

**COMMISSION ON ACCREDITATION FOR CORRECTIONS**  
**STANDARDS COMPLIANCE REACCREDITATION AUDIT**

Cherokee Sheriff's Office  
Cherokee County Adult Detention Center  
Canton, Georgia

April 21-23, 2025

**VISITING COMMITTEE MEMBERS**

Kyle Poppert, Chairperson  
ACA Auditor

Marmie Schuster-Walker  
ACA Auditor

Davy Greeson  
ACA Auditor

## **A. Introduction**

The audit of the Cherokee County Adult Detention Center, Canton, Georgia was conducted on April 21-23, 2025, by the following team: Kyle J. Poppert, Chairperson; Marmie Shuster-Walker, Member; and Dave Greeson, Member.

## **B. Facility Demographics**

Rated Capacity: 1122

Actual Population: 447 Male, 108 Female

Average Daily Population for the last 12 months: 561. In 2024 8,221 inmates were booked into the center.

Average Length of Stay: 30 days

Security/Custody Level: Maximum-Minimum

Age Range of Offenders: 17-79

Gender: Male & Female

Full-Time Staff: 494 Total (104 Civilian, 390 Sworn), ADC (40 Civilians, 134 Sworn)

29 Administrative, 41 Support, 390 Sworn, 10 Program, 24 Other

## **C. Facility Description**

The Cherokee County Sheriff's Adult Detention Center (ADC) was originally opened in 1989 and is located at 498 Chattin Drive in Canton, Georgia. Canton is a rural area approximately 25 miles from the city of Atlanta and 45 miles from the Atlanta International Airport. While the Sheriff has oversight, the center's daily operations are managed by a Major. The ADC houses adult male and female inmates age 17 or older, as 17 is the age of majority in this jurisdiction. The first expansion was completed in 2002, and the second expansion was completed in 2021.

The latest expansion consists of precast concrete modular cells with structural precast walls and floors, load bearing and elevated cast-in-place concrete with 21 dayrooms specially designed for indirect supervision from elevated internal control towers and three adjacent exercise yards.

The expansion included a new electronic security system that was routed to the Master Control room in the existing building. This system manages every door, camera, etc., in the new building. The access roadway around the new and existing facilities was extended. Renovations also took place in the kitchen, staff dining area, laundry, visitation area, lobby and master control.

The original facility has six direct observation housing units, a 27-bed medical infirmary, and the expansion housing unit tower hosts 14 housing units.

Although most of the municipalities have temporary holding areas for inmates, the ADC is the only full-service jail that operates in Cherokee County. In addition to the Cherokee Sheriff's Office, other agencies utilize their facility and include Georgia State Patrol,

Department of Natural Resources, Canton Police department, Woodstock Police Department, Holly Springs Police Department, Ball Ground Police Department and Cherokee County School District Police.

The facility is a National Sheriff's Association Triple Crown Agency meaning that it is accredited by the American Correctional Association, Commission on Accreditation for Law Enforcement Agencies, and the National Commission on Correctional Health Care.

The mission of the Cherokee County Adult Detention Center is: "Dedicated to serving with integrity, protecting with compassion, and preserving a safe and secure environment, while keeping the trust and confidence of our community."

Their Vision Statement is: "We will be recognized for providing exemplary law enforcement services through servant leadership while adapting to emerging trends and contributing to the quality of life."



**D. Pre-Audit Meeting**

The team met on April 20, 2025, in Canton, to discuss the information provided by the Association staff and the officials from Cherokee County ADC.

The chairperson divided standards into the following groups:

- Standards #5A-01 to 7G-01 to Kyle J. Poppert, Chairperson
- Standards #1A-01 to 3A-02 to Davy Greeson, Member
- Standards #4A-01 to 4D-35 to Marmie Shuster-Walker, Member

**E. The Audit Process**

1. Transportation

The team was escorted to the facility by Ashley Ray, Accreditation manager

## 2. Entrance Interview

The audit team proceeded to the office of Major Olen Boughner. The team expressed the appreciation of the Association for the opportunity to be involved with Cherokee County ADC in the accreditation process.

Major Boughner escorted the team to the training room where the formal entry meeting was held.

The following persons were in attendance:

Ray, Ashley	Accreditation Manager
Imbriano, Michael	Lt. Jail Administration
Vafaeian , Mohammad	Programs Manager
Boughner, Olen	Major Jail Administration
Ruiz, Irene	Captain Operational Support
Cox, James	Captain Operations
Foster, William	Fire Safety Officer
Mendoza, Omar	Medical Escort Deputy
Turoczy, Michael	Sgt. Operational Support
Durette, Christina	Director of Quality FCH
Green, Lee	Reentry Specialist
Reynolds, Frank	Sheriff
Pinyan, Thomas	Chief Deputy
Martin, Elizabeth	Records And ID
Beumel, Kimberly	Inmate Services Specialist
Massey, Felicia	Food Service Director
Breeden, Jennifer	Human Resources Generalist
Gunning, John	Training Director
Murphy, Kristen	Inmate Property Manager
White, Russell	HSA/Medical
Zffou, David	NP Clinical OPS
Yeomans, Alison	VP Mental Health Services
Laghaeifar, Gollie	Manager of Mental Health Services
McLean, Ashley	Lead APP Cherokee
Klein, Heidi	Medical Director
Chambers, Joann	Inmate Accounts
Frais, Julie	Inmate Records And ID
Zarate, Jose	Classifications Deputy
Smithwick, Brody	Lion Life Programs

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional

systems throughout the United States. The audit schedule was also discussed at this time.

### 3. Facility Tour

The team toured the entire facility from 8:30 a.m. to 11:30 a.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Boughner, Olen	Major Jail Administration
Ruiz, Irene	Captain Operational Support
Cox, James	Captain Operations
Ray, Ashley	Accreditation Manager

The team observed facility notices were posted throughout the facility.

### 4. Conditions of Confinement/Quality of Life

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

#### **Security:**

The facility is enclosed within a fourteen-foot chain link perimeter fence enforced with one row of razor wire. The facility utilizes patrol staff to monitor the perimeter road through irregular security sweeps. There are no towers.

There is a hardened security checkpoint in the administration lobby. All visitors must present identification and clear the metal detector. All incoming property is searched. Staff utilize an electronic card access system to enter the building and move throughout the building. Not all staff have the same security access. The facility employs a “key tracer” system to maintain accountability.

The facility has new digital cameras that store video for at least 60 days. If a video is tagged for evidentiary purposes, it is retained indefinitely. All radios are equipped with a man down alert. Rounds are electronically recorded.

Movement in the hallways and between buildings is secured by metal doors, monitored from central control. Access to housing units is managed by a unit level control center.

The facility has good control over flammables, caustics, and toxic chemicals. The team made some recommendations regarding tool control. While the area was secure, maintenance staff did not have a good system in place for tool accountability in the maintenance area. Maintenance staff utilize a tool cart for

work orders. The team noted that tools coming into the facility on the cart were controlled.

The team noted the armory was neat and orderly. In addition to shotguns and Smith and Wesson handguns, the facility also employs pepper ball and impact munitions. The team noted items are inventoried monthly and all were accounted for.

Inmates are assigned to housing locations based on a point-based classification system to ensure the separation of inmates based upon charges, mental and emotional stability, escape history, assaultive behavior, medical needs, age, gender, and the need to keep separate. The initial inmate classification is conducted in Book-in by an intake deputy, the inmates are then reviewed and/or re-classified within 72 hours. Inmate's classification status is reviewed at appropriate time frames based on the changes in inmate behavior or circumstances.

All offenders are issued an identification card that must be worn at all times.

By ACA definition, the facility does not have restrictive housing, all offenders removed from the general population are special management.

#### **Environmental Conditions:**

The facility was comfortable for the season. All housing units are climate controlled. The facility meets all physical plant standards for sound levels, lighting, ventilation, showers, toilets, and wash basins. All fixtures were in good working order. Water temperatures in the showers were appropriate.

#### **Sanitation:**

The facility was very clean and orderly. Wakeup call is conducted at 6:30 a.m. daily. The facility has a comprehensive housekeeping plan in place. Daily unit inspections must be completed before offenders are allowed out of their cells. Each offender is responsible for the cleanliness and sanitation of their personal spaces. Razors are distributed three times per week. Hair cuts can be scheduled monthly for a \$10.00 fee. The facility does not allow tobacco products or vaping devices. The team did not observe any signs of tobacco use, pests, or vermin.

Cleaning supplies are controlled. Offenders are trained in their use. Offender porters clean and sanitize all showers, dayrooms, and tables after every meal, and at night lock down.

The maintenance department is managed by a supervisor and five tradesmen. The facility utilizes a computerized system to manage workorders and the preventative maintenance plan.

