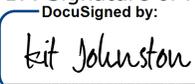


**U.S. Department of Justice
United States Marshals Service
Prisoner Operations Division**

**Office of Detention Services
Intergovernmental Agreement**

| | | | | | | | |
|--|--|---|--|--|--|--|----------------------------------|
| 1. Agreement Number 65-00-0004 | | 2. Effective Date May 1, 2025 | | 3. Facility Code(s) 9LQ | | 4. UEI Number EU44KLAB9MQ7 | |
| 5. Issuing Federal Agency United States Marshals Service Prisoner Operations Division Office of Detention Services CG-3, 3 rd Floor Washington, DC 20530-0001 | | | | 6. Local Government Yamhill County Jail 535 NE 5 th St McMinnville, OR 97128 Tax ID#:93-6002318 | | | |
| 7. Appropriation Data 15-1020/XD | | | | 8. Local Contact Person: E-mail: Telephone: | | Samuel Elliot, Sheriff elliotts@co.yamhill.or.us (503) 434-7506 | |
| 9. Services | | | | 10. Estimated Number of Federal Beds | | 11. Per Diem Rate | 12. Period of Performance |
| This agreement is for the housing, safekeeping, subsistence, and care of Federal prisoners, in accordance with content set forth herein. | | | | Male: 20 Female: 10 Juvenile:0 Total: 30 | | \$140.00 | Perpetual |
| 13. Guard/Transportation Hourly Rate | | | | 14. Optional Guard/Transportation Services | | | |
| Guard/Transportation Hourly Rate: \$47.00 Mileage shall be reimbursed by the Federal Government at the current General Services Administration (GSA) Federal Travel Regulation Mileage Rate. | | | | <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> U.S. Courthouse <input type="checkbox"/> JPATS <input checked="" type="checkbox"/> Encompassed <u>VTC</u> <input type="checkbox"/> Video Teleconferencing (VTC) Hearings <input checked="" type="checkbox"/> Other <u>Hospitalization</u> | | | |
| 15. Department of Labor Wage Determination | | | | | | | |
| <input type="checkbox"/> Wages Incorporated # _____ <input checked="" type="checkbox"/> Collective Bargaining Agreement # <u>CBA-2025-185</u> | | | | | | | |
| 16. Local Government Certification <i>To the best of my knowledge and belief, information submitted in support of this agreement is true and correct. This document has been duly authorized by the governing authorities of their applying Department or Agency State or County Government and therefore agree to comply with all provisions set forth herein this document.</i> | | | | 17. Signature of Person Authorized to Sign (Local) DocuSigned by:  Signature Kit Johnston Print Name Chair, Board of Commissioners 5/6/2025 Date | | | |
| 18. Federal Prisoner Type Authorized <input checked="" type="checkbox"/> Adult Male <input checked="" type="checkbox"/> Adult Female <input type="checkbox"/> Juvenile Male <input type="checkbox"/> Juvenile Female | | 19. Other Authorized Agency User <input checked="" type="checkbox"/> BOP <input type="checkbox"/> ICE <input type="checkbox"/> Other _____ | | 20. Signature of Person Authorized to Sign (Federal) Signature Tiffani Eason Print Name A Chief, Intergovernmental Agreements Date | | | |

Approved by the BOC on: 05/01/2025
via Board Order No.: 25-130

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or their designee and to the USMS Prisoner Operations Division (POD) at PODCoCInquiries@usdoj.gov.

At all times, the Federal Government shall have access to the Facility and to the Federal prisoners, and to all records pertaining to this agreement, including financial records, for a retention period of three (3) years from the date of request by the Federal Government.

The Local Government shall maintain written policies and procedures that describe all facets of facility operations, maintenance, and administration. The Local Government shall maintain written contingency and emergency plans for situations including but not limited to riots, hunger strikes, disturbances, escapes, hostage situations, and mass prisoner relocation.

The Local Government shall maintain records of annual fire safety inspections. The Local Government shall maintain dangerous materials in accordance with government regulations.

The Local Government shall maintain an objective review, classification, and housing process. Federal prisoners shall be clearly identified as USMS prisoners in the classification system.

The Local Government shall ensure Federal prisoners under the age of 18 receive an age-appropriate diet, exercise, and education.

The Local Government shall ensure Federal prisoners under the age of 18 or charged as a juvenile shall be separated by sight and sound and out of regular contact with adult prisoners, except in emergency situations or approval from the court.

The Local Government shall keep the Facility clean and in good repair. Food service equipment shall meet established health and safety codes. The Local Government shall provide a minimum of three (3) meals per day that are varied and nutritionally adequate.

The Local Government shall provide safe and clean space and items for proper prisoner hygiene.

The Local Government will provide clean and serviceable bedding and clothing. Clothing and shoes shall be properly sized and temperature and weather appropriate. The Local government shall provide appropriate attire upon release.

The Local Government shall properly inventory, store, and return prisoner property upon release. The Local Government shall provide adequate accommodations for prisoners with disabilities once accepted by the Local Government.

The Local Government shall prohibit discrimination on the basis of disability, race, sex, sexual orientation, religion, and national origin in the provision of services, programs, and activities.

The Local Government shall provide prisoners with reasonable opportunities to participate in religious practices, exercise, and access to mail, telephones, personal legal materials and legal reference materials or confidential counsel.

The Local Government shall maintain a grievance program with at least one level of appeal. The grievance procedures shall be made available to prisoners.

(End of Provision)

Local Government (initial): 
Federal Government (initial): TE

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4. Place of Performance (May 2021)

The principal place of performance for this agreement shall be:

Yamhill County Jail; 535 NE 5th St, McMinnville, OR 97128

(End of Provision)

5. Agreements Specialist (November 2021)

The Contracting Officer (KO) may designate in writing one or more government employees, by name and position title, to act for the KO under this agreement. Each designee shall be identified as an Agreements Specialist. Such designation(s) shall specify the scope and limitations of the authority so delegated; provided, that the designee(s) shall not change the terms or conditions of the agreement, unless the Agreements Specialist is a warranted KO, and this authority is delegated in the designation.

The Agreements Specialist is:

Name: Tiffani Eason
Title: A Chief, Intergovernmental Agreements
Contact Information: (703) 740-8442

(End of Provision)

6. Termination (May 2021)

The agreement can be terminated by either party for any reason. The requesting party, requester, seeking to terminate this agreement may do so by providing a written notice to the receiving party, requestee, at least thirty (30) calendar days in advance of the proposed termination date. An exception is made when an emergency situation requires the immediate relocation of Federal prisoners.

