | 88         | 88         | 88         | 88         | 88         | 0         | 616          | 15.40        |
| CNA                           | 32         | 32         | 32         | 32         | 32         | 24         | 24         | 0         | 208          | 5.20         |
| Medical Records Clerk         | 16         | 16         | 16         | 16         | 16         | 8          | 8          | 0         | 96           | 2.40         |
| Administrative Assistant      | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| Psychiatrist                  | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 16        | 16           | 0.40         |
| LMHC/LCSW                     | 8          | 8          | 8          | 8          | 8          | 8          | 8          | 0         | 56           | 1.40         |
| Dentist                       | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 18        | 18           | 0.45         |
| Dental Assistant              | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 18        | 18           | 0.45         |
| <b>Total Hours / FTE</b>      | <b>216</b> | <b>216</b> | <b>216</b> | <b>216</b> | <b>216</b> | <b>152</b> | <b>152</b> | <b>84</b> | <b>1,468</b> | <b>36.70</b> |

The parties acknowledge that flexibility in staff location  
may be necessary should inmate relocation occur

| Staffing by Shift                               |            |            |            |            |            |           |           |           |            |              |
|---|------------|------------|------------|------------|------------|-----------|-----------|-----------|------------|--------------|
| DAY SHIFT                                       |            |            |            |            |            |           |           |           |            |              |
| POSITION  | MON        | TUE        | WED        | THU        | FRI        | SAT       | SUN       | TBS*      | Hrs/<br>Wk | FTE          |
| Health Services Administrator                   | 8          | 8          | 8          | 8          | 8          |           |           |           | 40         | 1.00         |
| Medical Director                                | 8          | 8          | 8          | 8          | 8          |           |           |           | 40         | 1.00         |
| ARNP  |            |            |            |            |            |           |           | 32        | 32         | 0.80         |
| Director of Nursing                             | 8          | 8          | 8          | 8          | 8          |           |           |           | 40         | 1.00         |
| RN - Discharge Planner                          | 8          | 8          | 8          | 8          | 8          |           |           |           | 40         | 1.00         |
| RN - Charge                                     | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| RN - History and Physicals                      | 8          | 8          | 8          | 8          | 8          |           |           |           | 40         | 1.00         |
| LPN - Intake                                    | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| LPN - Infirmary                                 | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| LPN - Medication/Sick Call                      | 16         | 16         | 16         | 16         | 16         | 16        | 16        |           | 112        | 2.80         |
| LPN - Medication/<br>Annex Facility**           | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| CNA - Pharmacy/Lab                              | 8          | 8          | 8          | 8          | 8          |           |           |           | 40         | 1.00         |
| CNA - Special Needs Unit                        | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| Medical Records Clerk                           | 16         | 16         | 16         | 16         | 16         | 8         | 8         |           | 96         | 2.40         |
| Administrative Assistant                        | 8          | 8          | 8          | 8          | 8          |           |           |           | 40         | 1.00         |
| Psychiatrist                                    |            |            |            |            |            |           |           | 16        | 16         | 0.40         |
| LMHC/LCSW                                       | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| Dentist   |            |            |            |            |            |           |           | 18        | 18         | 0.45         |
| Dental Assistant                                |            |            |            |            |            |           |           | 18        | 18         | 0.45         |
| <b>Total Hours / FTE - Day</b>                  | <b>136</b> | <b>136</b> | <b>136</b> | <b>136</b> | <b>136</b> | <b>72</b> | <b>72</b> | <b>84</b> | <b>908</b> | <b>22.70</b> |
| EVENING SHIFT                                   |            |            |            |            |            |           |           |           |            |              |
| RN - Charge                                     | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| LPN - Intake                                    | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| LPN - Infirmary/<br>Medication/Sick Call        | 16         | 16         | 16         | 16         | 16         | 16        | 16        |           | 112        | 2.80         |
| LPN - Medication/<br>Annex Facility**           | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| CNA - Special Needs Unit                        | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| <b>Total Hours / FTE - Evening</b>              | <b>48</b>  | <b>48</b>  | <b>48</b>  | <b>48</b>  | <b>48</b>  | <b>48</b> | <b>48</b> | <b>0</b>  | <b>336</b> | <b>8.40</b>  |
| NIGHT SHIFT                                     |            |            |            |            |            |           |           |           |            |              |
| RN - Charge                                     | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| LPN - Intake                                    | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| LPN - Infirmary/Court<br>Medication/Urgent Care | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| CNA - Special Needs Unit                        | 8          | 8          | 8          | 8          | 8          | 8         | 8         |           | 56         | 1.40         |
| <b>Total Hours / FTE - Night</b>                | <b>32</b>  | <b>32</b>  | <b>32</b>  | <b>32</b>  | <b>32</b>  | <b>32</b> | <b>32</b> | <b>0</b>  | <b>224</b> | <b>5.60</b>  |

The parties acknowledge that flexibility in staff location may be necessary should inmate relocation occur

**ATTACHMENT C**  
**AVERAGE HOURLY RATE PER POSTION**

| Position Title                | FTEs  | Hourly Rate |
|-------------------------------|-------|-------------|
| Health Services Administrator | 1.00  | \$40.00     |
| Medical Director              | 1.00  | \$90.00     |
| ARNP                          | 0.80  | \$44.00     |
| Director of Nursing           | 1.00  | \$33.00     |
| RN - Discharge Planner        | 1.00  | \$30.00     |
| RN - Charge                   | 4.20  | \$31.07     |
| RN                            | 1.00  | \$28.00     |
| LPN                           | 15.40 | \$20.06     |
| CNA                           | 5.20  | \$14.33     |
| Medical Records Clerk         | 2.40  | \$11.40     |
| Administrative Assistant      | 1.00  | \$18.00     |
| Psychiatrist                  | 0.40  | \$125.00    |
| LMHC/LCSW                     | 1.40  | \$21.63     |
| Dentist                       | 0.45  | \$70.00     |
| Dental Assistant              | 0.45  | \$17.00     |
| Total                         | 36.70 | N/A         |

**Attachment D**  
**Medical and Office Equipment List**

**PHARMACY:**

| Amount | Item              | ID #                   |
|--------|-------------------|------------------------|
| 1      | Wooden book shelf | MSO- N4718             |
| 1      | Desk chair        | Staff leasing 7825 MSO |
| 1      | Desk              | MSO                    |
| 1      | Refrigerator      | MSO                    |
| 1      | Locked Narc Box   | MSO                    |
| 1      | Humidifier        | MSO                    |

**LAB ROOM:**

| Amount | Item                       | ID #             |
|--------|----------------------------|------------------|
| 1      | Exam table (Welch Allyn)   | MSO              |
| 1      | Wall cabinets for supplies | MSO              |
| 1      | Centrifuge                 | Labcorp*         |
| 1      | Centrifuge                 | Spectra Labs-MSO |
| 1      | Centrifuge                 | BioReference*    |
| 1      | Dialysis chair             | PDA*             |

**RECORDS ROOM:**

| Amount | Item                               | ID #        |
|--------|------------------------------------|-------------|
| 1      | Lg. cork board                     | MSO         |
| 2      | Desk phones                        | MSO         |
| 1      | Dell Computer                      | MSO- N15629 |
| 1      | Wooden computer cart               | MSO- N5024  |
| 1      | 5 drawer metal file cabinet        | MSO- N263   |
| 2      | Office desks                       | MSO         |
| 1      | Blk plastic supply cabinet         | MSO         |
| 1      | 6 tier filing shelf (wall mounted) | MSO         |
| 1      | Brn metal 2 drawer filing cabinet  | MSO         |
| 2      | Tan metal 2 drawer filing cabinets | MSO         |
| 1      | Grey Plastic desk                  | MSO         |

**BREAKROOM:**

| Amount | Item                         | ID #                          |
|--------|------------------------------|-------------------------------|
| 1      | Lg metal supply cabinet      | MSO                           |
| 1      | GE refrigerator              | MSO                           |
| 1      | Dining table/ 8 chairs       | MSO                           |
| 1      | Blk box filing cabinet w/lid | MSO                           |
| 1      | Wooden 5 shelf bookcase      | MSO                           |
| 1      | Metal folding chair          | MSO                           |
| 5      | Wheelchairs                  | MSO                           |
| 1      | Chair                        | MSO                           |
| 2      | Metal supply cabinets        | MSO                           |
| 1      | Cannon Copier                | Corizon contract with Cannon* |
| 10     | Metal Lockers                | MSO                           |
| 4      | Metal Lockers                | MSO                           |

**COUNSEL AND DISCHARGE PLANNER OFFICE**

| Amount | Item                | ID #        |
|--------|---------------------|-------------|
| 1      | Plastic chair       | MSO         |
| 1      | Plastic/metal chair | MSO         |
| 1      | Heier refrigerator  | MSO         |
| 2      | Bulletin boards     | MSO         |
| 1      | Desk chair          | MSO- N8124  |
| 1      | Rolling file cart   | MSO         |
| 1      | Wooden office desk  | MSO         |
| 1      | Desk Chair          | MSO- N3758  |
| 1      | Metal Desk          | MSO - N4720 |
| 1      | Large round table   | MSO         |

**HSA'S OFFICE:**

| Amount | Item                             | ID #      |
|--------|----------------------------------|-----------|
| 1      | 4 drawer metal cabinet           | MSO- N889 |
| 1      | D-Term phone                     | MSO       |
| 1      | Bulletin boards                  | MSO       |
| 1      | Office desk                      | MSO       |
| 1      | Brown chair                      | MSO       |
| 1      | Gray chair                       | MSO       |
| 1      | Desk chair                       | MSO       |
| 1      | Wooden computer desk             | MSO       |
| 1      | Gry plastic printer rolling cart | MSO       |