**Fire Safety:**

The facility has an automated fire detection system that includes smoke detectors and water flow detectors. The fire panel is monitored in master control. The kitchen has a hood protection system. Pull stations, fire extinguishers, hydrants, and air packs are strategically located throughout the facility. These are inspected, tested, and serviced on a regular basis.

The team confirmed through documentation review and interviews that evacuation drills are conducted per ACA standards and facility policy. Staff were well trained and knowledgeable regarding emergency plans. Evacuation routes were posted throughout the facility.

Power for essential lighting and communication is provided by wall mounted battery powered units. Power ware 9170 Uninterruptable Power Systems (UPS) and generators located in the back of the facility maintain lighting, emergency equipment and required computers. Emergency equipment is being tested monthly and quarterly as required by the standards. There are three generators, two Cummins and one Spectrum.

The Cherokee County Fire and Rescue Department will respond to any fire or medical emergencies. The department is located adjacent to the facility.

The State Fire Marshall conducted its bi-annual inspection on 5-31-2024. Any discrepancies require a plan of action. Minor discrepancies were noted and have been corrected.

**Food Service:**

The facility has had a contract with Trinity Food Services since 2002 to manage food service operations. The department is under the direction of a food service manager, a lead supervisor, and a supervisor. There are usually 15 offender workers assigned to the area. The team was surprised by the number of meals prepared daily, as the department prepares over 50,000 meals monthly, including meals for community organizations such as meals on wheels. All staff and offenders are ServSafe trained. The 16-hour program is provided monthly. 47 offenders received their certification in 2024.

Three meals are prepared daily from a 4-week rotating menu that has been approved by a registered dietician and meets USDA guidelines. Medically prescribed and religious diets are available. The team sampled the evening meal and found it to be very tasty, hot, and prepared according to the published menu. Sample trays are maintained for three days. All meals are documented on a cook's worksheet. This document includes the number of meals prepared, and menu substitutions, serving line temperatures, and food storage area temperatures.

The facility does not have a dining hall. Offenders eat in their Units which have appropriate seating and tables for inmate dining. Meals are delivered utilizing heated carts. Carts are plugged in to warm up, one hour before meals are transported to the Units.

Operations were routinely inspected by the Georgia Department of Public Health on March 6, 2024. The inspection identified minor deficiencies that were corrected. No follow-up inspection was required. The last three yearly inspections were all routine inspections.

The team found the cleanliness to be acceptable and made some suggestions regarding operations. The area was neat and orderly. The team did not observe any signs of pests or rodents.

### **Medical Care:**

Correct Health managed the medical, dental, and mental health services for the Cherokee Sheriff's Office Adult Detention Center (ADC) until October 2023, when FirstClass HealthCare was awarded the contract for the ADC.

FirstClass HealthCare is a physician-owned managed care company that employs healthcare personnel with strong emergency room experience. The working relationship between security and FirstClass HealthCare seems to be excellent. The staff at FirstClass HealthCare are well-trained and compassionate professionals. Inmates were generally complimentary about the care they received.

The advanced medical provider services staffing model for the ADC allows for an on-site part-time physician serving as the medical director, a full-time lead nurse practitioner, a full-time nurse practitioner, and two PRN nurse practitioners.

The nursing services staffing model includes a full-time registered nurse as the health services administrator, a full-time registered nurse serving as a medical care coordinator, two full-time registered nurses, two part-time registered nurses, ten full-time licensed practical nurses with one vacancy, and four full-time paramedics. A list of PRN medical staff is available to cover for staff vacations and staffing vacancies.

The administrative staffing model allows for a full-time executive assistant.

FirstClass HealthCare publishes an on-call list of physicians, nurse practitioners, dentists, mental health professionals, and registered nurses who respond to telephone communications after regular working hours, as well as on weekends and holidays. The on-call providers can access an inmate's electronic health record and submit orders remotely.

The medical department is staffed 24 hours a day, seven days a week. It operates two (2) shifts: 0600-1800 and 1800-0600. The day shift is staffed with a nurse practitioner, three (3) registered nurses, six (6) licensed practical nurses, and two (2) paramedics. The second shift is staffed with three (3) registered nurses, four (4) licensed practical nurses, and two (2) paramedics.

The medical department is located on the first floor, equidistant between the structures identified as the housing tower and the millennial jail. It comprises a deputy's post, a secure inmate waiting room with access to a restroom, medical literature, and a TV; a small dental suite with a dental chair, an x-ray machine, an instrument sterilizer, and a storage area; a laboratory; a storage room; a large treatment room with an examination table and supplies appropriate for nursing assessments, treatments, and dressing changes, including an automated external defibrillator (AED), portable oxygen, and an emergency response bag; a diagnostic room equipped with an examination table primarily used for x-ray studies, optometry exams, and podiatry visits; a pharmacy; a Telehealth consultation room; a storage area; and a biohazardous waste storage room. The medical clinic examination rooms provide the inmates with a private and clean environment for their care. Medical equipment is inspected annually by Biomedical Maintenance.

The ADC has a medical special needs housing unit (SNU) divided into a west wing and an east wing. The west wing contains ten cells and two negative-pressure rooms. All cells include running water, a sink, and a toilet, and could accommodate up to two inmates each. Additionally, there are two shower rooms and a nurse's station. Inmates with sleep apnea machines, wheelchairs, crutches, casts, colostomies, or those needing closer medical observation will be housed here. Inmates can access programs and recreation unless their medical condition requires rest or isolation. The east wing features 15 cells, two of which are negative-pressure rooms, while four are designated as suicide watch rooms. Each room has running water, a sink, and a toilet. There are three shower rooms. The east wing primarily houses inmates with behavioral problems requiring closer observation and includes a deputy station. All cells in the SNU are equipped with cameras, allowing the deputy to maintain constant observation of the inmates housed in the SNU.

There are interview rooms and a room with an on-site EKG machine located between the east and west wings. SNU has an AED and an emergency response jump bag. SNU is staffed by an RN 24 hours a day, seven days a week. Inmates housed in SNU are seen by the medical staff daily, and their care is recorded in the inmates' electronic health records. Mental health staff visit the inmates in the east wing and chart their behaviors on a daily basis. The negative pressure rooms are inspected annually by Air Data, Inc. The negative pressure rooms feature a green LED light that turns red if the cell's negative pressure falls outside an

acceptable range. An audible alarm sounds after two minutes of inadequate negative pressure until the pressure is corrected.

The inmates communicate with the medical staff through a kiosk system. A registered nurse will download and print a list of all sick call requests and triage them. The nurse will respond to informational sick call requests with a returned message to the inmate in the kiosk. The nurse will visit the remaining inmates in their unit and assess their health issues, determining if they are urgent and require a nurse or nurse practitioner visit today, or if the inmate should be scheduled for routine nurse practitioner sick call on Monday or Friday. The nurse practitioner performs the functions of the kiosk nurse on weekends. The medical department uses CyraCom: Interpretation and translation solutions for inmate interviews when a language line is required. Interviews during the reaccreditation visit and documentation in the reaccreditation files indicate a medical response time to sick call requests of 24 hours. Medical staff document all inmate correspondence, care, and treatment in the inmate's electronic health record, Sapphire. The electronic health record includes a formatted assessment process to provide structure to the various nursing functions. There is a \$5.00 co-pay for inmate-initiated sick call requests and nurse practitioner visits, and a \$3.00 co-pay for additional sick call complaints added onto a sick call request, along with a \$5.00 co-pay for medication. Chronic care visits and mental health visits are free of charge. No one is denied care based on their ability to pay.

A nurse practitioner is on-site during the day shift from Sunday through Saturday. The nurse practitioner is available to consult with the kiosk sick call nurse for care orders, conduct an advanced provider sick call on Mondays and Fridays, and perform a comprehensive history and assessment for all inmates by the 14th day of their admission to the jail.

The physician is on-site on Tuesday and Thursday from 08:00 to 16:00 and conducts the chronic care clinics. Inmates in chronic clinics receive physical examinations and medical testing according to the clinical practice guidelines of the Cherokee County Chronic Care Treatment Plans, which follow "Up to Date," the National Institute of Health Guidelines for Chronic Care.

An infectious disease specialist is available through telehealth to manage the care of inmates with HIV, Hepatitis C, and other infectious diseases. A podiatrist visits monthly to perform scheduled diabetic foot checks and provide care for additional foot issues as needed. Discussions with facility staff indicate the podiatrist sees about 15 inmates each month. An optometrist is on-site once a month for eye exams and glasses. Discussions with facility staff indicate the optometrist sees about ten inmates per month. On-site physical therapy is available as needed.

Two (2) pregnant females were housed in the ADC during the reaccreditation visit. They were provided bottom bunks, prenatal vitamins, and snacks. Their OB care is managed off-site. Georgia state law prohibits the restraint of Pregnant

inmates after their 24th week of pregnancy. Discussion with the women indicated they were satisfied with the care they were receiving.