In order for the Local Government to initiate a termination of this agreement, the Local Government must:

- a. As noted in this section, paragraph one above, the Local Government shall provide the Federal Government via the KO or designee a written notification by email at least thirty (30) calendar days in advance of the potential termination date unless an emergency situation requires the immediate relocation of Federal prisoners.
- b. The Local Government shall provide adequate time, if applicable, for the Federal Government to transport and relocate Federal prisoners. Based on the number of Federal prisoners at the facility, a thirty (30) day notice may not be adequate to vacate the premises; thus, the Local Government shall agree to provide the Federal Government a reasonable time frame to exit the facility.
- c. The Local Government shall work with the Federal Government to locate alternative housing solutions for the Federal prisoners.

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- d. The Local Government may not request rate or per-diem increases once the Local Government has provided a termination notice to the Federal Government and the Federal Government has acknowledged the receipt of before mentioned notice.

Where the Local Government has received a cooperative agreement through the POD's Cooperative Agreement Program, the cooperative agreement termination and other applicable provisions shall:

- a. be incorporated into this agreement;
- b. survive after the expiration of the cooperative agreement; and
- c. supersede the termination provisions of this agreement.

(End of Provision)

7. Assignment and Outsourcing of Jail Operations (May 2021)

The overall management and operation of the Facility housing Federal prisoners shall not be contracted out without the prior written notification of the Federal Government.

(End of Provision)

8. Medical Services (May 2021)

The Local Government shall maintain written procedures that describe actions taken in the event of a prisoner's death, assault, or medical emergency to include notification to the USMS.

The Local Government shall provide a medical and mental health screening upon admission to the Facility. The Local Government shall inform prisoners how to access health services.

The Local Government shall notify the local USMS district office of any infectious disease outbreak.

The Local Government shall provide Federal prisoners with the same level and range of care **inside** the Facility as that provided to state and local prisoners. The Local Government is financially responsible for all medical care provided **inside** the Facility to Federal prisoners. This includes the cost of all medical, dental, and mental health care as well as the cost of medical supplies, over-the-counter medications and any prescription medications routinely stocked by the Facility. The Facility is encouraged to purchase non-OTC medications for USMS prisoners through the USMS' National Managed Care Contract (NMCC) Discount Pharmacy Program. When possible, generic medications should be prescribed. The cost of all of the above-referenced medical care is covered by the Federal per-diem rate. The Federal Government will pay for the cost of specialized medical services not routinely provided within the Facility, such as dialysis.

The Federal Government is financially responsible for all medical care provided **outside** the Facility to Federal prisoners. The Federal Government must be billed directly by outside medical care providers pursuant to arrangements made by the Local Government for outside medical care. The Local Government shall utilize outside medical care providers that are covered by the USMS' NMCC Preferred Provider Network to the maximum extent practicable. The Local Government can obtain

Local Government (initial): TE
 Federal Government (initial): TE

DS
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information about NMCC covered providers from the local USMS District Office. The Federal Government will be billed directly by the medical care provider **not** the Local Government. To ensure that Medicare rates are properly applied, medical claims for Federal prisoners must be on Centers for Medicare and Medicaid Services (CMS) Forms so that they can be re-priced to Medicare rates in accordance with the provisions of [Title 18 U.S.C. Section 4006](#). The USMS will not reimburse the detention facility for medical payments made on behalf of USMS prisoners in the absence of a specific arrangement approved in writing by the USMS.

All **outside** medical care provided to Federal prisoners must be pre-approved by the Federal Government except in a medical emergency. In the event of an emergency, the Local Government shall proceed immediately with necessary medical treatment. The Local Government shall notify the Federal Government immediately regarding the nature of the Federal prisoner’s illness or injury as well as the types of treatment provided.

The Facility shall have in place an adequate infectious disease control program which includes testing of all Federal prisoners for Tuberculosis (TB) in accordance with *National Commission on Correctional Health Care (NCCHC) Standards for Health Services in Jails*. TB testing shall occur with 14 days of intake (unless current TB tests results are available), be promptly documented in the Federal prisoner’s medical record and the results forwarded to the local USMS District within thirty (30) days of intake. Special requests for expedited TB testing and clearance (to include time sensitive moves) shall be accomplished through advance coordination by the Federal Government and Local Government.

The Local Government shall immediately notify the Federal Government to include the local district office of any cases of suspected or active TB or any other highly communicable diseases such as but not limited to Coronavirus Disease (COVID), severe acute respiratory syndrome (SARS), Avian Flu, Methicillin-Resistant Staphylococcus Aureus (MRSA), Chicken Pox, etc., which might affect scheduled transports or productions.

When a federal prisoner is being transferred or released from the Facility, they will be provided with a minimum of seven (7) days of prescription medications and any medications already dispensed to the prisoner. Medical records and Form USM-553, *Prisoner in Transit Medical Summary* must travel with the Federal prisoner. If the records are maintained at a medical contractor’s facility, it is the Local Government’s responsibility to obtain them before a federal prisoner is transferred.

Federal prisoners may be charged a medical co-payment by the Local Government in accordance with the provisions of [Title 18 U.S.C. Section 4013\(d\)](#). The Federal Government is not responsible for medical co-payments and shall not be billed if the federal prisoner is indigent and cannot make the co-payment. Indigent Federal prisoners shall not be denied medical evaluation and treatment for failure to provide a co-payment.

(End of Provision)

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9. Affordable Care Act (ACA) (May 2021)

Upon release of a Federal prisoner, the Local Government shall provide information regarding the Affordable Care Act (ACA). The ACA website is located at: <http://www.hhs.gov/healthcare/about-the-aca/index.html>.

(End of Provision)

10. Receiving and Discharging of Federal Prisoners (May 2021)

The Local Government agrees to accept Federal prisoners only upon presentation by a Law Enforcement Officer (LEO), USMS Task Force Officer (TFO) or a USMS designee with proper credentials.

The Local Government shall not relocate a Federal prisoner from one facility under its control to another facility not described in this agreement without permission of the Federal Government. Additional facilities within the same agreement shall be identified in a modification.

The Local Government agrees to release Federal prisoners only to LEOs of the authorized Federal Government agency initially committing the Federal prisoner (e.g., Drug Enforcement Administration (DEA), Immigration and Customs Enforcement (ICE)) or to a Deputy United States Marshal (DUSM) or USMS designee with proper credentials. Those Federal prisoners who are remanded to custody by the USMS may only be released to the USMS or an individual specified by the USMS in the Judicial District.

USMS Federal prisoners sought for a state or local court proceeding must be acquired through a Writ of Habeas Corpus or the Interstate Agreement on Detainers and then only with the concurrence of the jurisdictional United States Marshal (USM).