**DON'S OFFICE:**

| Amount | Item                        | ID #        |
|--------|-----------------------------|-------------|
| 1      | 6 tier wooden bookshelf     | MSO         |
| 2      | 2 drawer metal file cabinet | MSO         |
| 1      | Wooden chair                | MSO         |
| 1      | D-Term phone                | MSO         |
| 1      | Blue chair                  | MSO N-13759 |
| 1      | Gray plastic chair          | 0 - MSO     |
| 1      | Wooden desk                 | MSO N-4996  |

**NURSES/DEPUTIES STATION:**

| Amount | Item                  | ID #                         |
|--------|-----------------------|------------------------------|
| 3      | Desk chairs           | MSO N-13757, 13761, 13758    |
| 1      | Desk chair            | MSO                          |
| 2      | Desk phones           | MSO                          |
| 2      | Desks                 | MSO                          |
| 1      | Plastic chair         | MSO                          |
| 2      | Pencil sharpeners     | Electric/hand operated - MSO |
| 1      | Printer               | MSO- N10168                  |
| 1      | Dell computer/monitor | MSO-N18082                   |
| 1      | Wall cabinet (6)      | MSO                          |
| 1      | Wall/floor cabinet    | 0 - MSO                      |
| 1      | Refrigerator          | 0 - MSO                      |

**EXAM ROOMS:**

| Amount | Item                | ID #       |
|--------|---------------------|------------|
| 1      | Plastic chair       | MSO        |
| 1      | Office desk         | MSO- N4690 |
| 1      | Desk phone          | MSO        |
| 1      | Desk chair          | MSO        |
| 1      | x-ray light machine | MSO        |
| 1      | Exam light          | MSO        |
| 1      | Exam table          | MSO        |
| 2      | Examination lamps   | MSO        |
| 1      | Medasonic           | MSO        |
| 1      | Pocket drop         | 07260-MSO  |
| 1      | Exam table          | MSO        |
| 1      | AED                 | MSO        |



**DENTAL OFFICE:**

| Amount | Item                        | ID #        |
|--------|-----------------------------|-------------|
| 1      | Autoclave                   | MSO N-07301 |
| 1      | 2 tier metal shelf          | MSO         |
| 1      | Office desk                 | MSO         |
| 1      | Gray stool                  | MSO         |
| 1      | Dental chair                | MSO         |
| 1      | Rolling dentist chair       | MSO         |
| 2      | 8 drawer cabinets           | MSO         |
| 1      | x-ray film light            | MSO         |
| 1      | Metal rolling cart          | MSO         |
| 1      | Tan 7 drawer cart           | MSO         |
| 1      | Gray metal 4 drawer cabinet | MSO         |

**I & R:**

| Amount | Item                    | ID#                               |
|--------|-------------------------|-----------------------------------|
| 1      | Metal desk              | MSO                               |
| 1      | Chair                   | MSO- N4861                        |
| 1      | Wooden 6 tier bookshelf | MSO                               |
| 1      | Rolling stool           | MSO                               |
| 1      | Black desk chair        | MSO                               |
| 1      | Gray desk               | MSO                               |
| 1      | Bulletin board          | MSO                               |
| 1      | Communication radio     | MSO                               |
| 1      | Blue Plastic chair      | MSO                               |
| 1      | Oxygen tank             | Suncoast Medical (Corizon acct/)* |
| 1      | Biohazard bin           | MSO                               |

**DOCTOR'S OFFICE:**

| Amount | Item                          | ID# |
|--------|-------------------------------|-----|
| 1      | Office desk                   | MSO |
| 1      | Sm metal desk                 | MSO |
| 1      | 2 drawer metal filing cabinet | MSO |
| 1      | Desk chair                    | MSO |
| 1      | Rolling stool                 | MSO |

**ADMIN. ASST. OFFICE:**

| Amount | Item                              | ID #               |
|--------|-----------------------------------|--------------------|
| 1      | Metal desk                        | MSO                |
| 1      | 3 tiered wooden bookshelf         | MSO- N4710         |
| 1      | 5 drawer metal file cabinet       | MSO- N4715         |
| 1      | Wooden Office desk                | MSO                |
| 1      | Office desk chair                 | Staff Leasing /MSO |
| 1      | Mini Sayno refrigerator           | MSO                |
| 1      | Panasonic desk phone              | MSO                |
| 1      | Wooden Computer stand             | MSO                |
| 1      | 5 drawer blk metal filing cabinet | MSO- N4715         |
| 1      | Desk phone D-Term                 | MSO                |
| 1      | 5 tiered wooden bookshelf         | MSO                |

**STOCKROOM:**

| Amount | Item                         | ID #                              |
|--------|------------------------------|-----------------------------------|
| 2      | Gry plastic 4 tiered shelves | MSO                               |
| 1      | Vision tester                | MSO- N7229                        |
| 1      | Wech Allyn Auto tym          | MSO                               |
| 2      | 5 tiered metal shelves       | MSO                               |
| 1      | Light brn 7 tiered shelf     | MSO                               |
| 1      | Blk 6 tiered shelf           | MSO                               |
| 1      | Gry 5 tiered shelf           | MSO- N4898                        |
| 2      | 4 tiered metal wire shelf    | MSO                               |
| 12     | Sets of crutches             | MSO                               |
| 10     | Oxygen Tanks                 | Suncoast Medical (Corizon acct.)* |
| 1      | Rolling cart – beige 3 tier  | MSO                               |

ANNEX:

| Amount | Item                              | ID #                              |
|--------|-----------------------------------|-----------------------------------|
| 1      | Merits wheelchair                 | MSO- N7278                        |
| 2      | Mini GE refrigerators             | MSO                               |
| 1      | Blk 4 drawer metal filing cabinet | Board of Pub. Asst. 16916 - MSO   |
| 1      | Small wood office desk            | MSO                               |
| 1      | Wooden 7 drawer office desk       | Manatee Co, FL 16201 - MSO        |
| 1      | Brown chair                       | MSO                               |
| 1      | NEC desk phone                    | MSO                               |
| 2      | Desk chairs                       | MSO                               |
| 1      | 4 tiered wooden shelf             | MSO- N9218                        |
| 1      | Blood pressure cuff on wall       | MSO                               |
| 1      | 5 shelf wooden bookshelf          | MSO- N3482                        |
| 1      | Waterboy water machine            | Waterboy (MSO)                    |
| 2      | Metal wall lockers                | MSO                               |
| 1      | Labcorp centrifuge                | Labcorp*                          |
| 1      | Medtronic lifepak defibrillator   | MSO                               |
| 1      | Fire hydrant                      | Buckeye - MSO                     |
| 1      | Sm. 2 drawer office desk          | MSO                               |
| 1      | x-ray light                       | MSO                               |
| 1      | Exam table                        | MSO                               |
| 1      | Stretcher                         | MSO                               |
| 1      | Vanguard V6500 centrifuge         | Labcorp*                          |
| 1      | Labcorp centrifuge                | Labcorp*                          |
| 1      | Refrigerator                      | MSO                               |
| 1      | Wooden 12 tiered shelf            | MSO                               |
| 1      | Wheelchairs                       | MSO                               |
| 1      | Gry rolling stool                 | MSO                               |
| 8      | Sets of crutches                  | MSO                               |
| 1      | 6tier wall filing for charts      | MSO                               |
| 7      | Oxygen tanks                      | Suncoast Medical (Corizon acct.)* |
| 2      | Exam lights                       | MSO                               |
| 1      | Suction Machine                   | MSO                               |

\*scheduled to be picked up by vendor

**ATTACHMENT E**  
**DRUG/ALCOHOL TESTING POLICY AND PROCEDURES**



**Drug/Alcohol Testing Policy and Procedures**

**Armor Correctional Health Services**

4960 SW 72 Avenue, Suite 400  
Miami, Florida 33155

**DRUG/ALCOHOL TESTING POLICY AND PROCEDURES**

Date: September 3, 2008

Updated July 16, 2009 (OK Statute)

Updated May 31, 2011 (NY and GA Statutes)

**Contact Person(s):**

Helisa Suarez and/or Ceron Rawls  
Designated Employer Representative(s)

## **Armor Correctional Health Services DRUG/ALCOHOL TESTING POLICY STATEMENT**

Armor Correctional Health Services ("The Company") recognizes our employees are our greatest asset so a top priority is to provide a healthy and safe workplace. Our goal is to provide the best possible products and services to our customers. Our employees are the key to achieving this goal. It is important every employee of the Company understands the dangers of drug and alcohol abuse and be aware of state and federal requirements concerning substance abuse. This policy and procedures shouldn't be construed as a contract of employment. **The Company reserves the right to depart from this policy and procedures where management deems appropriate; all employees are at will employees.** Except where specifically prohibited by law, management at any time may change the guidelines contained in this document. Employees covered by this policy and procedures will be informed of changes.