There is a list of community specialists available to see inmates requiring care outside the scope of practice of the on-site practitioners.

ADC maintains an affiliation agreement to provide emergency room and inpatient medical services with Northside Hospital Cherokee in Canton, Ga, and Wellstar Kennestone Hospital, Marietta, Ga.

Facility emergencies are responded to with a well-equipped emergency bag, an AED, and oxygen. Stretchers, wheelchairs, and medical evacuation chairs are available if needed. The supplies in the emergency bag are suitable for treating the types of emergencies typically encountered in the facility. Medical staff participate in man-down and monthly fire drills. Documentation in the reaccreditation files confirms the medical staff's response time of four (4) minutes. The medical staff receives American Red Cross first aid and basic life support training biannually, including the use of the AED.

A new practice during this audit cycle was the introduction of the pre-intake screen. The paramedic assigned to intake conducts a brief pre-intake screen in the sallyport that inquires about allergies, medications, recent hospitalizations, chronic illnesses, pregnancies, suicidal ideation, dental problems, substance use, and first-time arrests. Vital signs are recorded, and the patient is screened for abnormal vital signs, mental health crises, complications of pregnancy, diabetic emergencies, signs of alcohol or benzodiazepine withdrawal, and signs of trauma. Clear parameters exist for findings that require hospital deferral, and the form details what needs to be done in the ER for medical clearance before the inmate can return to jail.

After the inmate is booked, the paramedic will conduct a more thorough intake screening that includes, but is not limited to, another set of vital signs, an in-depth medical history, screening for TB, a mental health risk assessment, substance use history, and observation of appearance, behavior, and state of consciousness. A housing recommendation is made, future appointments with providers are scheduled, medications are confirmed, and treatments are established.

Pharmacy services are offered through a contract with Diamond Pharmacy. Walgreens in Canton, GA, serves as the backup pharmacy. Nurses administer medications in the housing units twice daily, at 0800 and 2000, recording the administration in the electronic medication record. The facility initiated a new practice this past year to deter controlled medication diversion. Inmates receiving controlled medications must eat a cracker after medication administration, swallow water, and be observed for 15 minutes before a final mouth check is completed. Inmates are not permitted to keep prescription medications on their

person. Diabetics are seen at 0430 and 1630 for Accu-Chek and insulin administration.

Medications are stored securely behind double locks. The pharmacy is neat, clean, and well-organized. There is no evidence of outdated or improperly stored medications. A random inspection of controlled medications revealed no deficiencies. A random audit of needles, syringes, instruments, and flammables indicates excellent accountability practices. Refrigerator logs demonstrate appropriate cold storage practices for medications that require refrigeration. Medications are ordered electronically and delivered by FedEx. Inmates receiving controlled medications are required to eat a cracker following medication administration. The disposal of medicines is arranged through Diamond Pharmacy and involves the use of RX Destroyer.

A list of over-the-counter medications approved by the health authority is available for purchase in the commissary.

The ADC dentist is on-site on Thursdays. Dental services are accessed through the kiosk sick call system. These services include fillings, extractions, oral cancer screenings, and hygiene education. Dental staff wear dosimeter badges to monitor radiation exposure. The dental clinic is equipped with an autoclave. Spore Alert Sterilization Monitoring is used to ensure the efficacy of the sterilizer. The weekly spore testing was reviewed, and all required documentation was readily available. A random count of dental instruments, needles, syringes, and flammables demonstrated excellent accountability practices.

Laboratory services are provided through a contract with Lab Corp. Medical staff collect all ordered medical laboratory specimens. The specimens are placed in a box for Lab Corp outside the facility's secure perimeter, from where they are collected by courier and transported to Lab Corp for analysis. The laboratory results are returned directly to the inmate's electronic health record and flagged for the provider's review. Critical laboratory findings are communicated directly to the medical staff by telephone.

Triology Medical Waste is contracted to remove biohazardous waste on the second Tuesday of each month.

Global Diagnostics is contracted to conduct on-site radiographic studies and ultrasounds every Thursday. Results are available online within one to two days. Advanced radiology services are offered through Northside Hospital Cherokee in Canton, Ga.

The mental health services staffing model for ADC includes a part-time psychiatrist, a full-time licensed professional counselor who serves as the mental health manager, another full-time licensed professional counselor, and three associate professional counselors employed on a PRN basis. The mental health

manager is on-site Monday through Friday from 0700 to 1500. A licensed professional counselor is available on-site Monday through Friday from 1400 to 2200. An associate professional counselor is on-site Saturday and Sunday from 0700 to 1500. The mental health manager is on-call for telephone communication after regular working hours, as well as on weekends and holidays. The on-call mental health professional can access an inmate's electronic health record for review and initiate orders remotely. The mental health services provided include individual counseling, crisis management, and medication management. The mental health staff conducts a complete mental health assessment on inmates referred to them within 14 days. The psychiatrist is on-site Monday from 0900 to 1600 to see inmates. On Wednesdays, the psychiatrist conducts telehealth visits. Inmates placed on suicide watch are housed in a suicide watch cell that has constant camera monitoring capabilities and the inmate is checked at random 15-minute intervals by a deputy. The inmate is given a lifeline suicide smock and blanket. Inmates needing inpatient hospitalization are referred to Georgia Regional Hospital in Atlanta, GA.

FirstClass medical and mental health staff meet weekly with security staff to discuss how to best coordinate care for the SNU inmates and other high-risk and vulnerable inmates. There are quarterly Quality Assurance meetings to review access to care issues that have resulted in many new health care practices during this past year.

#### Medical Outcome Measures

4C (1),(2),(3),(4),

Of the 8221 inmate admissions to the facility in the past 12 months, 2477 TB tests were administered. Facility staff report that TB tests are given on day six of an inmate's incarceration due to a high number of inmates who bond out before this day and are not available to have the test read. Over the past 12 months, no inmates were diagnosed with active tuberculosis. Eighteen inmates had a positive tuberculin skin test. Discussions with facility staff indicated that inmates are eligible to receive prophylaxis treatment for tuberculosis while incarcerated, but few inmates stay long enough to complete the treatment. This auditor believes that the policy and practice for TB surveillance in this facility are adequate.

4C (5),(6),(7)

In the past 12 months, 29 inmates in an average daily population of 561 were Hepatitis C positive, 33 inmates were HIV positive, and 19 were on highly active antiretroviral treatment. Initially, the number of inmates receiving highly active antiretroviral treatment seemed small to this auditor, but discussions with facility staff indicate that the facility has an infectious disease specialist who conducts the chronic care clinic for inmates with an infectious disease diagnosis. Therefore, I am satisfied that the inmates have access to, and are receiving, the community standard of care.

4C (8),(9),(10)

At one point in time, there were 1,475 inmates with individualized treatment plans for diagnosed mental disorders, in an average daily population of 561. Documentation submitted by the facility shows that 1465 initial mental health assessments were completed in the last 12 months. I believe this number represents an annual total. There were 23 suicide attempts in the past 12 months and no successful suicides, which I consider a positive indication of the quality of work performed by the relatively small mental health staff and a testament to the close working relationship between the mental health staff and the security and medical teams.

4C (11),(12),(13),(14)

There were no inmate homicides, deaths due to injuries, or medically expected deaths in the past 12 months. Two medically unexpected deaths occurred during this period. Extensive mortality reviews were available for examination. The deaths appeared to be of natural causes; however, the final autopsy reports have not yet been completed and returned. The facility emphasized identifying teaching moments and implementing practice changes to improve response times in future emergencies and outcomes in the mortality reviews.

4C (15)

The outcome measures report 185 infirmary admissions. The facility does not have an infirmary; it has a special needs housing unit.

4C (16),(17)

Over the past 12 months, two hundred twenty-two inmates were transported off-site for emergency health treatment, with 57 being admitted to the hospital. This indicates that forty percent of the transported inmates were admitted. The medical staff has strong emergency room backgrounds, and this auditor believes that a forty percent admission rate signifies that they are neither over-utilizing nor under-utilizing EMS services.

4C (18)

The advanced providers ordered 603 specialty consults, and 504 were completed. An 84% completion rate is acceptable.

4C (19),(20),(21)

In the past 12 months, there were 3862 grievances regarding access to health care, six grievances concerning the quality of health care, and no inmate lawsuits related to access to health care services. None of the grievances were found in favor of the inmates. Discussions with facility staff indicate that the number of grievances is obtained from the kiosk system. Despite hearing many positive comments about the medical care, I inquired with the staff about the numerous grievances. If an inmate submits anything through the grievance selection on the kiosk, it is counted as a grievance. The kiosk system does not require specific steps for a submission to be considered a formal grievance. If a grievance falls

under the jurisdiction of another department but is submitted to medical, it is still counted as a medical grievance. Staff explain that most grievances consist of inmates' questions about when they will see a particular practitioner or their dissatisfaction with receiving their prescribed medications instead of their preferred ones.