(End of Provision)

11. Prisoner Work Program (November 2021)

Federal prisoner labor shall be used in accordance with the Federal prisoner work plan developed by the Local Government and approved by the USMS. The Federal prisoner work plan must be voluntary, and may include work or program assignments for industrial, maintenance, custodial, service, or other jobs. Federal prisoners may not be required to work. Federal prisoners may volunteer to work within the secure confines of the facility if they sign a waiver of their right not to work. A Federal prisoner with suicidal tendencies, attempted escapes or escape history, violent history, gang affiliations or with detainers for pending charges with other local, state, or federal agencies will not be considered for the volunteer program. Federal prisoners are not permitted to act as trustees and may not work in positions that permit unsupervised contact with segregated prisoners or Federal prisoners of the opposite sex.

The Federal prisoners are restricted from operating equipment that may expose the Federal prisoners to grave bodily harm or any work assignment requiring security risk items and controlled tools which could be used to facilitate an escape or used as a weapon that could endanger staff, citizens, or other inmates. Federal prisoners will not have access to prisoner or employee records.

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The Local Government will ensure that prisoners who volunteer to work are prohibited from keeping medication on their person while at the worksite, unless deemed necessary by medical personnel.

Federal prisoners must obtain required medical clearances before working in the food service areas. The Federal prisoner work program shall not conflict with any other requirements of the agreement and must comply with all applicable laws and regulations. Federal prisoners shall not be used to perform the responsibilities or duties of an employee of the Local Government. Appropriate safety/protective clothing and equipment shall be provided to Federal prisoner workers as appropriate. Federal prisoners shall not be assigned work that is considered hazardous or dangerous. This includes, but is not limited to, areas or assignments requiring great heights, extreme temperatures, use of toxic substances and unusual physical demands. Federal prisoner workers can be paid the identical rates of pay as other facility prisoners.

Federal prisoners shall be required to participate in normal housekeeping duties which help ensure the cleanliness of their housing area. Increases and reductions in privileges may be used as incentives to ensure that Federal prisoners keep their living areas clean.

(End of Provision)

12. Guard/Transportation Services to/from Medical Facility (May 2021)

When Medical Facility in block #14 on page one (1) of this agreement is checked, the Local Government agrees, subject to the availability of its personnel, to provide transportation and guard services for Federal prisoners housed at the Facility to and from a medical facility for outpatient care, and transportation and stationary guard services for Federal prisoners admitted to a medical facility.

These services shall be performed by at least two (2) armed and qualified LEOs or Correctional Officers (CO) according to the criteria specified by the County Entity running the facility. In all cases, these are part of a fulltime Law Enforcement Organization or Correctional Organization and that they have met the minimum training requirements.

The Local Government agrees to provide additional personnel if requested by the USMS to enhance specific requirements for security, prisoner monitoring, and contraband control. Federal prisoners are not permitted to use the telephone, internet or WIFI enabled devices, or to receive outside food, drinks, or deliveries (including flowers) without consent from the USMS. The Local Government shall restrain Federal prisoners by attaching at least one extremity to the hospital bed, stretcher, or chair at all times when medically possible. Pregnant or postpartum prisoners should not be restrained. Postpartum is the twelve-week period following childbirth, miscarriage, or abortion. See First Step Act provision for more information.

The reimbursable hourly rate, if agreed upon, will be shown in block #13 on page one (1) of this agreement.

Mileage shall be reimbursed in accordance with the current GSA mileage rate.

(End of Provision)

Local Government (initial): DS
Federal Government (initial): TE

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13. Guard/Transportation Services to/from U.S. Courthouse (May 2021)

When U.S. Courthouse in block #14 on page one (1) of this agreement is checked, the Local Government agrees, subject to the availability of its personnel, to provide transportation and guard services for Federal prisoners housed at its facility to and from the U.S. Courthouse. These services shall be performed by at least two (2) armed and qualified LEOs or COs. In all cases, these are part of a fulltime Law Enforcement Organization or Correctional Organization and that they have met the minimum training requirements.

The Local Government agrees to provide additional personnel if requested by the USMS to enhance specific requirements for security, prisoner monitoring, and contraband control.

Upon arrival at the courthouse, the Local Government’s transportation guard will turn Federal prisoners over to the USMS only upon presentation of proper law enforcement credentials.

The Local Government will not transport Federal prisoners to any U.S. Courthouse without a specific request from the USMS who will provide the prisoner’s name, the U.S. Courthouse, and the date the prisoner is to be transported.

Each prisoner will be fully restrained in handcuffs, waist chain, and leg restraints during transportation unless otherwise authorized by the USMS. Deviations from full restraints must be documented and reported monthly to the local district USM, Chief, or their designee and to the USMS POD at PODCoCIquiries@usdoj.gov.

The reimbursable hourly rate, if agreed upon, will be shown in block #13 on page one (1) of this agreement.

Mileage shall be reimbursed in accordance with the current GSA mileage rate.

(End of Provision)

14. Guard/Transportation Services to Justice Prisoner & Alien Transportation System (JPATS) or Other (May 2021)

When JPATS, Other or both in block #14 on page one (1) of this agreement is checked, the Local Government agrees, subject to the availability of its personnel, to provide transportation and escort guard services for Federal prisoners housed at its facility to and from the JPATS or other locations designated by the Federal Government.

These services shall be performed by at least two (2) armed and qualified LEOs or COs. In all cases, these are part of a fulltime Law Enforcement Organization or Correctional Organization and that they have met the minimum training requirements.

The Local Government agrees to provide additional personnel if requested by the USMS to enhance specific requirements for security, prisoner monitoring, and contraband control.

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The Local Government shall also provide reports to the USMS on a monthly basis listing all USMS prisoners who were detained in restrictive housing, and the reasons for their assignment to restrictive housing. When no USMS prisoners have been placed in restrictive housing during the reporting month, the Local Government shall notify USMS that there are no USMS prisoners to report. The report or a notification of no USMS prisoners in restrictive housing ` shall be submitted to the CDUSM or his or her designee and POD at PODCoCinquiries@usms.doj.gov, no later than the tenth day of each month in a standard format established by the USMS.

The Local Government shall have a comprehensive suicide-prevention program in place incorporating all aspects of identification, assessment, evaluation, treatment, preventive intervention, and annual training of all medical, mental health, and correctional staff.

Additional prisoner suicide prevention resources can be found at: https://www.usmarshals.gov/prisoner/suicide_prevention.htm and <https://nicic.gov/>.