### **POLICY OBJECTIVES:**

1. To create and maintain a safe, drug-free working environment for all employees.
2. To encourage any employee with dependence on, or addiction to, alcohol or other drugs to seek help in overcoming the problem.
3. To reduce problems of absenteeism, tardiness, carelessness and/or other unsatisfactory matters related to job performance.
4. To reduce the likelihood of incidents of accidental personal injury and/or damage to patients, co-workers, visitors or property.
5. To comply with contractual obligations of clients and to meet the guidelines found in 49 C.F.R. Part 40, as amended, the Omnibus Transportation Employee Testing Act of 1991, as amended in testing protocol, as practical.
6. To comply as required with the state specific statutory requirements in each state in which we conduct business (see Addendum B).
7. To minimize the likelihood that Company property will be used for illicit drug activities.
8. To protect the reputation of the Company and its employees within the community.

The Company earnestly solicits the understanding and cooperation of all of its employees in the implementation and enforcement of this policy. The Company requires that all employees report to work without any alcohol or illegal or mind-altering substances in their systems. No employee shall report for work or remain on duty when the employee has consumed or is affected by alcohol or any controlled substance, except when the use is pursuant to the instructions of a physician who has advised the employee that the substance does not adversely affect the employee's ability to perform in a safe manner. No employee shall use alcohol while on duty. The Company also prohibits employees using, possessing, manufacturing, distributing or making arrangements to distribute illegal drugs or alcohol while at work or on Company property.

Employees must inform their supervisor/manager, the Company's Designated Employer Representative (DER), or the Company's Medical Review Officer (MRO), when they are

2. Maintain medical records for each inmate booked into the facilities. All original medical records shall physically remain in the correction facility, be maintained pursuant to applicable laws, and be kept separate from inmate confinement records and files. Medical records will be made available to MSO administrative personnel and/or County personnel when required to defend any action, formal or informal by any inmate against the MSO and/or the County. The County and MSO may also consider the acquisition of an electronic medical records system as proposed by Armor at a later date.
3. Provide emergency medical services for inmates needing transfer to treatment facilities.
4. Evaluate all persons entering jail facilities for the presence of alcohol and/or drug intoxication. Promptly treat those requiring medical attention. Provide detoxification services to include medical assessment, counseling and referral services when standards or requirements specify this action to be appropriate. Implement a coordinated mental health response to detoxification that includes monitoring, re-screening, and suicide precautions.
5. Provide intake screening for each inmate. Each individual admitted to the facility will receive an evaluation through the intake screening process with completion of a comprehensive health appraisal of each inmate within 14 days of the inmate's arrival. Referrals to medical, dental, and mental health are initiated based on the findings of the health appraisal. Provide annual health exams and tuberculosis screenings to inmates incarcerated for more than a year, complete preventive health screening test to inmates according to age, sex and health needs, and provide the opportunity for sick call and other medical services on a daily basis according to Specifications and Program Requirements.
6. Provide primary health care to include services to inmates recently released from hospital, or those in need of convalescent care and preventive maintenance. Coordinate/consult with community primary care providers to ensure continuity of care upon inmate release.
7. Provide all specialty medical services as required by American Correctional Association (ACA), Florida Model Jail Standards (FMJS), and Florida Correctional Accreditation Commission (FCAC) or requirements, including medical care, supervision, housing and resources to inmates with special health needs.
8. Provide a full scope of laboratory services at the correctional complex. Services to include specimen collection (blood draws, oral swabs etc.) from inmates, or other persons presenting for such services to satisfy

certain orders of the court to meet the requirements of F.S. 796.08 (Prostitution Screenings and HIV Screenings), F.S. 943.325 (DNA Database) and/or F.S. 960.003 (Victim Notification of Results), and F.S. 943.325 (Comparative Analysis). Provide all equipment necessary to draw and submit specimens to the laboratory, including centrifuges and locked refrigerated specimen containers. All specimens will be collected in accordance with accepted laboratory standards, and be properly stored and labeled prior to being sent out for processing.

9. Appoint a Director of Medical Services who shall have medical and administrative responsibility on a twenty-four (24) hour basis, with availability by the Director or someone of comparable training and experience for consultation and immediate on-site services, as well as case management for inmates receiving offsite care. The Director of Medical Services shall be an M.D. or D.O. licensed in the State of Florida.
10. Provide an on-site Health Services Administrator (HSA) to oversee Provider's medical services staff and to be available to answer questions of correction staff a minimum of 5 days per week, 8 hours/day. Position will oversee the operations of the Health Care Unit. The HSA shall be responsible for effectively and efficiently managing the overall health care delivery as specified by Armor, County and MSO. The HSA will also be responsible for staff recruitment, data gathering, financial monitoring, policy and procedures development and review, contracts, health record keeping, and other management services.

The HSA shall coordinate the management of the Health Care Unit, with the clinical supervision and responsibilities of the Medical Director, discuss issues of a complex or unusual clinical nature involving patient management or of MSO policy significance with the Medical Director and inform the MSO of any relevant outcome.

The HSA shall consult and meet with the County's Contract Manager (s) on a regular basis regarding health services contract performance.

11. Establish procedures and policies for the provision of medical services and treatment in accordance with Armor's submitted Request for Proposal, Specifications and Program Requirements and Corrections Operating Procedures.
12. Supervise and direct the activities of all health care providers concerning inmate medical services.
13. Establish policies and procedures to ensure compliance with those requirements/standards, identified in this Agreement, and to ensure adequate staffing and preparation for any review/accreditation activities.



At a minimum of once per year, provide staff to conduct a review/audit to prepare for accreditation.

14. Establish policies and procedures to ensure adequate staffing and preparation for increased numbers of inmate admissions, primarily due to law enforcement "sweeps" activities.
15. Establish policies and procedures to ensure provision of certain medical services, as applicable, through subcontract or other negotiated arrangement by other medical specialty providers. Develop procedures for use of telemedicine with outside community providers.
16. Establish policies and procedures for continuity of health care coordination/discharge planning and provide a specifically assigned staff person to provide these activities. Coordination will target inmates with chronic or ongoing health concerns, and will be provided during inmate incarceration and offered upon their release from custody. These activities will include: the identification, arrangement and coordination of community-based health care and human services required/requested by inmates; outreach to community health care and human services providers; scheduling of one follow-up medical appointment in the community with each provider as needed; provision of a minimum three (3) day supply of medications as required at release; and participation in community initiatives as applicable. Contact shall be made with each community provider to determine if appointment was kept by released inmate, and to assist on a short-term basis with other necessary case management coordination.

For inmates receiving continuing medical services for chronic conditions, prepare a summary of the care and treatment plan (A Health Care Passport). The document is given to the patient on release or transmitted (with patient consent) to the appropriate community provider. Information includes diagnosis, treatment summary, contact information for the community provider, and medications. On a monthly basis, provide a list to the County of inmates with a community appointment scheduled upon release. Document follow-up as to whether or not appointment was kept.

17. Establish policies and procedures to ensure service provision to inmates with psychiatric conditions, severe substance abuse conditions or with a dual diagnosis of both, whose behavior may be disruptive or harmful to themselves, other inmates or to staff.
18. Determine with County and MSO the viability of establishing policies and procedures to utilize nursing students, interns or hospital residents, as part of their medical training at local educational facilities, in the provision of health care services to inmates.

19. Provide a Utilization Review and Case Management Program designed to manage the provision of services to avoid unnecessary off site travel and to insure that appropriate consultations and off site services are provided. Include use of hospital-ist and nurse liaison for on-site hospital visits to reduce utilization. Prepare transfers summaries to accompany patients in movement from one facility to another and when referred offsite for care.
20. Integrate community agencies to provide in-jail services, and to promote continuity of care upon inmate release.

B. Psychiatric Services

1. Provide necessary, adequate, and responsible psychiatric and counseling services for inmates and establish procedures and policies related to services which provide for the detection, diagnosis, treatment, and referral of inmates with mental health problems. Provide comprehensive mental health services that focus on suicide and self-injury prevention, and psychotropic medication management.
2. Provide necessary support personnel. Provide mental health orientation and training to all health providers to ensure all staff collaborates on the development and implementation of an individualized treatment plan for inmates receiving mental health services.
3. Monitor services of support personnel.
4. Provide continuity of care within the community.
5. Provide and supervise staff (psychiatrists and support staff) necessary to provide Psychiatric Services on a twenty-four (24) hour per day basis, whether in attendance or on call, with availability for consultation and prompt on-site services, as well as case management for inmates receiving offsite care.
6. Appoint a Director of Psychiatric Services who shall have medical administrative responsibility for providing services as set forth under this scope of services.

C. Dental Services

1. Perform dental screening and examinations as applicable to each accreditation standard. Provide oral hygiene instruction and dental health education to each inmate.
2. Provide emergency dental treatment.

3. Provide dental/oral surgery services to include:
  - a. Dental examinations;
  - b. Treatment of pain;
  - c. Removal of teeth;
  - d. Incision and drainage;
  - e. Fillings;
  - f. Repair lacerations;
  - g. Treatment of trauma cases and emergency care; and
  - h. Restorations or dentures when required.
  - i. Provide all dental prosthetics, and lab services.
4. Provide maxillofacial surgery services when required by standards or requirements.
5. Maintain dental records.
6. Provide and supervise staff (dentists, dental surgeons and support staff) necessary to provide services.
7. Supervise and direct the activities of support personnel.
8. Appoint a Director of Dental/Oral Surgery Services who shall have medical and administrative responsibility for providing the services as required by standards or requirements on a twenty-four (24) hour basis, whether in attendance or on call, with availability for consultation and prompt on-site services, as well as case management for inmates receiving offsite care.
9. Establish procedures and policies related to dental/oral surgery services and treatment.