4C (22),(23)

In the past 12 months, there were 9,523 sick call encounters and 6,404 physician encounters.

4C (24)

There were 455 individualized completed dental treatment plans in the past 12 months. Medical staff explain that this number represents dental visits, not completed dental treatment plans.

4C (25),(26)

Five hundred five inmates were enrolled in the hypertension clinic, and one hundred twenty-three were enrolled in the diabetic chronic care clinic.

4C (27)

There was one incident involving pharmaceuticals as contraband.

4C (28),(29),(30),(31)

In the past 12 months, 25 hypertensive and 25 cardiac diets were ordered and received. To clarify, the facility offers a cardiac/heart-healthy diet. A total of 25 diets were ordered and received. Nine diabetic diets were ordered, and nine were received. No renal diets were ordered. Inmates on special diets have restrictions on the commissary food items they can order, and as a result, many inmates refuse their special diets.

4C (32)

There have been no needlestick injuries in the past 12 months.

4C (33)

In the past 12 months, there were no pharmacy dispensing errors among the 12,589 prescriptions dispensed.

4C (34)

In the past 12 months, there was one serious medication administration error among 417,436 medications administered.

4D (1),(2),(3)

There were no lapsed licenses among the 59 licensed staff members in the past 12 months. Additionally, 32 new employees joined, and all staff completed orientation and in-service training within the last year. FirstClass HealthCare was

awarded the contract for medical, dental, and mental health services in October 2023, which accounts for the significant number of new hires.

4D (4),(5),(6),(7)

Two physician positions were authorized in the past 12 months, with no physician turnover during this period. Six RN positions were authorized in the past 12 months, and five left employment. Ten LPN positions were authorized in the past 12 months, and seven left employment. The department currently has no medical record positions.

**Recreation:**

Offenders are offered an hour of out-of-cell recreation daily. There are recreation areas adjacent to each housing unit. There, offenders can play basketball or participate in physical exercise. Offenders can exercise in the day rooms but cannot utilize any item such as chairs or tables while doing so. Indoor recreation includes access to televisions, board games, cards, and checkers.

Offenders have access to a CHIRPER device that allows them access to games, movies, visitation, mail, programming, education, and messaging. Offenders can send their first five messages for free. Messages are limited to 160 characters.

There is a commissary available to all offenders. Offenders can spend up to \$120.00 dollars weekly on food and one of seven hygiene items.

**Religious Programming:**

The facility has a full-time programming manager that coordinates all religious programming including volunteer services. The Chaplaincy program had nearly 10,000 contacts with offenders in 2024, which averages nearly two contacts per offender booked into the facility. Donated materials are made available to the offenders based upon availability.

The facility relies on 50-60 active volunteers to facilitate programming. All volunteers are vetted and complete an orientation training program. The chaplaincy program also manages all emergency notifications to the offenders.

**Offender Work Programs:**

Offenders can request to participate in the workforce program. Offenders can earn good time and other benefits.

Lion Life has been a contracted education provider since 2018. Lion Life Community is a collaboration with the Isaih Project 6:11 a local non-profit to provide a Christ centered approach to healing from addiction. The group offers

instruction in math, science, reading, composition, and social studies for students enrolled in GED.

Lion Life sponsored 60 offenders in the apprenticeship program. In 2024, the facility had 462 offenders participating in creative writing classes. 53 offenders participated in English as a second language.

GED testing is offered monthly through a partnership with Chattahoochee Community College. In 2024 553 offenders were enrolled in GED classes. 62 offenders took part in GED testing, with 31 earning their GED.

### **Social Services:**

The facility offers counseling programs including AA/NA, Mental Health, and Faith Based Services.

The Price Counseling Center has a contract to supply services including substance abuse prevention programming, drug testing, The center provides weekly group programming. 796 offenders participated in the Freedom from Addiction program.

The facility hosts reentry readiness expos two times per year. This program allows offenders to connect with outside resources to prepare for a successful reentry into the community. These resources include employment, rehabilitation facilities, local churches, and medical assistance. 30 vendors participated on the last event.

### **Visitation:**

The facility does not have contact visiting. Family can schedule video visitation through a website. There is a fee for this service. Family can also come to the visitation center and have a video visit free of charge. Up to three, 30-minute visitation slots can be scheduled from 7:30 a.m. until 9: 40 p.m. weekly. Special and extended visits can be requested through the assistant jail administrator.

On-site visits are limited to 30 minutes weekly based upon a schedule that is posted on the housing units. Visitation is limited to two adults and two children. On-site visitation is not conducted on Wednesdays.

The facility has an attorney booth for private consultations.

### **Library Services:**

Offenders can access the leisure library weekly. Programs staff monitor and fill all book requests and process any donations that are received. A schedule is posted on the housing units. In 2024 the library loaned out 6,793 books.

Offenders can request legal materials through a kiosk on the housing units. The facility has a contract with Legal Research Associates to provide services. The law library served 1147 offenders in 2024.

**Laundry:**

Offenders who are not able to bond out are issued personal clothing, hygiene items, and a property bag.

The facility has a centralized laundry area providing adequate clean clothing to the population. Inmates are trained in the safety aspects of laundry procedures and the use of the machines. The team noted the department has a good cleaning plan in place that includes regular cleaning of dryer lint filters.

The chemicals are stored in a secure room and dispensed automatically. Safety data sheets for all chemicals the laundry and are readily accessible.

**F. Examination of Records**

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

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 medical auditor reviewed all measures related to health care and made comments in the medical section. The team noted all other measures were appropriate to the security classification of the facility.

3. Departmental Visits

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

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Workforce	Deputy Noe
Deputy Trejo	L Pod
Deputy Vafaeian	Programs
Deputy Foster	Fire Safety Officer

Kristen Murphy  
Brody Smithwick

Inmate Property Storage Area  
Lion Life

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 8:00 a.m. to 5:00 p.m. The team observed professional interactions between staff and offenders. Staff were approachable and responsive. The team noted staff were well trained and knowledgeable regarding their posts and operations. Staff are trained in emergency procedures. Many staff are certified law enforcement officers.

**H. Evening Shift**

The facility operates two twelve-hour shifts.

**H. Night Shift**

The team was present at the facility during the night shift from 5:00 p.m. to 6:15 p.m. The team thanked the officers for their dedication and work ethic. The team observed good security procedures as visitors were being processed into the facility. Staff were professional in appearance and practice.

5. Status of Previously Non-compliant 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:

All standards were previously found to 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 spoke with 56 offenders during the course of the tour, on the housing units, at recreation, and at their work details. Offenders appeared to be at ease when speaking to the auditors. Staff gave the auditors plenty of space when talking to offenders. Offenders were concerned about their situation as many of them are awaiting trial or sentencing causing them stress and anxiety. Some were frustrated at the pace of the proceedings.

They stated staff were responsive and would address any issues they have. They stated staff continuously make rounds through the housing units. Offenders stated they felt safe at the facility.

#### **H. Staff Interviews**

Staff were well trained and knowledgeable regarding their duty assignments. They believe that they are an integral part of the reentry process and utilize teachable moments when interacting with the offenders. Staff stated that leadership keeps them well informed of any changes that are being proposed and that they have a say in policy decisions.

Staff work well together and take a great deal of pride in a job well done. They realize everyone is responsible for security and will notify their supervisor of any concerns. They were eager to answer any questions the auditors had. Staff believe that the audit process makes them better.

#### **H. Exit Discussion**

The exit interview was held at noon in the conference room with Sheriff Reynolds and 11 staff in attendance.

There were no outside visitors present for the closeout.

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.

COMMISSION ON ACCREDITATION FOR CORRECTIONS  
AND THE  
AMERICAN CORRECTIONAL ASSOCIATION

**COMPLIANCE TALLY**

<b>Manual Type</b>	Adult Local Detention Facility 5 <sup>th</sup> Edition	
<b>Supplement</b>		
<b>Facility/Program</b>	Cherokee County Adult Detention Center	
<b>Audit Dates</b>	April 21-23, 2025	
<b>Auditor(s)</b>	Kyle J. Poppert, Chairperson, Marmie Shuster-Walker, Member, Davy Greeson, Member	
	<b>MANDATORY</b>	<b>NON-MANDATORY</b>
Number of Standards in Manual	61	361
Number Not Applicable	2	52
Number Applicable	59	309
Number Non-Compliance	0	0
Number in Compliance	59	309
Percentage (%) of Compliance	100%	100%
<p>!      Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable</p> <p>!      Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance</p> <p>!      Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance</p>		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

All applicable standards were found to be in compliance.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Mandatory Standards

Not Applicable

**Standard #5-ALDF-2F-03**

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

FINDINGS:

The facility does not have restricted housing.