(End of Provision)

20. Prison Rape Elimination Act (PREA) (November 2021)

The Facility must post Prison Rape Elimination Act (PREA) brochure/bulletins in each housing unit of the Facility. The Facility must abide by all relevant PREA regulations at: (<https://www.prearesourcecenter.org/about/prison-rape-elimination-act-prea>).

All sexual harassment and sexual assaults of or by a USMS prisoner must be reported to the district CDUSM or designee and the POD at: PREAinquiries@usdoj.gov.

In accordance with PREA, the Facility must arrange for a PREA audit every three (3) years. The Facility must maintain PREA compliance or be actively working towards compliance. Additional resources can be found at: <https://www.prearesourcecenter.org/>.

Templates for PREA posters and brochures can be found at: <https://www.prearesourcecenter.org/library/search?keys=poster&cat=All>

(End of Provision)

21. PREA Prisoner Incident Reporting (November 2021)

PREA posters shall contain information on how to report a sexual assault by using one of the following methods:

- Speaking with a staff member;
- Writing a letter reporting the alleged sexual misconduct to the person in charge or the USMS. To ensure confidentiality, use special (Legal) mail procedures;
- Filing an Emergency Prisoner Grievance - If you decide your complaint is too sensitive to file with the Officer in Charge, you can file your Grievance directly with the CDUSM. You can get the forms from your housing unit officer, or a Facility supervisor;

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- Writing to the Office of Inspector General (OIG), which investigates allegations of staff misconduct. The address is: Office of Inspector General, U.S. Department of Justice, 950 Pennsylvania Ave. Room 4706, Washington, DC. 20530; or
- Calling, **at no expense to the victim**, the OIG. The phone number is 1-800-869-4499.

All allegations of sexual abuse reported to Facility staff must be reported and will be investigated. Information concerning the identity of a prisoner victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have the need to know in order to make decisions concerning the prisoner-victim’s welfare and for law enforcement investigative purposes.

(End of Provision)

22. Federal Acquisition Regulation (FAR) Agreement Provisions (May 2021)

This agreement incorporates the following agreement provisions by reference, with the same force and effect as if it was given in full text. Upon request, the full text will be made available. The full text of this provision may be accessed electronically at: <http://www.acquisition.gov>.

Agreement Provisions:

FAR 52.222-4 Contract Work Hours and Safety Standards – Overtime (May 2018)

FAR 52.222-41 Service Contract Labor Standards. (November 2024)

If the Collective Bargaining Agreement in block #15 on page one (1) of this Agreement is checked, the Local Government agrees In accordance with Section 2 (a) and 4 (c) of the Services Contract Act, as amended, employees employed by the contractor (s) in performing services covered by the Collective Bargaining Agreement (s) are to be paid wage rates and fringe benefits set forth in the current collective bargaining agreement and modified extension agreements.

FAR 52.222-42 Statement of Equivalent Rates for Federal Hires (May 2014)

FAR 52.222-43 Fair Labor Standards Act and the Service Contract Labor Standards – Price Adjustment (Multiyear and Option Contracts) (August 2018)

The current Local Government per-diem rates shall be the prevailing wages unless notified by the Federal Government.

If the Department of Labor Wage Determination in block #15 on page one (1) of this Agreement is checked, the Local Government agrees, in accordance with FAR 52.222.43 (a), (f), that it must notify the Federal Government of any increase or decrease in applicable wages and fringe benefits claimed under this clause within thirty (30) days after receiving a new wage determination.

(End of Provision)

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the facility's out of cycle economic rate adjustment request. The request and its supporting documentation are the sole responsibility of the Local Government to provide a complete request package to the Agreements Specialist. Incomplete or missing data may delay the request being processed or causing the request to be denied altogether.

Two (2) or more out of cycle economic rate adjustment requests within the same **thirty-six (36) month period** with an aggregate proposed increase of 25% or more are not permissible under this agreement.

(End of Provision)

25. Billing and Financial Provisions (May 2021)

The Local Government shall prepare and submit for certification and payment, original and separate invoices each month to each Federal Government component responsible for Federal prisoners housed at the Facility.

Address(es) for the component(s) is/are:

United States Marshals Service
District of Oregon
1000 SW 3rd Avenue
Portland, OR 97204
(503) 326-2209

Bureau of Prisons
RRM Seattle
2425 South 200 St (At FDC)
Seattle, WA 98198
(253) 765-2769

To constitute a proper monthly invoice, the name and address of the Facility, the name of each Federal prisoner, their specific dates of confinement, the total days to be paid, the appropriate per diem rate as approved in the agreement, and the total amount billed (total days multiplied by the per-diem rate per day) shall be listed, along with the name, title, complete address, and telephone number of the Local Government official responsible for invoice preparation. Additional services provided, such as transportation and guard services, shall be listed separately and itemized.

Nothing contained herein shall be construed to obligate the Federal Government to any expenditure or obligation of funds in excess of, or in advance of, appropriations in accordance with the [31 U.S.C Section 1341](#) – Limitations on expending and obligating amounts.

(End of Provision)

26. Payment Procedures (May 2021)

The Federal Government will make payments to the Local Government at the address listed in block #6 on page one (1) of this agreement. The payments will be made promptly after the district office has received and certified the invoice is correct.

(End of Provision)

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27. Hold Harmless (May 2021)

It is understood and agreed that the Local Government shall fully defend, indemnify, and hold harmless the United States of America, its officers, employees, agents, and servants, individually and officially, for any and all liability caused by any act of any member of the Local Government or anyone else arising out of the use, operation, or handling of any property (to include any vehicle, equipment, and supplies) furnished to the Local Government in which legal ownership is retained by the United States of America, and to pay all claims, damages, judgments, legal costs, adjuster fees, and attorney fees related thereto. The Local Government will be solely responsible for all maintenance, storage, and other expenses related to the care and responsibility for all property furnished to the Local Government.

(End of Provision)

28. Disputes (May 2021)

Disputes, questions, or concerns pertaining to this Agreement will be resolved between appropriate officials of each party. Both the parties agree that they will use their best efforts to resolve the dispute in an informal fashion through consultation and communication, or other forms of non-binding alternative dispute resolution mutually acceptable to the parties.

(End of Provision)

29. Review of Services (November 2021)

Review standards for prisoners may differ among authorized agency users. The Local Government agrees to allow periodic unannounced reviews by Federal Government, to include approved Federal contractors, in accordance with the standards required by any or all of the Federal authorized agency users whose prisoners may be housed pursuant to this Agreement. A summary of inspection findings will be shared with the facility administrator in order to promote improvements to facility operations, conditions of confinement, and levels of services. If the Federal Government identifies significant finding(s) during the review, the Local Government will provide the Federal Government with a corrective action plan to address the issue(s).