D. Pharmacy Services

1. Provide a certified pharmacist to the institutions in accordance with the Department of Professional Regulation, Board of Pharmacy Rule 64B16-27.4 1001 Florida Administrative Code (Practice of Pharmacy).
  - a. Establish a Policy and Procedures Manual for the safe handling and controlling of medications in the institutions in accordance with Rule 64B16-27.1001 FAC (Practice of Pharmacy).
  - b. Handle all communications with the State Board of Pharmacy concerning changes in Policies and Procedures and obtain approval from such body.

2. Develop and maintain a specific drug formulary and insure that the Policies and Procedures Manual contains definite information as to drugs and strengths. Determine specific controlled substances to be stocked to accommodate the treatment objectives.
3. Insure that a "Proof-of-Use" record sheets are maintained for all Schedule II, III, and IV Controlled Substances.
4. Insure that drugs are properly labeled and stored securely, consistent with the requirements necessary for control, and meet all State regulatory requirements. Develop policies and procedures for the removal and disposal of any outdated, unneeded or surplus medication.
5. Insure that perpetual inventory records are maintained for all controlled substances and medications and that all medications are administered to inmates by qualified medical staff according to the directive of a designated physician.
6. Regularly perform on-site inspections and reviews not less than once per month. Maintain records of such inspections and reviews signed by the Pharmacist for a period of not less than two (2) years.
7. Provide staff and supervision necessary to provide Pharmacy Services.
8. Provide necessary equipment, forms, supplies, and pharmaceuticals related to providing Pharmacy Services.
9. Maintain sufficient supplies of all medications in order to ensure that patients receive their medications on a timely basis. Implement procedures for emergency prescriptions and STAT orders.

Implement a report library and develop a standard report to be used for prescriber monitoring, utilization management, trend analysis and detailed order information.

E. Office Space, Utilities

Armor has indicated that office space, facilities (including telephones) and office furniture necessary to render services, as well as utilities is sufficient to perform its obligations.

F. Telephone Service

Toll free phone and toll free fax service will be provided at no cost to Armor. Language line charges and long distance charges for telephone and fax services will be the responsibility of Armor.

G. Transportation of Inmates

Armor shall coordinate non-emergency transportation of inmates, in need of necessary medical services at locations with MSO who shall provide such transportation.

H. Biomedical Waste

MSO shall maintain a separate agreement for bio-medical waste disposal services. Armor shall provide all biomedical waste sharps containers used by Armor or Armor subcontractors.

I. Attire

Armor personnel shall be dressed in attire approved by the MSO while providing services in the facility.

J. Access to Records

Armor shall have reasonable access to inmate records and property, as necessary, to enable Provider to appropriately invoice for services rendered. MSO/County shall have the complete and unlimited right to access any and all information related to the services provided under this Agreement, in whatever form maintained by Armor, which may be needed to insure compliance with contract terms and conditions, and to monitor contract. This provision shall not apply to information maintained by Armor that is protected by peer review or attorney-client privilege.

K. Housekeeping Duties

Heavy cleaning duties in the infirmary, to include floors, bathrooms, showers, etc., shall be the responsibility of MSO staff. Armor shall be responsible for maintaining supplies in an orderly fashion and maintaining cleanliness of counter and work areas.

legitimately taking medication, which may affect their ability to work, in order to avoid creating safety problems and violating this Drug/Alcohol Testing Policy.

#### ENFORCEMENT

In order to enforce these rules, the Company reserves the right to require all employees (defined in its broadest sense as anyone working directly or indirectly on Company property) to submit, at any time an employee is on duty for Company or at any time an employee may normally be called to be on duty for Company, to drug test to determine the presence of prohibited substances. An MRO-verified positive test, an adulterated/substituted test, or any other violation of Company policy may result in discipline, including and up to discharge. Any employee refusing to provide a sample for testing will be deemed to have tested positive and will be subject to corrective action up to and including termination. If the Company decides to retain an employee following a violation, that decision will be contingent upon the employee completing a course of action determined by a Company-approved Substance Abuse Professional (SAP).

Pursuant to Company policy and regulations, final applicant testing may be required. All current employees may be required to undergo testing at scheduled employee fitness for duty medical examinations, where the Company has reasonable suspicion to believe an employee has violated its Drug/Alcohol Testing Policy, and on a random basis without advance notice. The Company may require an employee involved in any accident resulting in an on-the-job injury or loss of work time, to undergo alcohol screening within two (2) hours, but no longer than eight (8) hours with written documentation as to the reason for delay, and laboratory-based urinalysis drug screening within 32 hours of the occurrence of the accident. The Company will discipline any employee who fails to report an accident or submit to substance screening where required by law or this policy. Employees who return to work following rehabilitation, from voluntary referral, administrative channels or policy violations, will be required to undergo return to duty/follow up testing in addition to the general Company testing requirements. Refusal to cooperate with Annon Correctional Health Services in any test investigation will result in discipline, including discharge. Any questions should be directed to the DER.

My signature indicates I have read the Drug and Alcohol Testing Policy Statement and fully understand its contents. I have also had the opportunity to review the associated procedures. I agree to hold harmless the Company and its agents from any liability arising in whole or in part from the implementation and enforcement of this policy. I acknowledge that my signing of this policy is a voluntary act on my part and affirm I have not been coerced by anyone to sign this document.

---

Applicant or Employee (print and then sign)

Date

---

Witness (print and then sign)

Date

**Armor Correctional Health Services  
DRUG/ALCOHOL TESTING POLICY  
CONSENT/RELEASE FORM**

I, \_\_\_\_\_, do hereby give my consent to Armor Correctional Health Services to collect a urine, breath, hair, saliva and/or blood sample from me, and I further give my consent to the Company to forward the sample(s) to the testing laboratory for its performance of appropriate tests thereon to identify the presence of drugs and/or alcohol. I also give the laboratory my permission to release the results of such tests to the Company's Medical Review Officer (MRO). I have read the Drug/Alcohol Testing Policy and agree to abide by the Company's Drug/Alcohol Testing Policy rules. I agree to submit to drug or alcohol tests at any time as a condition for my initial or continued employment. I authorize any laboratory or medical provider to release test results to Armor Correctional Health Services and its MRO. I authorize the MRO to release final test results to the Company for the time period stated. This consent shall remain in effect until five years after my employment terminates.

Without limiting the authorizations stated above, I also expressly authorize the Company or its MRO to release any test-related information, including positive results:

- (a) As directed by my specific, written consent authorizing release of the information to an identified person.
- (b) To a subsequent employer upon receipt of a written request from me expressly authorized by the terms of my written request.
- (c) To my decision maker in a lawsuit, grievance, or other proceeding initiated by me or on my behalf.
- (d) To other agencies including, but not limited to, worker's compensation, unemployment compensation, or other proceeding relating to a benefit sought by me.
- (e) As may be required by any subpoena, court order, or other judicial process.

I understand that this document in no way limits my right to terminate my employment or be terminated and that my employment is on an "at will" basis.

I understand it is my responsibility to provide the Company, doctor, hospital, clinic and/or any associated agency with information pertinent to this policy. This includes any medication and/or drugs, legal or illegal, prescription or non-prescription taken now or in the future.

My signature indicates I understand the refusal to submit to testing or a positive test result will affect my initial or continued employment and result in disciplinary action as described in the Company's Drug/Alcohol Testing Policy/Procedures. I also understand that it is not the purpose of this policy/procedure or test to identify any disability I may have.

\_\_\_\_\_  
Applicant or Employee (print and then sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (print and then sign)

\_\_\_\_\_  
Date

I understand that copies of this original shall have the same force and effect as the original.

## **Armor Correctional Health Services DRUG/ALCOHOL TESTING PROCEDURES**

### **I. General Policy**

Practical experience and research has proven that even small quantities of illegal and controlled substances or alcohol can impair judgment and reflexes. Even when not readily apparent, this impairment can have serious results, particularly for employees operating vehicles or potentially dangerous equipment. Drug-using employees are a threat to co-workers, the public, and themselves, and may make costly errors. For these reasons, Armor Correctional Health Services has adopted a policy that all employees must report to work completely free from the effects of alcohol and/or the presence of drugs, unless used as prescribed by a physician. This policy will be enforced to provide a safe workplace for all employees, and protect our patients. Employees should understand that a positive drug or alcohol test is not a necessary prerequisite to discipline if this policy or any other work rule has been violated.

### **II. Drug Use/Distribution/Impairment/Possession**

All employees are prohibited from using, possessing, distributing, manufacturing, or having controlled or illegal substances, abused prescription drugs, inhalants or any other mind altering or intoxicating substances while at work or on duty. All employees are prohibited from having controlled or illegal substances, inhalants or any other prescription drugs in amounts greater than prescribed.

### **III. Alcohol Use/Possession/Impairment**

All employees are prohibited from possessing, drinking or being impaired or intoxicated by alcohol while at work or on duty.

A Breath Alcohol Concentration (BrAC) of .04 will be accepted as presumptive evidence of violation of this policy. Additionally, employees with a BrAC of .02-.039 will be relieved of their duties for a period of no less than 24 hours and must test negative prior to reinstatement. Evidential breath testing devices (EBTs) on the National Traffic Highway Safety Administration Conforming Products List will normally be used to determine BrAC.

### **IV. Off-Duty Conduct**

Off-the-job use of drugs, alcohol or any prohibited substances, including inhalants, which results in impaired work performance, including, but not limited to, absenteeism, tardiness, poor work product, or harm to the Company's image or relationship within the community is prohibited. Employees should realize that these regulations prohibit all illicit drug use--on and off duty.