**Standard #5-ALDF-4C-23**

(MANDATORY) INTAKE HEALTH SCREENING FOR INMATES COMMENCES UPON THE INMATE'S ARRIVAL AT THE FACILITY AND IS PERFORMED BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL. ALL FINDINGS ARE RECORDED ON A SCREENING FORM APPROVED BY THE HEALTH AUTHORITY. THE SCREENING INCLUDES AT LEAST THE FOLLOWING:

INQUIRY INTO:

- ANY PAST HISTORY OF SERIOUS INFECTIOUS OR COMMUNICABLE ILLNESS, AND ANY TREATMENT OR SYMPTOMS AND MEDICATIONS.
- CURRENT ILLNESS AND HEALTH PROBLEMS, INCLUDING COMMUNICABLE DISEASES AND MENTAL ILLNESS.
- DENTAL PROBLEMS.
- USE OF ALCOHOL AND OTHER DRUGS, INCLUDING TYPE(S) OF DRUGS USED, MODE OF USE, AMOUNTS USED, FREQUENCY USED, DATE OR

TIME OF LAST USE, AND HISTORY OF ANY PROBLEMS THAT MAY HAVE OCCURRED AFTER CEASING USE.

- THE POSSIBILITY OF PREGNANCY.
- HISTORY OF PROBLEM.
- OTHER HEALTH PROBLEMS DESIGNATED BY THE RESPONSIBLE PHYSICIAN.
- ANY PAST HISTORY OF MENTAL ILLNESS, THOUGHTS OF SUICIDE OR SELF-INJURIOUS BEHAVIOR ATTEMPTS.

OBSERVATION OF THE FOLLOWING:

- BEHAVIOR, INCLUDING STATE OF CONSCIOUSNESS, MENTAL STATUS, APPEARANCE, CONDUCT, TREMOR, AND SWEATING.
- BODY DEFORMITIES AND OTHER PHYSICAL ABNORMALITIES.
- EASE OF MOVEMENT.
- CONDITION OF THE SKIN, INCLUDING TRAUMA MARKINGS, BRUISES, LESIONS, JAUNDICE, RASHES, AND INFESTATIONS, RECENT TATTOOS, AND NEEDLE MARKS OR OTHER INDICATIONS OF DRUG ABUSE.

MEDICAL DISPOSITION OF THE INMATE:

- REFUSAL OF ADMISSION UNTIL INMATE IS MEDICALLY CLEARED.
- CLEARED FOR GENERAL POPULATION.
- CLEARED FOR GENERAL POPULATION WITH PROMPT REFERRAL TO APPROPRIATE HEALTH CARE SERVICE.
- REFERRAL TO APPROPRIATE HEALTH CARE SERVICE FOR EMERGENCY TREATMENT.

INMATES, WHO ARE UNCONSCIOUS, SEMICONSCIOUS, BLEEDING, OR OTHERWISE OBVIOUSLY IN NEED OF IMMEDIATE MEDICAL ATTENTION, ARE REFERRED. WHEN THEY ARE REFERRED TO AN EMERGENCY DEPARTMENT, THEIR ADMISSION OR RETURN TO THE FACILITY IS PREDICATED ON WRITTEN MEDICAL CLEARANCE. WHEN SCREENING IS CONDUCTED BY TRAINED CUSTODY STAFF, A SUBSEQUENT REVIEW OF POSITIVE FINDINGS BY THE LICENSED HEALTH CARE STAFF IS REQUIRED. THE RESPONSIBLE PHYSICIAN, IN COOPERATION WITH THE FACILITY MANAGER, ESTABLISHES PROTOCOLS.

FACILITIES THAT HAVE RECEPTION AND DIAGNOSTIC UNITS OR A HOLDING ROOM CONDUCT RECEIVING SCREENING ON ALL INMATES ON THEIR ARRIVAL AT THE FACILITY AS PART OF THE ADMISSION PROCEDURES.

FINDINGS:

The facility does not have intra-system transfers.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

**Standard #5-ALDF-2A-23**

BEFORE REASSIGNMENT FROM INTAKE AND SHORT-TERM HOLDING, THERE IS AN INITIAL CLASSIFICATION OF THE INMATE THAT CONSIDERS SAFETY AND SECURITY ISSUES.

FINDINGS:

The facility does not have work or educational release.

**Standard #5-ALDF-2A-34**

CONFINEMENT OF JUVENILES UNDER THE AGE OF 18 IS PROHIBITED UNLESS A COURT FINDS IT IS IN THE BEST INTEREST OF JUSTICE AND PUBLIC SAFETY A JUVENILE AWAITING TRIAL OR OTHER LEGAL PROCESS BE TREATED AS AN ADULT FOR THE PURPOSES OF PROSECUTION, OR UNLESS CONVICTED AS AN ADULT AND REQUIRED BY STATUTE TO BE CONFINED IN AN ADULT FACILITY.

FINDINGS:

The facility does not house youthful offenders.

**Standard #5-ALDF-2A-35**

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

- A VIOLENT, PREDATORY YOUTHFUL OFFENDER POSES AN UNDUE RISK OF HARM TO OTHERS WITHIN THE SPECIALIZED UNIT, OR
- A QUALIFIED MEDICAL OR MENTAL-HEALTH SPECIALIST DOCUMENTS THE YOUTHFUL OFFENDER WOULD BENEFIT FROM PLACEMENT OUTSIDE THE UNIT.

- A WRITTEN STATEMENT IS PREPARED DESCRIBING THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE FACILITY ADMINISTRATOR OR HIS/HER DESIGNEE. CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE ADMINISTRATOR OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDINGS:

The facility does not house youthful offenders.

**Standard #5-ALDF-2A-36**

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

FINDINGS:

The facility does not house youthful offenders.

**Standard #5-ALDF-2A-37**

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

FINDINGS:

The facility does not house youthful offenders.

**Standard #5-ALDF-2A-38**

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

FINDINGS:

The facility does not house youthful offenders.

**Standard #5-ALDF-2A-39**

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

**FINDINGS:**

The facility does not house youthful offenders.

**Standard #5-ALDF-2A-40**

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

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

**FINDINGS:**

The facility does not house youthful offenders.

**Standard #5-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.

FINDINGS:

The facility does not have a canine unit.

**Standard #5-ALDF-2E-07**

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

THE BEHAVIORAL HEALTH TRANSITION PROGRAM SHALL INCLUDE:.

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

FINDINGS:

The facility does not have an intensive behavioral health treatment program.

**Standard #5-ALDF-2F-01**

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

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-02**

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

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-04**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-05**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-06**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-07**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-08**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-09**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-10**

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

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

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-11**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-12**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-13**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-14**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-15**

(EFFECTIVE NLT JANUARY 1, 2024) INMATES IN RESTRICTIVE HOUSING UNITS CAN WRITE AND RECEIVE LETTERS ON THE SAME BASIS AS INMATES IN THE GENERAL POPULATION.

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-16**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-17**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-18**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-19**

(EFFECTIVE NLT JANUARY 1, 2024) INMATES IN RESTRICTIVE HOUSING UNITS ARE OFFERED A MINIMUM OF ONE HOUR OF EXERCISE FIVE DAYS A

WEEK OUTSIDE THEIR CELLS, UNLESS SECURITY OR SAFETY CONSIDERATIONS DICTATE OTHERWISE.

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-20**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-21**

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

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-22**

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

- GROUP YARD MODULES: 330-SQUARE FEET OF UNENCUMBERED SPACE CAN ACCOMMODATE TWO INMATES. FOR EACH ADDITIONAL 150-SQUARE FEET OF UNENCUMBERED SPACE, AN ADDITIONAL INMATE MAY USE THE EXERCISE AREA SIMULTANEOUSLY. (FORMULA: FOR EACH 150 SQUARE

FEET OF UNENCUMBERED SPACE EXCEEDING THE BASE REQUIREMENT OF 180 SQUARE FEET FOR THE FIRST INMATE, EQUALS THE MAXIMUM NUMBER OF INMATES WHO MAY USE THE RECREATION AREA SIMULTANEOUSLY).

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

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-23**

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

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-24**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-25**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-26**

WRITTEN POLICY, PROCEDURE AND PRACTICE SHALL SUPPORT PROGRAMS OF CRIMINAL JUSTICE DEFLECTION AND DIVERSION FOR THOSE INDIVIDUALS EXHIBITING SIGNS AND SYMPTOMS OF MENTAL ILLNESS.

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-27**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-2F-28**

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

FINDINGS:

The facility does not have restrictive housing.

**Standard #5-ALDF-4D-04**

A HEALTH-TRAINED STAFF MEMBER COORDINATES THE HEALTH DELIVERY SERVICES UNDER THE JOINT SUPERVISION OF THE RESPONSIBLE HEALTH

AUTHORITY AND FACILITY ADMINISTRATOR, WHEN QUALIFIED HEALTH CARE PERSONNEL ARE NOT ON DUTY.