(End of Provision)

30. IGA Amendments (May 2021)

For all amendments except for full or partial terminations, either party may initiate a request for amendment to this agreement in writing. All amendments negotiated will be effective only upon written approval of both parties.

(End of Provision)

| | | |
|--------------------------------------|---------------------|--------------------------------------|
| REGISTER OF WAGE DETERMINATION UNDER | | U.S. DEPARTMENT OF LABOR |
| THE SERVICE CONTRACT ACT | | EMPLOYMENT STANDARDS ADMINISTRATION |
| By direction of the Secretary | | WAGE AND HOUR DIVISION |
| of Labor | | WASHINGTON D.C. 20210 |
| | | |
| | | |
| | | |
| | | Wage Determination No.: CBA-2025-185 |
| Diane Koplewski | Division of | Revision No.: 0 |
| Director | Wage Determinations | Date Of Last Revision: 04/30/2025 |

State: Oregon

Area: Yamhill

Employed on U.S. MARSHALS SERVICE contract for Employed on DEPT OF JUSTICE US MARSHALS SVC(IGA 65-00-0004) for Prisoner Housing and Guard/Transport Services.

Collective Bargaining Agreement between contractor: Yamhill County Yamhill County Sheriff, and union: Teamsters Local 223 Local , effective 07/01/2024 through 06/30/2027.

In accordance with Section 2(a) and 4(c) of the Service Contract Act, as amended, employees employed by the contractor(s) in performing services covered by the Collective Bargaining Agreement(s) are to be paid wage rates and fringe benefits set forth in the current collective bargaining agreement and modified extension agreement(s).

UNCLASSIFIED//LAW ENFORCEMENT SENSITIVE (When Completed)

U.S. Department of Justice
United States Marshals Service

Detention Facility Review

FACILITY FACTS

FACILITY OVERVIEW

Facility Name

Physical Address

Phone Number

Fax Number

City

State

Zip Code

County

District

Contract/Agreement Number

Contract/Agreement Type (Private, IGA, LUA)

Expiration Date

Closest USMS Office Name

Driving Time from Closest USMS Office

minutes

Driving Distance from Closest USMS Office

miles

Date of Last USMS Detention Facility Review

Points of Contact (Administrative, Facility, Intelligence, Medical, PREA, Restrictive Housing, Security)

(If needed, use "Other Notes Section" on last page to document more than one point of contact.)

Title

Name

Type of Contact

Phone Number

Extension

Email Address

Title

Name

Type of Contact

Phone Number

Extension

Email Address

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| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Title | | Name | |
| <input type="text"/> | | <input type="text"/> | |
| Type of Contact | Phone Number | Extension | Email Address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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|----------------------|----------------------|----------------------|----------------------|
| Title | | Name | |
| <input type="text"/> | | <input type="text"/> | |
| Type of Contact | Phone Number | Extension | Email Address |
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| Title | | Name | |
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Prisoner Information (Annotate the number of prisoners per category)

| | Adult Male | Adult Female | Juvenile Male | Juvenile Female | Total |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total Facility Bed Capacity | <input type="text"/> |
| USMS Allocated Beds | <input type="text"/> |
| Facility Average Daily Population (Last 12 Months) | <input type="text"/> |
| USMS Average Daily Population | <input type="text"/> |
| Local/Non-Federal Average Daily Population | <input type="text"/> |
| Bureau of Prisons Average Daily Population | <input type="text"/> |
| ICE Average Daily Population | <input type="text"/> |

Security Staff Information (Annotate number of authorized and filled positions per facility's staffing plan)

| | Authorized | Filled |
|------------------------------|----------------------|----------------------|
| Warden | <input type="text"/> | <input type="text"/> |
| Assistant Warden | <input type="text"/> | <input type="text"/> |
| Chief of Security | <input type="text"/> | <input type="text"/> |
| Shift Supervisors | <input type="text"/> | <input type="text"/> |
| Other Supervisors | <input type="text"/> | <input type="text"/> |
| Corrections Officers | <input type="text"/> | <input type="text"/> |
| Transportation Officers | <input type="text"/> | <input type="text"/> |
| Perimeter Security | <input type="text"/> | <input type="text"/> |
| Restrictive Housing Security | <input type="text"/> | <input type="text"/> |
| Other Security | <input type="text"/> | <input type="text"/> |

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Medical Staff Information (Annotate number of authorized and filled positions per facility's staffing plan)

| | Authorized | Filled |
|----------------------------|----------------------|----------------------|
| Physician | <input type="text"/> | <input type="text"/> |
| Physician's Assistant | <input type="text"/> | <input type="text"/> |
| Nurse Practitioner | <input type="text"/> | <input type="text"/> |
| Registered Nurse | <input type="text"/> | <input type="text"/> |
| Licensed Practical Nurse | <input type="text"/> | <input type="text"/> |
| Mental Health Professional | <input type="text"/> | <input type="text"/> |
| Other Medical Staff | <input type="text"/> | <input type="text"/> |

Contraband

List facility's total number of contraband incidents since last USMS DFR (if applicable).

| | | |
|-----------------------------|--------------------------------|----------------------|
| Drugs or Alcohol | Drugs or Alcohol Paraphernalia | Electronic Devices |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Electronic Device Accessory | Weapon | Tool |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Incidents

List facility's total number of incidents since last USMS DFR (if applicable).

| | | | |
|--------------------------|--------------------------------|------------------------------|------------------------|
| Suicides | Suicide Attempts | Escapes | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Escape Attempts | Physical Assaults on Prisoners | Physical Assaults on Staff | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Health Care Grievances | Natural Deaths | Sexual Assaults on Prisoners | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Sexual Assaults on Staff | Homicides | Riots/Disturbances | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Overdose Deaths | Overdoses | Use of Force | Excessive Use of Force |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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Was the USMS notified of all incidents involving USMS prisoners?

Yes No

Incidents Not Reported (Contraband, Suicide, Suicide Attempt, Escapes, Escapes Attempts, Physical Assaults on Prisoners, Physical Assault on Staff, Health Care Grievances, Natural Death, Sexual Assault on Prisoners, Sexual Assault on Staff, Homicides, Riots/Distributions, Overdoses, Use of Force). (If needed, use "Other Notes Section" on last page to document more than one incident.)

| | | |
|---|--------------------------------|----------------------|
| Incident Type (Use Incident types listed above) | Incident Subtype (Leave blank) | Date of Incident |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Remarks

| | | |
|---|--------------------------------|----------------------|
| Incident Type (Use Incident types listed above) | Incident Subtype (Leave blank) | Date of Incident |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Remarks

| | | |
|---|--------------------------------|----------------------|
| Incident Type (Use Incident types listed above) | Incident Subtype (Leave blank) | Date of Incident |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Remarks

| | | |
|---|--------------------------------|----------------------|
| Incident Type (Use Incident types listed above) | Incident Subtype (Leave blank) | Date of Incident |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Remarks

| | | |
|---|--------------------------------|----------------------|
| Incident Type (Use Incident types listed above) | Incident Subtype (Leave blank) | Date of Incident |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Remarks

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Court Action

(If needed, use "Other Notes Section" on last page to document more than 3 actions)

Are there any court orders or pending major litigation affecting the facility?