## **V. Prescription Medications**

The proper use of medication prescribed by a physician is not prohibited; however, the Company prohibits the misuse of prescribed (or over the counter) medications and requires all employees using drugs at the direction of a physician to notify the Company's Designated Employer Representative (DER), alternate DER, or the Company's Medical Review Officer.

## **VI. Substance Screening**

### **A. Applicants (Pre-Employment/Initial)**

The Company reserves the right to conduct substance screening for all final applicants. Such testing may be required either alone or as part of a pre-employment physical examination. Applicants are required to sign a consent/release form before submitting to screening. Applicants will be disqualified for hire if they test positive for drugs or adulterants, refuse to submit to a test, or refuse to execute the required consent/release form.

### **B. All Current Employees**

#### **1. Reasonable Suspicion**

All employees may be required to submit to screening whenever a supervisor observes circumstances which provide reasonable suspicion to believe an employee has used alcohol or a controlled substance or has otherwise violated the Company's drug and alcohol policy. The determination that reasonable suspicion exists to require the employee to undergo an alcohol and drug test must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee.

The supervisor/manager requesting testing shall prepare and sign written documents explaining the circumstances and evidence upon which they relied within 24 hours of the testing, or before the results of the tests are released, whichever is earlier. While one supervisor/manager may request a reasonable suspicion test, when feasible, supervisors/managers are encouraged to obtain a second supervisor/manager as a witness.

#### **2. Random Testing (Fitness-for-Duty)**

The Company may conduct random unannounced drug and alcohol screening of all employees. Tests of employees for illicit drugs may be conducted for drugs and/or alcohol--without advance notice--in any given 12 month period. There will be no maximum number of samples that any one individual will be required to provide during the testing schedule. The list of employees in the random pool will be updated on an as needed basis. Employees may be required to report to the Company's designated collection site for testing immediately following notification.

#### **3. Post Accident Testing**

Employees are required to immediately notify the supervisor/manager of any accident resulting in bodily injury to the employee or another person, or damage to Company property.

In accordance with Company policy, the Company may require an employee involved in any accident resulting in an on-the-job injury or fatality, damage to property or loss of work

time, to undergo alcohol screening within two (2) hours, but no longer than eight (8) hours with written documentation as to the reason for delay, and laboratory-based urinalysis drug screening within 32 hours of the occurrence of the accident. The Company will discipline any employee who fails to report an accident or submit to substance screening where required by law or this policy. The supervisor/manager shall complete any/all reports necessary in compliance with Company policy and applicable laws and regulations.

State regulations may deny workers compensation benefits and/or unemployment benefits to employees that are intoxicated from the use of alcohol or impaired by drugs, if the intoxication or impairment caused or contributed to an accident.

#### **4. Return to Duty/Follow up Testing (Post-Rehabilitation)**

All employees referred for rehabilitation through self referral, administrative channels, or suspended for violation of this policy, will be subject to unannounced drug and/or alcohol testing following return to duty for up to 60 months after returning to work and for no less than one test per year for a two-year period.

Such employees shall be tested at the frequency stipulated in the Return-to-Duty Agreement and/or as scheduled by the Substance Abuse Professional (SAP). Testing will be on a daily, weekly, monthly or longer basis at the discretion of the SAP and will be in addition to the other types of tests provided in this policy.

#### **5. Recertification Physical Examinations**

All employees may be required to undergo urinalysis and breath alcohol testing as part of a recertification physical examination.

### **C. Testing Procedures**

#### **1. General Guidelines**

The Company and its lab shall rely on the guidance of the federal Department of Transportation, Procedures For Transportation Workplace Drug Testing Programs, 49 C.F.R. Parts 40, as amended, and on the further guidance of the Omnibus Transportation Employee Testing Act provided in 49 C.F.R. Parts 382, 391, 392 and 395, as amended, and the state specific statutes set forth on pages 1 and 2 of this policy and procedures. Relative to the protocols for determining dilute, substituted or adulterated specimens, the Company will rely on the guidance issued by the Substance Abuse and Mental Health Service Administration in its program documents related to this issue.

#### **2. Substances Tested For**

Employees may be tested for amphetamines, cannabinoids, cocaine, opiates, phencyclidine, barbiturates, benzodiazepines, methadone, methaqualone, propoxyphene, and alcohol. The Company reserves the right to test for additional controlled substances. Testing for alcohol will be conducted subject to the Omnibus Transportation Employee Testing Act of 1991, as amended and 49 CFR Part 40, as amended.

**FIRST AMENDMENT TO HEALTH SERVICES AGREEMENT BETWEEN BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA, SHERIFF W. BRAD STEUBE, AND ARMOR CORRECTIONAL HEALTH SERVICES**

This is the First Amendment to the Health Services Agreement between the **BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA** (the "County"), and **SHERIFF W. BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the "MSO") and **ARMOR CORRECTIONAL HEALTH SERVICES, INC.** ("Armor"), for correctional healthcare services is dated for reference purposes as November 15, 2013. The County, MSO, and Armor are collectively referred to herein as the "Parties."

**WHEREAS**, the Parties executed a Health Services Agreement with a commencement date of October 1, 2012, ("Agreement"), in which Armor contracted to provide certain medical services to be delivered to inmates housed at the Manatee County Correctional Center; and

**WHEREAS**, the Agreement did not initially provide for any staffing requirements in the Annex facility which is part of the Manatee County Correctional Center; and

**WHEREAS**, the County has initiated an energy savings renovations/improvement program for various County facilities including the Manatee County Correctional Center; and

**WHEREAS**, when these energy savings renovations/improvements are performed by County contractor's to inmate pods in the Manatee County Correctional Center the impacted inmate population will be transferred to the Annex elevating security and safety issues; and

**WHEREAS**, these inmates relocated to the Annex will require medical services, the Parties wish to staff the Annex by establishing full time employees ("FTEs") at salary rates stated in the original agreement; and

**WHEREAS**, Article 20 of the Agreement requires all amendments to be in writing and signed by the Parties.

**NOW, THEREFORE**, in consideration of the mutual covenants contained in the Agreement herein and it is agreed upon as follows:

1. This First Amendment is effective as of November 12, 2013.
2. As of the effective date of the Amendment the total number of FTEs staffed in the Annex by Armor shall be established at 4.2 FTEs (LPNs). A copy of this staffing schedule for the Annex is attached hereto and incorporated herein as Exhibit A.
3. As consideration of the FTEs in the Annex, the County shall pay Armor an additional pro-rated monthly amount not to exceed Fifteen Thousand Two Hundred Fifty Two and Five Cents (\$15,252.05) for November 2013 during the Second Initial Contract Year.
4. As consideration of the FTEs in the Annex, the County shall pay Armor an additional monthly amount not to exceed Twenty Four Thousand Four Hundred Sixteen and Sixty Seven Cents (\$24,416.67) during the Second Initial Contract Year.
5. As consideration of the FTEs in the Annex, the County shall pay Armor an additional monthly amount not to exceed Twenty Four Thousand Nine Hundred Fifty and Six Cents (\$24,950.06) during the Third Initial Contract Year.
6. Annex payments are stated below and will be included with payments stated in Section 2(B) and Section 2(C) of the Agreement:

**Section 2(B):**

**Annex Payments**

- i. Pro-Rated monthly payment November 12, 2013 –  
November 30, 2013 \$15,252.05;
- ii. Payment Due for each month from December 2013

through and including, September 2014:  
\$24,416.67 and shall not exceed Two Hundred  
Fifty Nine Thousand Four Hundred Eighteen  
Dollars and Seventy Two Cents (\$259,418.72)

**Section 2(C)**

**Annex Payments**

- i. Payment Due for each month from October 2014  
through and including, September 2015:  
\$24,950.06 and shall not exceed Two Hundred  
Ninety Nine Thousand Three Hundred Ninety Eight  
Dollars and Sixty Seven Cents (\$299,398.67)

7. The supplemental payments set forth in Sections 2(B) and 2(C) above shall cease on the date the County certifies in writing to Armor that the jail renovations are complete and that the Annex will no longer be required to be used for regular inmate housing.

8. Except as amended by this First Amendment, all other terms of the Agreement shall continue in full force and effect, and the Parties hereby ratify and confirm the Agreement, as amended herein.

9. In the event of any conflict between the terms and conditions of the Agreement and the terms and conditions of this First Amendment, this First Amendment shall control.

IN WITNESS WHEREOF, the Parties, by their authorized signatures below, have executed this First Amendment to the Agreement.

ARMOR CORRECTIONAL HEALTH  
SERVICES

BY: Lewis R. Hays  
PRINT NAME: Lewis R. Hays  
TITLE: R. U. P.

BY: W. B. Steube

W. Brad Steube, Sheriff  
Manatee County, Florida

APPROVED, with a quorum present and voting this 11 day of March 2014.