FINDINGS:

The facility has qualified health care on duty 24/7.

**Standard #5-ALDF-5A-05**

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

FINDINGS:

The facility does not have a substance abuse treatment program.

**Standard #5-ALDF-5A-06**

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

- INMATE DIAGNOSIS
- IDENTIFIED PROBLEM AREAS
- INDIVIDUAL TREATMENT OBJECTIVES
- TREATMENT GOALS
- COUNSELING NEEDS
- DRUG EDUCATION PLAN
- RELAPSE PREVENTION AND MANAGEMENT
- CULTURALLY SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE
- THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT
- PRERELEASE AND TRANSITIONAL SERVICES
- COORDINATION EFFORTS WITH COMMUNITY SUPERVISION AND TREATMENT STAFF DURING THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

FINDINGS:

The facility does not have a substance abuse treatment program.

**Standard #5-ALDF-5A-07**

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

FINDINGS:

The facility does not have a substance abuse treatment program.

**Standard #5-ALDF-5A-08**

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

FINDINGS:

The facility does not have a substance abuse treatment program.

**Standard #5-ALDF-5B-15**

WHEN THE FACILITY IS DESIGNATED TO OPERATE ANY TYPE OF PRETRIAL INTERVENTION SERVICES OR OTHER RELEASE PROGRAMS, ITS AUTHORITY AND RESPONSIBILITY ARE STATED BY STATUTE OR ADMINISTRATIVE REGULATION.

FINDINGS:

The facility does not have a pretrial intervention service.

**Standard #5-ALDF-5B-16**

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.

FINDINGS:

The facility does not have a pretrial intervention service.

**Standard #5-ALDF-5B-17**

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

FINDINGS:

The facility does not have a temporary release program

**Standard #5-ALDF-5B-18**

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

FINDINGS:

The facility does not have a work or educational release program.

**Standard #5-ALDF-5C-13**

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

FINDINGS:

The facility does not have an industries program.

**Standard #5-ALDF-5C-14**

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

FINDINGS:

The facility does not have an industries program.

**Standard #5-ALDF-5C-15**

THERE IS A COMPREHENSIVE QUALITY CONTROL PROCESS.

FINDINGS:

The facility does not have an industries program.

**Standard #5-ALDF-5C-16**

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

FINDINGS:

The facility does not have an industries program.

**Standard #5-ALDF-6B-06**

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

FINDINGS:

The facility does not house offenders who cannot perform basic life functions.

**Standard #5-ALDF-7F-07**

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

FINDINGS:

The facility does not utilize volunteers in the delivery of health care.

### 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 Cherokee County Adult Detention Center

Year 2024

Incident Type	Months	January	February	March	April	May	June	July	August	September	October	November	December	Total for Reporting Period
	→													
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	1	0	2	0	0	0	0	0	0	0	3
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender / Offender	0	1	1	0	0	1	2	1	1	5	1	1	14
	Offender / Staff	1	0	0	0	0	0	1	0	0	0	0	0	2
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with a Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other *		0	0	0	0	0	0	0	0	0	0	0	0	0

\*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 Aforced@

\*\*\*\*Any incident that involves four or more offenders. Includes gang fights, organized multiple hunger strikes,



Name of Facility: Cherokee Sheriff's Office – Adult Detention Center  
 Date: 4/17/2025  
 Number of Months Data Collected: 12 (2024)

<b>ALDF Outcome Measure Worksheet</b>				
<b>1A</b>	<b>Outcome Measure</b>	<b>Numerator/Denominator</b>	<b>Value</b>	<b>Calculated O.M</b>
		<b>The community, staff, contractors, volunteers, and inmates are protected from injury and illness caused by the physical environment.</b>		
	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months.	24	
	divided by	Average number of Full-Time Equivalent (FTE) staff positions in the past 12 months.	174	13.79%
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	561	0%
	(3)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	8,221	0%
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(5)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	8,221	0%
	(6)	Number of sanitation or health code violations identified by external agencies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(7)	Number of health code violations corrected in the past 12 months.	0	
	divided by	The number of health code violations identified in the past 12 months.	0	0%
	(8)	Number of inmate grievances related to safety or sanitation found in favor of inmates in the past 12 months.	38	
	divided by	The number of inmate's grievances related to safety or sanitation in the past 12 months.	103	36.89%
	(9)	Number of fire code violations corrected in the past 12 months.	0	

	divided by	The number of fire code violations cited by jurisdictional authority in the past 12 months.	0	0%
	(10)	Number of inmate injuries resulting from fires requiring medical treatment in a 12-month period.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(11)	Number of inmate injuries (other than by fire) requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	561	0%
	(12)	Number of staff injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population of staff in the past 12 months.	82	0%
	(13)	Number of staff injuries (other than fire) requiring medical treatment in the past 12 months.	24	
	divided by	The average daily population of staff in the past 12 months.	82	29.27%
	(14)	Number of inmate lawsuits related to safety or sanitation found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to safety or sanitation in the past 12 months.	0	0%
<b>1B</b>		<b>Vehicles are maintained and operated in a manner that prevents harm to the community, staff, contractors, volunteers, and inmates.</b>		
	(1)	Number of vehicle accidents resulting in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(2)	Number of vehicle accidents resulting in injuries requiring medical treatment for any party in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(3)	Amount dollar of damage from vehicle accidents in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
<b>1C</b>		<b>The number and severity of emergencies are minimized. When emergencies occur, the response minimizes the severity.</b>		
	(1)	Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.	0	
	divided by	The number emergencies.	0	0%
	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(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	
	divided by	The average daily population in the past 12 months.	561	0%

	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	The number of emergencies caused by forces external to the facility.	0	0%
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(6)	Number of injuries requiring medical attention that resulted from emergencies that were not caused by forces external to the facility in the past 12 months.	369	
	divided by	The average daily population in the past 12 months.	561	65.78%
	(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	
	divided by	The average daily population in the past 12 months.	561	0%
	(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	
	divided by	The number of emergencies.	369	0%
	(9)	Number of injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(10)	Number of fires that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(11)	Amount dollar of property damage from fire in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(12)	Number of code violations cited in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(14)	Number of incidents of inventory discrepancies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%

<b>2A</b>	<b>Outcome Measure</b>	<b>Numerator/Denominator</b>	<b>Value</b>	<b>Calculated O.M</b>
		<b>The community, staff, contractors, volunteers, and inmates are protected from harm. Events that pose risk of harm are prevented. The number and severity of events are minimized.</b>		
	(1)	Number of incidents involving harm in the past 12 months.	135	
	divided by	The average daily population in the past 12 months.	561	24.06%
	(2)	Number of incidents in the past 12 months involving harm.	135	
	divided by	The number of admissions in the past 12 months.	8,221	1.64%
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of incidents in the past 12 months.	15	
	divided by	The average daily population in the past 12 months.	561	2.67%
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	15	
	divided by	The number of admissions in the past 12 months.	8,221	0.18%
	(5)	Number of unauthorized inmate absences from the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(6)	Number of instances of unauthorized access to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
<b>2B</b>		<b>Physical force is used only in instances of self-protection, protection of the inmate or others, prevention of property damage, or prevention of escape.</b>		
	(1)	Number of instances in which force was used in the past 12 months.	597	
	divided by	The average daily population in the past 12 months.	561	106%
	(2)	Number of instances in which force was used in the past 12 months.	597	
	divided by	The number of admissions in the past 12 months.	8,221	7.26%
	(3)	Number of times that staff use of force were found to have been inappropriate in the past 12 months.	0	
	divided by	The number of instances in which force was used.	597	0%
	(4)	Number of inmate grievances filed alleging inappropriate use of force in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(5)	Number of grievances alleging inappropriate use of force decided in favor of inmate in the past 12 months.	0	
	divided by	The number of grievances alleging inappropriate use of force filed.	0	0%
	(6)	Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%