Yes No

Case Name/Number

[Text box for Case Name/Number]

Select Functional Area

- Admin & Mgmt, Health Care, Security & Control, Food Service, Safety & Sanitation, Service & Programs

Date of Court Filing

[Text box for Date of Court Filing]

Case Name/Number

[Text box for Case Name/Number]

Select Functional Area

- Admin & Mgmt, Health Care, Security & Control, Food Service, Safety & Sanitation, Service & Programs

Date of Court Filing

[Text box for Date of Court Filing]

Case Name/Number

[Text box for Case Name/Number]

Select Functional Area

- Admin & Mgmt, Health Care, Security & Control, Food Service, Safety & Sanitation, Service & Programs

Date of Court Filing

[Text box for Date of Court Filing]

ADMINISTRATION AND MANAGEMENT

Policy Development and Monitoring

Does the facility maintain policies and procedures that describe facility operations, maintenance and administration?

Yes No

Do policies have a date documenting the last time the responsible facility manager/administrator reviewed the policy to ensure it remains current, accurate, and relevant to the facility's operation?

Yes No

If 'Yes', Date of Last Internal Review

[Text box for Date of Last Internal Review]

Policy Communication and Access

Are policies and procedures communicated to all employees?

Yes No

Does staff have 24/7 access to policies and procedures?

Yes No

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Prisoner Property and Money

Does the facility properly inventory prisoner property?

Yes No

Does the facility properly store prisoner property?

Yes No

Does the facility properly return prisoner property?

Yes No

Does the facility properly inventory prisoner money?

Yes No

Does the facility properly store prisoner money?

Yes No

Does the facility properly return prisoner money?

Yes No

Prisoner Release

Has the facility erroneously released ANY prisoner(s) during the review period?

Yes No

Total number of non-USMS prisoners erroneously released

Total number of USMS prisoners erroneously released

Accommodations for Prisoners with Disabilities

Does the facility accept prisoners with disabilities?

Yes No

Are adequate accommodations made available for prisoners with disabilities?

Yes No

Contingency/Emergency Plans

Does the facility have a written emergency plan in place for situations that threaten facility security? (e.g., riots, hunger strikes, disturbances, escapes, and hostage situations.)

Yes No

Does the emergency plan have a date documenting the last time the responsible facility manager/administrator reviewed the policy to ensure it remains current, accurate, and relevant to the facility's operation?

Yes No

If 'Yes', Date of Last Emergency Plan Review

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Is a hard copy of the emergency plan available for incorporation into the district's detention plan?

Yes No

Does the facility's emergency plan include the USMS prisoners housed at the facility?

Yes No

Does the facility have a written contingency plan in place for situations involving mass prisoner relocation? (e.g., weather, fire, flooding, facility not habitable.)

Yes No

Does the contingency plan have a date documenting the last time the responsible facility manager/administrator reviewed the plan to ensure it remains current, accurate, and relevant to the facility's operation?

Yes No

If 'Yes', Date of Last Contingency Plan Review

Is a hard copy of the contingency plan available for incorporation into the district's detention plan?

Yes No

Does the facility's contingency plan include the USMS prisoners housed at the facility?

Yes No

Staff Background Checks

Does the facility verify identity of employees prior to hiring via Fingerprints:

Yes No

Does the facility verify identity of employees prior to hiring via Social Security Number:

Yes No

Does the facility verify identity of employees prior to hiring via Date of Birth:

Yes No

Does the facility verify identity of contractors prior to hiring via Fingerprints:

Yes No

Does the facility verify identity of contractors prior to hiring via Social Security Number:

Yes No

Does the facility verify identity of contractors prior to hiring via Date of Birth:

Yes No

Does the facility verify identity of volunteers prior to hiring via Fingerprints:

Yes No

Does the facility verify identity of volunteers prior to hiring via Social Security Number:

Yes No

Does the facility verify identity of volunteers prior to hiring via Date of Birth:

Yes No

Are initial background and reference checks completed for all employees prior to hiring?

Yes No

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Are initial background and reference checks completed for all contractors prior to hiring?

Yes No

Are initial background and reference checks completed for all volunteers prior to hiring?

Yes No

Do the background and reference checks include verification of employment history for the past five (5) years?

Yes No

Do the background and reference checks include verification residency for the past three (3) years?

Yes No

Do the background and reference checks include credit history to reveal current delinquency?

Yes No

Do the background and reference checks include credit history to reveal unresolved liens?

Yes No

Do the background and reference checks include credit history to reveal accounts in collection?

Yes No

Do the background and reference checks include credit history to reveal court-ordered judgments?

Yes No

Do the background and reference checks include criminal history to reveal felony convictions?

Yes No

Do the background and reference checks include criminal history to reveal disqualifying misdemeanor convictions?

Yes No

Do the background and reference checks include verification that there are no derogatory civil records?

Yes No

Do the background and reference checks address alcohol dependency?

Yes No

Do the background and reference checks address drug dependency?

Yes No

Does the facility conduct re-investigations of employees, contractors, and volunteers?

Yes No

If so, how often?

Reporting/Investigating Staff Misconduct

How many administrative allegations of staff misconduct were reported since the last DFR (if applicable)?

How many criminal allegations of staff misconduct were reported since the last USMS DFR (if applicable)?

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How many criminal allegations of staff misconduct were reported to law enforcement since the last USMS DFR (if applicable)?

[Empty box for reporting criminal allegations]

Prisoner Anti-Discrimination

Does the facility have a prisoner anti-discrimination policy?

Yes No

If Yes, does the policy address prisoner:

- Age? Yes No
Disability? Yes No
Equal Pay/Compensation? Yes No
Harassment? Yes No
National Origin? Yes No
Pregnancy? Yes No
Race/Color? Yes No
Religion? Yes No
Retaliation? Yes No
Sex? Yes No
Sexual Orientation? Yes No
Sexual Harassment? Yes No
Are services, programs, and activities provided to all eligible prisoners? Yes No

Prison Rape Elimination Act (PREA) Compliance

Does the facility have a PREA compliance program?