COUNTY OF MANATEE

BY: Melissa M. Wendel

Melissa M. Wendel, CPPO;  
Purchasing Official

# EXHIBIT "A"

| PROPOSED MANATEE STAFFING   |        |         |           |          |        |          |        |      |         |     |
|-----------------------------|--------|---------|-----------|----------|--------|----------|--------|------|---------|-----|
| POSITION                    | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | TSS* | Hrs/ Wk | FTE |
| DAY SHIFT                   |        |         |           |          |        |          |        |      |         |     |
| LPN-Annex Facility          | 8      | 8       | 8         | 8        | 8      | 8        | 8      |      | 64      | 1.3 |
| Total Hours / FTE - Day     | 8      | 8       | 8         | 8        | 8      | 8        | 8      | 0    | 64      | 1.3 |
| EVENING SHIFT               |        |         |           |          |        |          |        |      |         |     |
| LPN-Annex Facility          | 8      | 8       | 8         | 8        | 8      | 8        | 8      |      | 64      | 1.3 |
| Total Hours / FTE - Evening | 8      | 8       | 8         | 8        | 8      | 8        | 8      | 0    | 64      | 1.3 |
| NIGHT SHIFT                 |        |         |           |          |        |          |        |      |         |     |
| LPN-Annex Facility          | 8      | 8       | 8         | 8        | 8      | 8        | 8      |      | 64      | 1.3 |
| Total Hours / FTE - Night   | 8      | 8       | 8         | 8        | 8      | 8        | 8      | 0    | 64      | 1.3 |
| Total Hours / FTE           | 24     | 24      | 24        | 24       | 24     | 24       | 24     | 0    | 192     | 3.9 |

**SECOND AMENDMENT TO HEALTH SERVICES AGREEMENT BETWEEN BOARD  
OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA, SHERIFF  
W. BRAD STEUBE, AND ARMOR CORRECTIONAL HEALTH SERVICES**

This is the Second Amendment to the Health Services Agreement between the **BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA** (the "County"), and **SHERIFF W. BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the "MSO") and **ARMOR CORRECTIONAL HEALTH SERVICES, INC.** ("Armor"), for correctional healthcare services is dated for references as October 1, 2015. The County, MSO, and Armor are collectively referred to herein as the "Parties."

WHEREAS, the Parties executed a Health Services Agreement with a commencement date of October 1, 2012 ("Agreement"), in which Armor contracted to provide certain medical services to be delivered to inmates housed at the Manatee County Correctional Center; and

WHEREAS, the Parties executed a First Amendment to the Health Services Agreement to include additional full time employees in the Correctional Center Annex with a commencement date of November 1, 2013 to September 30, 2015 unless otherwise terminated as provided in the Agreement; and

WHEREAS, Article 1, Paragraph B of the Agreement provides for mutual consent to extend the effectiveness of the Agreement for four (4) additional one (1) year; and

WHEREAS, the COUNTY and MSO have determined the need to extend the Agreement for one (1) year commencing October 1, 2015 and continue in full force and effect through September 30, 2016; and

WHEREAS, Article 20 of the Agreement requires all amendments to be in writing and signed by the Parties.

NOW, THEREFORE, in consideration of the mutual covenants contained in the Agreement here and it is agreed upon as follows:

1. This Second Amendment is effective as of October 1, 2015 and continues in full force and effect through September 30, 2016 unless otherwise terminated as provided in the Agreement.



2. During the fourth contract year the base price shall be \$5,389,430.37. The base price includes \$308,380.63 (monthly \$25,698.39) for the Annex staff, should the Annex requirement cease the amount due will be reduced accordingly.
3. Except as amended by this Second Amendment, all other terms of the Agreement and First Amendment continue in full force and effect, and the Parties hereby ratify and confirm the Agreement as amended herein.
4. In the event of any conflict between the terms and conditions of the Agreement, First Amendment and the terms and conditions of the Second Amendment, the Second Amendment shall control.

IN WITNESS WHEREOF, the Parties, by their authorized signatures below, have executed this Second Amendment to the Agreement.

**ARMOR CORRECTIONAL HEALTH SERVICES**

By: 

Print Name: Bruce Ten

Title: CEO

Date: 10/1/15

By: 

W. Brad Steube, Sheriff  
Manatee County, Florida

APPROVED, with quorum present and voting this 20<sup>th</sup> day of October 2015.

**COUNTY OF MANATEE**

By: 

Melissa M. Wendel, CPPO  
Purchasing Official

Date: 10-20-2015

**THIRD AMENDMENT TO HEALTH SERVICES AGREEMENT BETWEEN BOARD  
OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA, SHERIFF  
W. BRAD STEUBE, AND ARMOR CORRECTIONAL HEALTH SERVICES**

This is the Third Amendment to the Health Services Agreement between the **BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA** (the "County"), and **SHERIFF W. BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the "MSO") and **ARMOR CORRECTIONAL HEALTH SERVICES, INC.** ("Armor"), for correctional healthcare services is dated for references as October 1, 2015. The County, MSO, and Armor are collectively referred to herein as the "Parties."

WHEREAS, the Parties executed a Health Services Agreement with a commencement date of October 1, 2012 ("Agreement"), in which Armor contracted to provide certain medical services to be delivered to inmates housed at the Manatee County Correctional Center; and

WHEREAS, the Parties executed a First Amendment to the Health Services Agreement to include additional full time employees in the Correctional Center Annex with a commencement date of November 1, 2013 to September 30, 2015 unless otherwise terminated as provided in the Agreement; and

WHEREAS, the Parties executed a Second Amendment to the Health Services Agreement commence date of October 1, 2015 and continues in full force and effect through September 30, 2016 unless otherwise terminated as provided in the Agreement.

WHEREAS, the Parties have determined the need for a revised medical staffing plan meeting the requirements of the Manatee County Correctional Center at no additional cost is required; and

WHEREAS, Article 20 of the Agreement requires all amendments to be in writing and signed by the Parties.

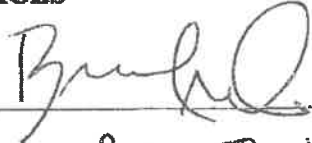
NOW, THEREFORE, in consideration of the mutual covenants contained in the Agreement here and it is agreed upon as follows:

1. This Third Amendment is effective as of November 6, 2015 and continues in full force and effect through September 30, 2016 unless otherwise terminated as provided in the Agreement.

2. A revised Attachment B, Total Staffing by Shift and Roll-Up (Commencing November 6, 2015) to the Health Services Agreement is provided as part of this Third Amendment.
3. Armor agrees to waive the additional staffing cost totaling \$143,947 to the County in exchange for a waiver of staff penalties during the months of November and December 2015 allowing Armor to hire new staff and to acclimate to a new twelve (12) hour shift. Given the revisions in Attachment B are uncompensated, staffing penalties will continue to be based on the staffing matrix included in the original agreement of 36.7 FTE's in Attachment B plus the First Amendment which increased staffing for 4.2 LPN's as reflected in Attachment B.
4. Except as amended by this Third Amendment, all other terms of the Agreement, First and Second Amendments continue in full force and effect, and the Parties hereby ratify and confirm the Agreement as amended herein.
5. In the event of any conflict between the terms and conditions of the Agreement, First and Second Amendment and the terms and conditions of the Third Amendment, the Third Amendment shall control.

IN WITNESS WHEREOF, the Parties, by their authorized signatures below, have executed this Third Amendment to the Agreement.

**ARMOR CORRECTIONAL HEALTH SERVICES**

By: 

Print Name: Bruce Tesl

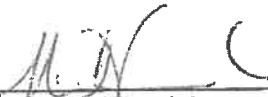
Title: CEO

Date: 12/7/2015

By: 

W. Brad Steube, Sheriff  
Manatee County, Florida

**COUNTY OF MANATEE**

By: 

Melissa M. Wendel, CPPO  
Purchasing Official

Date: 12/11/2015

**Manatee County Sheriff's Office**

**DAY SHIFT**

| POSITION                        | Monday     | Tuesday    | Wednesday  | Thursday   | Friday     | Saturday   | Sunday     | TBS*      | Hrs/ Wk      | FTE          |
|---------------------------------|------------|------------|------------|------------|------------|------------|------------|-----------|--------------|--------------|
| Health Services Administrator   | 8          | 8          | 8          | 8          | 8          |            |            |           | 40           | 1.00         |
| Medical Director                | 8          | 8          | 8          | 8          | 8          |            |            |           | 40           | 1.00         |
| ARNP                            |            |            |            |            |            |            |            | 32        | 32           | 0.80         |
| Director of Nursing             | 8          | 8          | 8          | 8          | 8          |            |            |           | 40           | 1.00         |
| RN - Discharge Planner          | 8          | 8          | 8          | 8          | 8          |            |            |           | 40           | 1.00         |
| RN - Charge                     | 12         | 12         | 12         | 12         | 12         | 12         | 12         |           | 84           | 2.10         |
| RN - History and Physicals      | 8          | 8          | 8          | 8          | 8          |            |            |           | 40           | 1.00         |
| Booking RN                      | 0          | 0          | 0          | 0          | 0          | 12         | 12         |           | 24           | 0.60         |
| LPN - Intake                    | 12         | 12         | 12         | 12         | 12         | 12         | 12         |           | 84           | 2.10         |
| LPN - Infirmary                 | 12         | 12         | 12         | 12         | 12         | 12         | 12         |           | 84           | 2.10         |
| LPN - Medication/Sick Call      | 24         | 24         | 24         | 24         | 24         | 24         | 24         |           | 168          | 4.20         |
| LPN - Medication/Annex Facility | 12         | 12         | 12         | 12         | 12         | 12         | 12         |           | 84           | 2.10         |
| Medical Assistant/Phlebotomist  | 8          | 8          | 8          | 8          | 8          |            |            |           | 40           | 1.00         |
|                                 | 0          | 0          | 0          | 0          | 0          | 0          | 0          |           | 0            | 0.00         |
| Medical Records Clerk           | 16         | 16         | 16         | 16         | 16         | 8          | 8          |           | 96           | 2.40         |
| Administrative Assistant        | 8          | 8          | 8          | 8          | 8          |            |            |           | 40           | 1.00         |
| Psychiatrist                    |            |            |            |            |            |            |            | 16        | 16           | 0.40         |
| LMHCA/CSW                       | 8          | 8          | 8          | 8          | 8          | 8          | 8          |           | 56           | 1.40         |
| Dentist                         |            |            |            |            |            |            |            | 16        | 16           | 0.40         |
| Dental Assistant                |            |            |            |            |            |            |            | 16        | 16           | 0.40         |
| <b>Total Hours / FTE - Day</b>  | <b>182</b> | <b>182</b> | <b>182</b> | <b>182</b> | <b>182</b> | <b>180</b> | <b>180</b> | <b>84</b> | <b>1,824</b> | <b>28.10</b> |