<b>2C</b>		<b>Contraband is minimized. It is detected when present in the facility.</b>		
	(1)	Number of incidents involving contraband in the past 12 months.	70	
	divided by	The average daily population in the past 12 months.	561	120.48%
	(2)	Number of incidents involving contraband in the past 12 months.	70	
	divided by	The number of admissions in the past 12 months.	8,221	0.85%
	(3)	Number of weapons found in the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561.1	0%
	(4)	Number of controlled substances found in the facility in the past 12 months.	27	
	divided by	The average daily population in the past 12 months.	561.1	4.8%
	(5)	Number of controlled substances found in the facility in the past 12 months.	27	
	divided by	The number of admissions in the past 12 months.	8,221	0.33%
<b>2D</b>		<b>Improper access to and use of keys, tools and utensils are minimized.</b>		
	(1)	Number of incidents involving keys in the past 12 months.	17	
	divided by	The average daily population in the past 12 months.	561	3.03%
	(2)	Number of incidents involving tools in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(3)	Number of incidents involving culinary equipment in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(4)	Number of incidents involving medical equipment and sharps in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
<b>3A</b>		<b>Inmates comply with rules and regulations.</b>		
	(1)	Number of rule violations in the past 12 months.	1,348	
	divided by	The average daily population in the past 12 months.	561	240%
	(2)	Number of assaults—inmate against inmate, inmate against staff in the past 12 months.	31	
	divided by	The average daily population in the past 12 months.	561	5.53%
<b>4A</b>		<b>Food service provides a nutritionally balanced diet. Food service operations are hygienic and sanitary.</b>		
	(1)	Number of documented inmate illnesses attributed to food service operations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(2)	Number of inmate grievances about food service decided in favor of the inmate the past 12 months.	112	
	divided by	The number of inmate grievances about food service in the past 12 months.	905	12.38
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months.	0	
		Divided by number of violations cited by independent authorities in the past 12 months.	0	0%
<b>4B</b>		<b>Inmates maintain acceptable personal hygiene practices.</b>		

	(1)	Inmate grievances regarding inmate access to personal hygiene decided in favor of the inmate in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(2)	Number of inmate illnesses attributed to poor hygiene practices in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(3)	Number of inmates diagnosed with hygiene-related conditions (scabies, lice, or fungal infections) in the past 12 months.	21	
	divided by	The average daily population in the past 12 months.	561	3.74%
	(4)	Number of inmate grievances related to hygiene found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate grievances related to hygiene in the past 12 months.	0	0%
	(5)	Number of inmate lawsuits related to hygiene found in favor of the inmate in the past 12 months.	0	0%
	divided by	The number of inmate lawsuits related to hygiene in the past 12 months.	0	0%
<b>4C</b>		<b>Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.</b>		
	(1)	Number of inmates with a positive tuberculin skin test in the past 12 months.	18	
	divided by	The number of admissions in the past 12 months.	8,221	0.22%
	(2)	Number of inmates diagnosed with active tuberculosis in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(3)	Number of conversions to a positive tuberculin skin test in the past 12 months.	0	
	divided by	The number of tuberculin skin tests given in the past 12 months.	2,477	0%
	(4)	Number of inmates with a positive tuberculin skin test who completed prophylaxis treatment for tuberculosis in the past 12 months.	0	
	divided by	The number of inmates with a positive tuberculin skin test on prophylaxis treatment for tuberculosis in the past 12 months.	0	0%
	(5)	Number of Hepatitis C positive inmates in the past 12 months.	29	
	divided by	The average daily population in the past 12 months.	561	6.17%
	(6)	Number of HIV positive inmates in the past 12 months.	33	
	divided by	The average daily population in the past 12 months.	561	5.88%
	(7)	Number of HIV positive inmates who are being treated with highly active antiretroviral treatment in the past 12 months.	19	

	divided by	The number of known HIV positive inmates in the past 12 months.	33	57.58%
	(8)	Number of offenders with an individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time.	1,475	
	divided by	The average daily population in the past 12 months.	561	262.92%
	(9)	Number of inmate suicide attempts in the past 12 months.	23	
	divided by	The average daily population in the past 12 months.	561	4.1%
	(10)	Number of inmate suicides in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(11)	Number of inmate deaths due to homicide in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(12)	Number of inmate deaths due to injuries in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(13)	Number of medically expected inmate deaths in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(14)	Number of medically unexpected inmate deaths in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	561	0.18%
	(15)	Number of inmate admissions to the infirmary (where available) in the past 12 months.	185	
	divided by	The average daily population in the past 12 months.	561	32.98%
	(16)	Number of inmate admissions to off-site hospitals in the past 12 months.	57	
	divided by	The average daily population in the past 12 months.	561	10.16%
	(17)	Number of inmates transported off-site (via an ambulance or correctional vehicle) for treatment of emergency health conditions in the past 12 months.	222	
	divided by	The average daily population in the past 12 months.	561	39.58%
	(18)	Number of inmate specialty consults completed in the past 12 months.	504	
	divided by	The number of specialty consults (on-site or off-site) ordered by primary health care provider (MD, NP, PA) in the past 12 months.	603	83.58%
	(19)	Number of inmate grievances about access to health care services found in favor of the inmate in the past 12 months.	523	
	divided by	The number of inmate grievances about access to healthcare services in the past 12 months.	3,862	13.54%
	(20)	Number of inmate grievances related to the quality of health care found in favor of inmates in the past 12 months.	0	
	divided by	The number of inmate grievances related to the quality of health care in the past 12 months.	6	0%
	(21)	Number of inmates' lawsuits about access to healthcare services found in favor of inmates in the past 12 months.	0	
	divided by	The number of inmate's lawsuits about access to healthcare services in the past 12 months.	0	0%

	(22)	Number of individual sick call encounters in the past 12 months.	9,523	
	divided by	The average daily population in the past 12 months.	561	1697%
	(23)	Number of physician visits contacts in the past 12 months.	6,404	
	divided by	The average daily population in the past 12 months.	561	1141.53%
	(24)	Number of individualized dental treatment plans in the past 12 months.	455	
	divided by	The average daily population in the past 12 months.	561	81.11%
	(25)	Number of hypertensive inmates enrolled in a chronic care clinic in the past 12 months.	505	
	divided by	The average daily population in the past 12 months.	561	90%
	(26)	Number of diabetic inmates enrolled in a chronic care clinic in the past 12 months.	143	
	divided by	The average daily population in the past 12 months.	561	25.49%
	(27)	Number of incidents involving pharmaceuticals as contraband in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	561	0.18%
	(28)	Number of cardiac diets received by inmates with cardiac disease in the past 12 months.	25	
	divided by	The number of cardiac diets prescribed in the past 12 months.	25	100%
	(29)	Number of hypertensive diets received by inmates with hypertension in the past 12 months.	25	
	divided by	The number of hypertensive diets prescribed in the past 12 months.	25	100%
	(30)	Number of diabetic diets received by inmates with diabetes in the past 12 months.	9	
	divided by	The number of diabetic diets prescribed in the past 12 months.	9	100%
	(31)	Number of renal diets received by inmates with renal disease in the past 12 months.	0	
	divided by	The number of renal diets prescribed in the past 12 months.	0	0%
	(32)	Number of needle-stick injuries in the past 12 months.	0	
	divided by	The number of employees on average in the past 12 months.	51	0%
	(33)	Number of pharmacy dispensing errors in the past 12 months.	0	
	divided by	The number of prescriptions dispensed by the pharmacy in the past 12 months.	12,589	0%
	(34)	Number of nursing medication administration errors in the past 12 months.	1	
	divided by	The number of medications administered in the past 12 months.	417,436	0.0002%

<b>4D</b>		<b>Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.</b>		
	(1)	Number of staff with lapsed licensure and/or certification in the past 12 months.	0	
	divided by	The number of licensed or certified staff in the past 12 months.	59	0%
	(2)	Number of new employees in the past 12 months who completed orientation training prior to undertaking job assignments.	32	
	divided by	The number of new employees in the past 12 months.	32	100%
	(3)	Number of employees completing in-service training requirements in the past 12 months.	32	
	divided by	The number of employees eligible in the past 12 months.	32	100%
	(4)	Number of MD staff who left employment in the past 12 months.	0	
	divided by	The number of authorized MD staff positions in the past 12 months.	2	0%
	(5)	Number of RN staff who left employment in the past 12 months.	5	
	divided by	The number of authorized RN staff positions in the past 12 months.	6	83.33%
	(6)	Number of LPN staff who left employment in the past 12 months.	7	
	divided by	The number of authorized LPN staff positions in the past 12 months.	10	70%
	(7)	Number of medical records staff who left employment in the past 12 months.	0	
	divided by	The number of medical records staff positions in the past 12 months.	0	0%
	(8)	Number of alleged sexual misconduct incidents between staff and detainees in the past 12 months.	2	
	divided by	Average daily population in the past 12 months.	561	0.36%
	(9)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	561	0%
	(10)	Number of confirmed sexual misconduct incidents between staff and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	561	0%
	(11)	Number of confirmed sexual misconduct incidents between volunteers and/or contact personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	561	0%
	(12)	Number of detainees identified as high risk with a history of sexually assaultive behavior in the past 12 months.	101	
	divided by	Average daily population in the past 12 months.	561	18%
	(13)	Number of detainees identified as at risk for sexual victimization in the past 12 months.	101	
	divided by	Average daily population in the past 12 months.	561	18%
<b>5A</b>		<b>Inmates have opportunities to improve themselves while confined.</b>		