Yes No

Does the program address the following:

- Zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
Prevention and response planning? Yes No
Prisoner training and education? Yes No
Employee training and education? Yes No
Screening for risk of sexual victimization? Yes No
Reporting and investigations? Yes No
Discipline? Yes No
Medical/ mental health care? Yes No
Auditing? Yes No
Corrective action? Yes No
State compliance? Yes No

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Has the facility had an audit conducted by a DOJ certified PREA auditor within the past 3 years?

Yes No

If 'No' to the previous question, has a DOJ PREA audit been scheduled?

Yes No

If Yes, what is the scheduled DOJ PREA Audit Date?

If 'Yes' to the previous question, is a hard copy of the PREA audit available?

Yes No

If 'Yes', Audit Date

What was the name of the Auditor?

If an audit was conducted, how many deficiencies were noted in the last PREA audit?

If there were deficiencies, is there a corrective action plan in place?

Yes No

If Yes, has corrective action taken place?

Yes No

Reason for not scheduling a PREA audit:

- Expense of PREA Audit
- Expense of constructions upgrades
- Expense of Technology upgrades
- Unaware of requirement
- Previous PREA audit failure

HEALTH CARE

Intake Screening

Does the facility have a designated health authority with responsibility for health care services?

Yes No

Does the facility have policy or procedures for medical, mental health, and dental health screening during intake?

Yes No

Do all prisoners undergo medical screening during the initial intake process?

Yes No

If 'No', how long after intake does the medical screening occur?

months days

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Does the facility ensure TB testing during the initial intake process?

Yes No

If 'No', how long after intake does the TB test occur?

months days

Are TB test results provided to the USMS within 14 days?

Yes No

If 'No', when were results provided?

months days

Do all prisoners undergo mental health screening during the initial intake process?

Yes No

If 'No', how long after intake does the mental health screening occur?

months days

Do all prisoners undergo dental health screening within 14-days after the initial intake process?

Yes No

If 'No', how long after intake does the dental health screening occur?

months days

Are all comprehensive medical screening results reviewed by a physician?

Yes No

If Yes, how long after intake does this occur?

months days

Is a comprehensive health appraisal for each prisoner completed within 14-days after initial intake?

Yes No

If 'No', how long after intake does the appraisal occur?

months days

Are intake medical screening records maintained for every prisoner?

Yes No

Medical, Dental, and Mental Health

Does the facility have a medical unit staffed 24/7?

Yes No

Does the facility employ an on-site mental health professional?

Yes No

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Are prisoners with mental health issues identified as part of the vulnerable population?

Yes No

Are prisoners with mental health issues referred to qualified mental health professionals?

Yes No

Routine, Chronic, and Emergency Health Services

Are all prisoners made aware of the process for requesting health care services?

Yes No

Does the facility document receipt and disposition of health care requests by prisoners?

Yes No

Does the facility document all health care rendered to prisoners?

Yes No

Does the facility document all health care referrals?

Yes No

Does the facility document all health care refused by prisoners?

Yes No

Does the facility have a policy or procedures for identifying medical emergencies?

Yes No

Does the facility provide access to prescription medication?

Yes No

Does the facility participate in the National Managed Care Contract (NMCC) and Pharmacy Program?

Yes No

Does the facility have an onsite pharmacy?

Yes No

Does the facility provide a 7-day supply of prescribed medication upon transfer or release?

Yes No

Does the facility document responses to prisoner health care grievances?

Yes No

When does the facility respond to health care grievances?

Days

Response to Medical, Mental and Dental Health Needs

Are all prisoners who require health care beyond the capacity of the facility transferred to a facility where such care is available?

Yes No

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Are facility staff certified in CPR and basic first aid?

- Yes No

With the exception of emergencies, does the facility submit a request to the district to request approval for outside medical services?

- Yes No

Does the facility immediately notify the district in the event of a USMS prisoner medical emergency?

- Yes No

Suicide Prevention

Does the facility have a suicide prevention program?

- Yes No

Does the facility document staff training for prisoner suicide prevention?

- Yes No

Does the facility have procedures for identifying prisoners at risk for suicide?

- Yes No

Does the facility have procedures for monitoring prisoners at risk for suicide?

- Yes No

How often are welfare inspections conducted on suicidal prisoners?

- Constant Observation Every 15 mins Every 30 mins Every 45 mins Every hour
 More than 1 hour Never

Does the facility report suicidal gestures, remarks, tendencies, and attempts to the USMS?

- Yes No

Does the facility provide mental health services to suicidal prisoners?

- Yes No

Does the facility report restrictive housing of suicidal prisoners to the USMS?

- Yes No

How many suicidal prisoners were placed in restrictive housing during the rating period?

Prisoner Death

Does the facility have procedures to respond to a prisoner's death?

- Yes No

Does the facility immediately notify the USMS in the event of a USMS prisoner death?

- Yes No

Does the facility review each prisoner death?

- Yes No

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Infectious Disease

Does the facility have written plan to address the management and reporting of infectious and communicable diseases?

Yes No

Does the plan include:

- HIV? Yes No
- Tuberculosis? Yes No
- Hepatitis? Yes No
- Influenza? Yes No
- Chlamydia? Yes No
- COVID? Yes No
- Ebola? Yes No
- HPV? Yes No
- Salmonella? Yes No
- Scabies? Yes No
- Zika? Yes No
- E. coli? Yes No
- Chicken Pox? Yes No

Does the facility report all cases of infectious and communicable diseases to the CDC?

Yes No

Does the facility report all cases of infectious and communicable diseases to the USMS?

Yes No

Does the facility have an infectious and communicable disease policy or procedures to:

- Identify prisoners with infectious and communicable diseases? Yes No
- Treat prisoners with infectious and communicable diseases? Yes No
- Quarantine prisoners with infectious and communicable diseases? Yes No

Has the facility tested communication with local and federal health authorities?

Yes No

Does the facility maintain adequate PPE for all staff in the event of a pandemic?

Yes No

Does the facility maintain adequate PPE for all prisoners in the event of a pandemic?

Yes No

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SECURITY AND CONTROL

Correctional Supervision

Are correctional officer posts located in, or immediately adjacent to, prisoner living areas so officers can respond promptly to emergency situations?

Yes No

Does the facility use a minimum of 2 armed officers for prisoners transportation and hospital guarding?

Yes No

Are prisoners managed and supervised 24 hours a day, 7 days a week?

Yes No

Security Features

Are weekly inspections of all security devices conducted?

Yes No

Security Inspections

Do supervisory staff conduct intermittent security sweeps of all areas prisoners occupy?