**EVENING SHIFT**

| POSITION                             | Monday    | Tuesday   | Wednesday | Thursday  | Friday    | Saturday  | Sunday    | TBS*     | Hrs/ Wk    | FTE         |
|--------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|------------|-------------|
| RN - Charge                          |           |           |           |           |           |           |           |          | 0          | 0.00        |
| LPN - Intake                         |           |           |           |           |           |           |           |          | 0          | 0.00        |
| LPN - Infirmary/Medication/Sick Call | 24        | 24        | 24        | 24        | 24        | 24        | 24        |          | 168        | 4.20        |
| LPN - Medication/Annex Facility      |           |           |           |           |           |           |           |          | 0          | 0.00        |
|                                      |           |           |           |           |           |           |           |          | 0          | 0.00        |
| <b>Total Hours / FTE - Evening</b>   | <b>24</b> | <b>24</b> | <b>24</b> | <b>24</b> | <b>24</b> | <b>24</b> | <b>24</b> | <b>0</b> | <b>168</b> | <b>4.20</b> |

**NIGHT SHIFT**

| POSITION                                     | Monday     | Tuesday    | Wednesday  | Thursday   | Friday     | Saturday   | Sunday     | TBS*      | Hrs/ Wk      | FTE          |
|--|------------|------------|------------|------------|------------|------------|------------|-----------|--------------|--------------|
| RN Charge&Booking                            | 24         | 24         | 24         | 24         | 24         | 24         | 24         |           | 168          | 4.20         |
| LPN - Intake                                 | 12         | 12         | 12         | 12         | 12         | 12         | 12         |           | 84           | 2.10         |
| LPN - Infirmary/Court Medication/Urgent Care | 12         | 12         | 12         | 12         | 12         | 12         | 12         |           | 84           | 2.10         |
| LPN - Medication/Annex Facility              | 12         | 12         | 12         | 12         | 12         | 12         | 12         |           | 84           | 2.10         |
| LPN Medication                               | 0          | 0          | 0          | 0          | 0          | 0          | 0          |           | 0            | 0.00         |
| <b>Total Hours / FTE - Night</b>             | <b>60</b>  | <b>60</b>  | <b>60</b>  | <b>60</b>  | <b>60</b>  | <b>60</b>  | <b>60</b>  | <b>0</b>  | <b>420</b>   | <b>10.50</b> |
| <b>Total Hours / FTE</b>                     | <b>236</b> | <b>236</b> | <b>236</b> | <b>236</b> | <b>236</b> | <b>184</b> | <b>184</b> | <b>84</b> | <b>1,822</b> | <b>40.80</b> |

**ROLL-UP**

| POSITION                       | Monday     | Tuesday    | Wednesday  | Thursday   | Friday     | Saturday   | Sunday     | TBS*      | Hrs/ Wk      | FTE          |
|--------------------------------|------------|------------|------------|------------|------------|------------|------------|-----------|--------------|--------------|
| Health Services Administrator  | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| Medical Director               | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| ARNP                           | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 32        | 32           | 0.80         |
| Director of Nursing            | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| RN - Discharge Planner         | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| RN Charge&Booking              | 36         | 36         | 36         | 36         | 36         | 48         | 48         | 0         | 276          | 6.90         |
| RN                             | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| LPN                            | 120        | 120        | 120        | 120        | 120        | 120        | 120        | 0         | 840          | 21.00        |
| Medical Assistant/Phlebotomist | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| Medical Records Clerk          | 16         | 16         | 16         | 16         | 16         | 8          | 8          | 0         | 96           | 2.40         |
| Administrative Assistant       | 8          | 8          | 8          | 8          | 8          | 0          | 0          | 0         | 40           | 1.00         |
| Psychiatrist                   | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 16        | 16           | 0.40         |
| LMHCA/CSW                      | 8          | 8          | 8          | 8          | 8          | 8          | 8          | 0         | 56           | 1.40         |
| Dentist                        | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 16        | 16           | 0.40         |
| Dental Assistant               | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 16        | 16           | 0.40         |
| <b>Total Hours / FTE</b>       | <b>236</b> | <b>236</b> | <b>236</b> | <b>236</b> | <b>236</b> | <b>184</b> | <b>184</b> | <b>84</b> | <b>1,822</b> | <b>40.80</b> |

**FOURTH AMENDMENT TO HEALTH SERVICES AGREEMENT BETWEEN BOARD  
OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA, SHERIFF  
W. BRAD STEUBE, AND ARMOR CORRECTIONAL HEALTH SERVICES**

This is the Fourth Amendment to the Health Services Agreement between the **BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA** (the "County"), and **SHERIFF W. BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the "MSO") and **ARMOR CORRECTIONAL HEALTH SERVICES, INC.** ("Armor"), for correctional healthcare services is dated for references as October 1, 2015. The County, MSO, and Armor are collectively referred to herein as the "Parties."

WHEREAS, the Parties executed a Health Services Agreement with a commencement date of October 1, 2012 ("Agreement"), in which Armor contracted to provide certain medical services to be delivered to inmates housed at the Manatee County Correctional Center; and

WHEREAS, the Parties executed a First Amendment to the Health Services Agreement to include additional full time employees in the Correctional Center Annex with a commencement date of November 1, 2013 to September 30, 2015 unless otherwise terminated as provided in the Agreement; and

WHEREAS, the Parties executed a Second Amendment to the Health Services Agreement commence date of October 1, 2015 and continues in full force and effect through September 30, 2016 unless otherwise terminated as provided in the Agreement; and

WHEREAS, the Parties executed a Third Amendment to the Health Services Agreement which incorporated a revised medical staffing plan to meet the requirements of the Manatee County Correctional Center at no additional cost; and

WHEREAS, the Parties have determined that Armor is entitled to a reimbursement based on the terms and conditions stated in the Agreement, Section 3 ADDITIONAL CONSIDERATION, Item B, Reimbursable Costs and Limits Thereon, Number 2 Pharmaceuticals; and

WHEREAS, Article 20 of the Agreement requires all amendments to be in writing and signed by the Parties.

NOW, THEREFORE, in consideration of the mutual covenants contained in the Agreement here and it is agreed upon as follows:

1. Based on the terms and conditions stated in the Agreement, Section 3 ADDITIONAL CONSIDERATION, Item B, Reimbursable Costs and Limits Thereon, Number 2 Pharmaceuticals; Armor is entitled to a reimbursement of \$102,790.53 which exceeded the anticipated pharmaceutical cost for the stated fiscal year.

|  |                     |
|--|---------------------|
| Total Pharmaceutical Cost for 10/01/14 – 09/30/15        | \$552,790.53        |
| Anticipated Pharmaceutical Costs for 10/01/14 – 09/30/15 | <u>\$450,000.00</u> |
| <b>Armor Pharmaceutical Reimbursement</b>                | <b>\$102,790.53</b> |

Armor has reported on a monthly basis with specific descriptions and corresponding dollars associated with all pharmaceutical costs.

2. This Fourth amendment shall be effective upon the date of final execution by the Parties.
3. Except as amended by this Fourth Amendment, all other terms of the Agreement, First, Second and Third Amendments continue in full force and effect, and the Parties hereby ratify and confirm the Agreement as amended herein.
4. In the event of any conflict between the terms and conditions of the Agreement, First, Second and Third Amendment and the terms and conditions of the Fourth Amendment, the Fourth Amendment shall control.



IN WITNESS WHEREOF, the Parties, by their authorized signatures below, have executed this Fourth Amendment to the Agreement.

**ARMOR CORRECTIONAL HEALTH SERVICES**

By: 

Print Name: Bruce Ter

Title: CEO

Date: 1/6/2016

By: 

W. Brad Steube, Sheriff  
Manatee County, Florida

**COUNTY OF MANATEE**

By: 

Melissa M. Wendel, CPPO  
Purchasing Official

Date: 1/26/2016

**FIFTH AMENDMENT TO HEALTH SERVICES AGREEMENT BETWEEN BOARD  
OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA, SHERIFF  
W. BRAD STEUBE, AND ARMOR CORRECTIONAL HEALTH SERVICES**

This is the Fifth Amendment to the Health Services Agreement between the **BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA** (the "County"), and **SHERIFF W. BRAD STEUBE**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the "MSO") and **ARMOR CORRECTIONAL HEALTH SERVICES, INC.** ("Armor"), for correctional healthcare services is dated for references as October 1, 2016. The County, MSO, and Armor are collectively referred to herein as the "Parties."