	(1)	Number of inmates who passed GED exams while confined in the past 12 months.	31	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	417	7.43%
	(2)	Total number of grade levels advanced by inmates in the past 12 months.	0	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	417	0%
	(3)	Number of certificates of vocational competency awarded to inmates in the past 12 months.	0	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	417	0%
<b>5B</b>		<b>Inmates maintain ties with their families and the community.</b>		
		NONE		
<b>5C</b>		<b>The negative impact of confinement is reduced.</b>		
		NONE		
<b>6A</b>		<b>Inmates' rights are not violated.</b>		
	(1)	Total number of inmate grievances in the past 12 months, regarding: (a) access to court; (b) mail or correspondence; (c) sexual harassment; (d) discipline; (e) discrimination; (f) protection from harm.	a. 215/61 b. 293/49 c. 83/25 d. 18/8 e. 14/2 f. 17/5	
	divided by	The average daily population in the past 12 months.	561	1.14
	(2)	Number of inmate grievances (see [a] through [e] above) decided in favor of inmates in the past 12 months.	150	
	divided by	The total number of grievances filed in the past 12 months.	20,066	0.75%
	(3)	Total number of inmate court suits alleging violation of inmate rights filed against the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(4)	Number of inmate court suits alleging violation of inmate rights decided in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate suits filed in the past 12 months.	0	0%
<b>6B</b>		<b>Inmates are treated fairly.</b>		
	(1)	Number of inmate grievances regarding discrimination in the past 12 months.	14	
	divided by	The average daily population in the past 12 months.	561	2.50%
	(2)	Number of inmate grievances regarding discrimination resolved in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate grievances filed regarding discrimination in the past 12 months.	14	0%
	(3)	Number of grievances resolved in favor of inmates in the past 12 months.	4,469	
	divided by	The average daily population in the past 12 months.	561	796.61%
	(4)	Number of grievances resolved in favor of inmates in the past 12 months.	4,469	
	divided by	The total number of inmate grievances filed in the past 12 months.	20,066	22.27%
	(5)	Number of court malpractice or tort liability cases found in favor of the inmate in the past 12 months.	0	

	divided by	The number of court malpractice or tort liability cases in the past 12 months.	0	0%
<b>6C</b>		<b>Alleged rule violations are handled in a manner that provides inmates with appropriate procedural safeguards.</b>		
	(1)	Number of disciplinary incidents resolved informally in the past 12 months.	926	
	divided by	The average daily population in the past 12 months.	561	165.06%
	(2)	Number of formal inmate disciplinary decisions that were appealed in the past 12 months.	238	
	divided by	The total number of disciplinary decisions made in the past 12 months.	1,260	18.89%
	(3)	Number of appealed disciplinary decisions decided in favor of the inmate in the past 12 months.	96	
	divided by	The total number of disciplinary decisions made in the past 12 months.	1,260	7.62%
	(4)	Number of grievances filed by inmates challenging disciplinary procedures in the past 12 months.	18	
	divided by	The average daily population in the past 12 months.	561	3.21%
	(5)	Number of disciplinary-related grievances resolved in favor of the inmate in the past 12 months.	2	
	divided by	The total number of disciplinary-related grievances filed in the past 12 months.	16	12.5%
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months.	0	
	divided by	The total number of court decisions regarding discipline decided in the past 12 months.	0	0%
	(8)	Number of rule violations in the past 12 months.	1,348	
	divided by	The average daily population in the past 12 months.	561	240.29%
	(9)	Number of inmates terminated from the facility due to rule violations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
<b>6D</b>		<b>Inmates take responsibility for their actions.</b>		
	(1)	Number of inmates released in the past 12 months who made regular payments toward their restitution obligations.	192	
	divided by	The number of inmates who had restitution obligations in the past 12 months.	192	100%
	(2)	Number of inmates who satisfy their court cost/fines obligations in the past 12 months.	192	
	divided by	The number of inmates who had court cost/fine obligations in the past 12 months.	2	9600%
	(3)	Total amount of restitution paid by inmates in the past 12 months.	2,044	
	divided by	The average daily population in the past 12 months.	561	364.35%
	(4)	Total number of hours of community service donated by inmates in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	561	0%
	(5)	Total number of inmates who participated in restitution in the past 12 months.	80	

	divided by	The total number of inmates housed in the past 12 months.	8,221	0.97%
	(6)	Total number of inmates who participated in community service work in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	8,221	0%
	(7)	Total number of inmates who participated in victim awareness programs in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	8,221	0%
	(8)	Total amount of restitution paid by inmates in the past 12 months.	2,440	
	divided by	The total number of inmates housed in the past 12 months	8,221	29.68%
	(9)	Total number of hours delivered by inmates who participated in community service work in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	8,221	0%
<b>7A</b>		<b>The facility operates as a legal entity.</b>		
		NONE		
<b>7B</b>		<b>Staff, contractors, and volunteers demonstrate competency in their assigned duties.</b>		
	(1)	Total number of years of staff members' education as of the end of the last calendar year.	2,294	
	divided by	The number of staff at the end of the last calendar year.	174	1318.39%
	(2)	Number of staff who left employment for any reason in the past 12 months.	19	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	174	10.91%
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months.	40	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	174	22.99%
	(4)	Number of professional development events attended by staff in the past 12 months.	15	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	174	8.62%
<b>7C</b>		<b>Staff, contractors, and volunteers are professional, ethical and accountable.</b>		
	(1)	Number of incidents in which staff was found to have acted in violation of facility policy in the past 12 months.	6	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	174	3.45%
	(2)	Number of staff terminated for conduct violations in the past 12 months.	4	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	174	2.3%
	(3)	Number of inmate grievances attributed to improper staff conducts which were upheld in the past 12 months.	25	
	divided by	The number of inmate grievances alleging improper staff conduct filed in the past 12 months.	425	5.88%
	(4)	Number of inmate grievances attributed to improper staff conduct which were upheld in the past 12 months.	25	

	divided by	The average daily population for the past 12 months.	561	4.46%
	(5)	Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.	0	
	divided by	The number of staff substance abuse tests administered in the past 12 months.	138	0%
	(6)	Number of staff terminations for violation of drug-free work policy in the past 12 months.	0	
	divided by	The number of staff terminations in the past 12 months.	4	0%
	(7)	The average number of physicians employed in the past 12 months.	1	
	divided by	The number of physician positions authorized in the past 12 months.	1	100%
	(8)	The average number of nurses employed in the past 12 months.	59	
	divided by	The number of nurse positions authorized in the past 12 months.	59	100%
	(9)	The average number of mid-level health care practitioners employed in the past 12 months.	4	
	divided by	The number of mid-level health care practitioner positions authorized in the past 12 months.	4	100%
	(10)	The average number of ancillary health care staff employed in the past 12 months.	0	
	divided by	The number of ancillary health care staff positions authorized in the past 12 months.	0	0%
<b>7D</b>		<b>The facility is administered efficiently and responsibly.</b>		
	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures).	517,344	
	divided by	The budget for the past 12 months.	25,000,979	2.07%
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit.	0	
		NONE		
	(3)	Number of grievances filed by inmates regarding their records or property in the past 12 months.	132	
	divided by	The average daily population in the past 12 months.	561	23.3%
	(4)	Number of inmate grievances (records/property) decided in favor of inmates in the past 12 months.	6	
	divided by	The total number of inmate grievances (records/property) in the past 12 months.	132	4.55%
	(5)	Number of objectives achieved in the past 12 months.	12	
	divided by	The number of objectives for the past 12 months.	12	100%
	(6)	Number of program changes made in the past 12 months.	3	
	divided by	The number of program changes recommended in the past 12 months.	3	100%
	(7)	Number of problems identified by internal health care review that were corrected in the past 12 months.	7	
	divided by	The number of problems identified by internal health care review in the past 12 months.	7	100%
<b>7E</b>		<b>Staff are treated fairly.</b>		
	(1)	Number of grievances filed by staff in the past 12 months.	0	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	174	0%
	(2)	Number of staff grievances decided in favor of staff in the	0	

		past 12 months.		
	divided by	The total number of staff grievances in the past 12 months.	0	0%
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year.	815	
	divided by	The number of staff at the end of the last calendar year (e.g. average number of years experience).	174	468.39%
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months.	4	
	divided by	The number of staff termination or demotion hearings requested in the past 12 months.	4	100%
<b>7F</b>		<b>The facility is a responsible member of the community.</b>		
	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months.	888	
	divided by	The average daily population of inmates in the past 12 months.	561	158.29%
	(2)	Total number of individual community members who provided voluntary service in the past 12 months.	93	
	divided by	The average daily population of inmates in the past 12 months.	561	16.58
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months.	1	
	divided by	The average daily population of inmates in the past 12 months.	561	0.18%
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months.	12	
	divided by	The average daily population of inmates in the past 12 months.	561	2.14%
	(5)	Total number of complaints from the community in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	561	0%