WHEREAS, the Parties executed a Health Services Agreement with a commencement date of October 1, 2012, ("Agreement"), in which Armor contracted to provide certain medical services to be delivered to inmates housed at the Manatee County Correctional Center; and

WHEREAS, the Parties executed a First Amendment to the Health Services Agreement to include additional full time employees in the Correctional Center Annex with a commencement date of November 1, 2013, and ending September 30, 2015, unless otherwise terminated as provided for in the Agreement; and

WHEREAS, the Parties executed a Second Amendment to the Health Services Agreement commencement date of October 1, 2015 and ending September 30, 2016, unless otherwise terminated as provided for in the Agreement; and

WHEREAS, the Parties executed a Third Amendment to the Health Services Agreement which incorporated a revised medical staffing plan to meet the requirements of the Manatee County Correctional Center at no additional cost; and

WHEREAS, the Parties executed a Fourth Amendment to the Health Services Agreement which incorporated a Pharmaceutical Reimbursement by the County of \$102,790.53 as the cost that exceeded the anticipated pharmaceutical cost for October 1, 2014, to September 30, 2015, of \$450,000.00; and

WHEREAS, the Parties have determined that Armor has performed under the Agreement, as amended, in a manner consistent with their obligations, and have agreed to extend the period of performance from 12:01 a.m. on October 1, 2016, and ending at 11:59 p.m. September 30, 2017, unless earlier terminated as provided for in this Agreement; and

WHEREAS, the Parties have successfully negotiated an increased base price for the extended performance period; and

WHEREAS, Article 20 of the Agreement requires all amendments to be in writing and signed by the Parties.

NOW, THEREFORE, in consideration of the mutual covenants contained in the Agreement here and it is agreed upon as follows:

1. The period of performance will be extended from 12:00 a.m. October 1, 2016, and ending at 11:59 a.m. September 30, 2017 unless earlier terminated as provided for in the Agreement.
2. During the fifth contract year the base price shall be \$5,478,033.28 (monthly \$456,502.77). The base price includes \$317,632.05 for the Annex staff, should the Annex requirement cease the amount due will be reduced accordingly.
3. All other terms and conditions set forth in the Agreement, and all prior Amendments thereto, which were not herein amended shall remain in full force and effect.
4. This Fifth Amendment shall take effect on October 1, 2016 notwithstanding the actual dates upon which the parties execute same.

IN WITNESS WHEREOF, the Parties have made and executed this Fifth Amendment to the Health Services Agreement.

**ARMOR CORRECTIONAL HEALTH SERVICES**

By: 

Print Name: Bruce Test

Title: CEO

Date: 9/28/2016

By: 

W. Brad Steube, Sheriff  
Manatee County, Florida

**COUNTY OF MANATEE**

By: 

Melissa M. Wendel, CPPO  
Purchasing Official

Date: October 11, 2016

**SIXTH AMENDMENT TO HEALTH SERVICES AGREEMENT**  
**between**  
**BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA,**  
**SHERIFF RICK WELLS**  
**and**  
**ARMOR CORRECTIONAL HEALTH SERVICES**

This is the Sixth Amendment to the Health Services Agreement between the **BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA** (the "COUNTY"), and **SHERIFF RICK WELLS**, as the duly designated Chief Corrections Officer of the Manatee County Sheriff's Office (solely in his official capacity) (hereinafter referred to as the "MSO") and **ARMOR CORRECTIONAL HEALTH SERVICES, INC.** ("ARMOR"), for correctional healthcare services is dated for references as October 1, 2017. The County, MSO, and ARMOR are collectively referred to herein as the "Parties."

**WHEREAS**, the Parties executed a Health Services Agreement with a commencement date of October 1, 2012, ("Agreement"), in which ARMOR contracted to provide certain medical services to be delivered to inmates housed at the Manatee County Correctional Center; and

**WHEREAS**, the Parties executed a First Amendment to the Health Services Agreement to include additional full time employees in the Correctional Center Annex with a commencement date of November 1, 2013, and ending September 30, 2015, unless otherwise terminated as provided for in the Agreement; and

**WHEREAS**, the Parties executed a Second Amendment to the Health Services Agreement commencement date of October 1, 2015 and ending September 30, 2016, unless otherwise terminated as provided for in the Agreement; and

**WHEREAS**, the Parties executed a Third Amendment to the Health Services Agreement which incorporated a revised medical staffing plan to meet the requirements of the Manatee County Correctional Center at no additional cost; and

**WHEREAS**, the Parties executed a Fourth Amendment to the Health Services Agreement which incorporated a Pharmaceutical Reimbursement by the County of \$102,790.53 as the cost that exceeded the anticipated pharmaceutical cost for October 1, 2014, to September 30, 2015, of \$450,000.00; and

**WHEREAS**, the Parties executed a Fifth Amendment to the Health Services Agreement for an additional one (1) year period of performance beginning 12:00 a.m. October 1, 2016, and ending 11:59 p.m. September 30, 2017 for a base price of \$5,478,033.28 (monthly \$456,502.77). The base price includes \$317,632.05 for the

Annex staff, should the Annex requirement cease the amount due will be reduced accordingly; and

**WHEREAS**, the Parties have determined that ARMOR has performed under the Agreement, as amended, in a manner consistent with their obligations, and have agreed to extend the period of performance from 12:01 a.m. on October 1, 2017, and ending at 11:59 p.m. September 30, 2018, unless earlier terminated as provided for in this Agreement; and

**WHEREAS**, the Parties have successfully negotiated an increased base price for the extended performance period; and

**WHEREAS**, Article 20 of the Agreement requires all amendments to be in writing and signed by the Parties.

**NOW THEREFORE**, in consideration of the mutual covenants contained in the Agreement here and it is agreed upon as follows:

1. The period of performance for a sixth year of the Agreement shall be extended from 12:00 a.m. October 1, 2017, and ending at 11:59 p.m. September 30, 2018 unless earlier terminated as provided for in the Agreement.
2. During the sixth year of the Agreement the base price shall be \$5,606,374.28 (monthly \$467,197.86). The base price includes \$327,161.01 for the Annex staff, should the Annex requirement cease the amount due will be reduced accordingly.
3. **Article 3 ADDITIONAL CONSIDERATION** modifications as follows:

A. CHANGES IN INMATE POPULATION paragraph two (2) is hereby modified to read as follows to add Year 4, 5, 6 and 7:

If the Average Daily Population (ADP) exceeds 1243, or falls below 843, then, on a monthly basis the following per diem excess or credit shall apply.

Year 4 \$1.26  
Year 5 \$1.30  
Year 6 \$1.34  
Year 7 \$1.38

4. **Article 5. SCOPE OF HEALTH CARE SERVICES** first paragraph and Article 5.A second paragraph are hereby modified to read as follows:

A. ARMOR shall provide all medical, dental, mental health, substance abuse and other related health care services, including but not limited to, laboratory, x-ray, First Aid including sutures, and pharmacy services in the most cost-effective manner inclusive of tele-medicine as appropriate, unless expressly limited by

this Agreement for all inmates at the Correctional Facilities, excluding non-emergency transportation by Emergency Medical Service (EMS), in accordance with Attachment A, "Standards and Requirements/Scope of Services," and pursuant to all applicable federal, state, and local laws. The following services are referenced for example only, but in no way, shall these references limit the duties of ARMOR to provide all required medical services.

5. **Article 5. SCOPE OF HEALTH CARE SERVICES** Article 5.B add new second paragraph to read as follows:

ARMOR shall have Policies and Procedures that reflect the facilitated exchange of health information, including assessment, to any hospital where the individual is transferred to a hospital for treatment.


6. **Article 8. ACCREDITATION AND HEALTH CARE INSPECTIONS** is hereby modified by inserting new paragraph at the end of Article 8 to read as follows:


For the purposes of Quality Assurance, Audit, and Evaluation, ARMOR shall request from the inmate a HIPAA compliant release of confidential health information to be accessed and reviewed by MANATEE COUNTY GOVERNMENT, DEPARTMENT OF NEIGHBORHOOD SERVICES, COMMUNITY SERVICES, 1112 Manatee Avenue West, Bradenton, FL 34205, for each inmate at initial Assessment and Intake. Release shall be made valid for a period of one (1) year, unless otherwise specified by the inmate. In the event that the inmate refuses to execute said release, ARMOR shall document a demonstrated effort, within the inmate's record, to obtain a signature otherwise ARMOR is under no further obligation to obtain the same. ARMOR, for purposes of continuous quality improvement, shall have Policies and Procedures that continuously monitor health care services that include, but are not limited to: discharge planning that starts at intake; utilization management of Outside Services; intentional preventative care service that enable early detection of illness(es); Evidence-based practices that address and treat substance abuse and mental health conditions in modalities consistent with trauma informed and patient centered practices; routine patient-specific health improvement education; Quality Assurance initiatives that ensure quality health care services; track and report trend quality care concerns, complaints, and incidents not limited to Sentinel events; and, as medically appropriate reduce outside transportation requiring the presence of correctional personnel.

7. All other terms and conditions set forth in the Agreement, and all prior Amendments thereto, which were not herein amended shall remain in full force and effect.
8. This Sixth Amendment shall take effect on October 1, 2017 notwithstanding the actual dates upon which the parties execute same.


IN WITNESS, WHEREOF, the Parties have made and executed this Sixth Amendment to the Health Services Agreement.

**ARMOR CORRECTIONAL HEALTH SERVICES, INC.**

By:   
Print Name: Brice Teal  
Title: CEO  
Date: 11/15/2017

By:   
Rick Wells, Sheriff  
Manatee County, Florida  
Date: 11-16-17

**MANATEE COUNTY, a political subdivision of the State of Florida**

By:   
Theresa Webb, CPPO, CPPB, CPSM, C.P.M.  
Procurement Official  
Date: 11/28/17