Yes No

Searches and Contraband

Does the facility have procedures for searching prisoners for contraband upon arrival to the facility?

Yes No

Does the facility have procedures for searching prisoners for contraband prior to transporting the prisoner?

Yes No

Does the facility have procedures for searching prisoners for contraband after prisoner visitation?

Yes No

Does the facility have procedures for searching prisoners for contraband after work details?

Yes No

Does the facility notify the USMS if a USMS prisoner is found with contraband?

Yes No

Prisoner Accountability and Supervision

Does the facility have procedures for physically counting prisoners?

Yes No

If Yes, provide number of counts per day

[Empty text box for counts per day]

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Use of Force

Does the facility have procedures for use of force?

Yes No

Does the facility document every use of force incident?

Yes No

Does the facility notify the USMS of every use of force incident involving USMS prisoners?

Yes No

Does the facility investigate all use of force incidents?

Yes No

Non-routine Use of Restraints

Does the facility have procedures for use of restraints?

Yes No

Is the use of restraints on pregnant or postpartum USMS prisoners documented?

Yes No

Does the facility report the use of restraints on pregnant or postpartum USMS prisoners?

Yes No

Number of pregnant USMS prisoners housed during the period:

Key Control

Are keys controlled and inventoried?

Yes No

Tools and Culinary Equipment Control

Are tools and culinary equipment controlled and inventoried?

Yes No

How many missing items were reported during the rating period?

Weapons Control

Does the facility have procedures for the control and use of firearms and less-than-lethal devices?

Yes No

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Prisoner Handbook and Discipline

Do prisoners have 24/7 access to a prisoner rule/handbook in English?

Yes No

Does the prisoner rule/handbook include facility rules and disciplinary procedures for violations?

Yes No

Do prisoners have 24/7 access to a prisoner rule/handbook in Spanish?

Yes No

Does the prisoner rule/handbook include facility rules and disciplinary procedures for violations?

Yes No

Restrictive Housing

Does the facility have written procedures for restrictive housing?

Yes No

Does the facility have written procedures for monitoring prisoners in restrictive housing?

Yes No

Does the facility immediately report restrictive housing of any USMS prisoner in the vulnerable population?

Yes No

How many USMS prisoners in the vulnerable population were placed in restrictive housing during the rating period?

Does the facility report restrictive housing of every USMS prisoner, monthly to the USMS?

Yes No

If Yes, how many USMS prisoners were placed in restrictive housing since the rating period?

How does the facility report restrictive housing to the USMS?

Email Invoices Restrictive Housing Module

Does the facility have procedures for reintegration of a prisoner from restrictive housing into the general population?

Yes No

Does the facility notify the prisoner of the reason for restrictive housing?

Yes No

Does the facility conduct a disciplinary hearing within 7 days?

Yes No

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Criminal Organization

(If needed, use "Other Notes Section" on last page to document more than 3 organizations.)

Does the facility collect criminal organization or security threat group information?

Yes No

| Name of Criminal Organization | Category (Leave blank) | Organization Level (Leave blank) | OID (Leave blank) |
|-------------------------------|------------------------|----------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Remarks

| Name of Criminal Organization | Category (Leave blank) | Organization Level (Leave blank) | OID (Leave blank) |
|-------------------------------|------------------------|----------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Remarks

| Name of Criminal Organization | Category (Leave blank) | Organization Level (Leave blank) | OID (Leave blank) |
|-------------------------------|------------------------|----------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Remarks

FOOD SERVICE

Sanitation Requirements

Has the facility been inspected by an external entity within the past 12 months to ensure that the food service and equipment meets established health, sanitation, and safety protocols?

Yes No

If 'Yes', Date of Inspection

Were any violations identified?

Yes No

Have those violations been corrected?

Yes No

Was the facility re-inspected to ensure the violations were corrected properly?

Yes No

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Adequate and Varied Meals

Does the facility provide 3 meals per day?

Yes No

Does the facility provide a minimum of 2 hot meals per day?

Yes No

Does the facility provide meals that are nutritionally adequate and varied, as approved by a dietitian?

Yes No

Does the facility serve meals that match the approved meal menus?

Yes No

Does the facility provide special meals for prisoner religious or medical needs?

Yes No

SAFETY AND SANITATION

Fire Safety

Was an annual fire safety inspection conducted by an external entity?

Yes No

If 'Yes', Date of Inspection

Were any violations identified?

Yes No

Have those violations been corrected?

Yes No

Was the facility re-inspected to ensure the violations were corrected properly?

Yes No

Control of Dangerous Materials

Does the facility have procedures for the maintenance, inventory, and storage of flammable, toxic, and caustic materials and chemicals?

Yes No

Does the facility have adequate personal protective equipment for the safe handling of chemicals?

Yes No

Does the facility receive training on the safe use of each chemical?

Yes No

If yes to the above question, is the training documented?

Yes No

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Clothing, Laundry and Bedding

Are all prisoners issued at least two clean sets of temperature appropriate and properly sized clothing, to include uniforms, socks, underwear, t-shirts, braziers, and shoes?

Yes No

Do prisoners have access to laundry facilities, or the ability to have their clothing items washed?

Yes No

Do all prisoners receive adequate bedding, to include blanket, sheets, mattress and pillow?

Yes No

How often is bedding washed or exchanged? (Weekly, Every 2 weeks, Every 3 weeks, Monthly, Every other month, Never)

Weekly Every 2 Wks Every 3 Wks Monthly Every other month Never

Are exceptions to the laundry schedule made when clothes are soiled?

Yes No

Are exceptions to the linen schedule made when linen and mattresses are soiled?

Yes No

Are mattresses a minimum of 12 inches from the floor?

Yes No

Housing

Are single cells a minimum of 56 square feet?

Yes No

Are double cells a minimum of 72.5 square feet?

Yes No

Does the facility triple bunk or use boat beds?

Yes No

How many times did during the rating period?

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Personal Hygiene

Are toiletries provided to indigent prisoners at no cost?

Yes No

Are the following available at no cost:

Soap? Yes No

If No, are all prisoner charged the same fee? Yes No

Toothpaste? Yes No

If No, are all prisoner charged the same fee? Yes No

Razors? Yes No

If No, are all prisoner charged the same fee? Yes No

Shampoo? Yes No

If No, are all prisoner charged the same fee? Yes No

Sanitary Napkins? Yes No

If No, are all prisoner charged the same fee? Yes No

Tampons? Yes No

If No, are all prisoner charged the same fee? Yes No

Do all prisoners have 24-hour access to an operable toilet?

Yes No

Do all prisoners have 24-hour access to a washbasin with hot and cold running water?

Yes No

Physical Facility and Equipment

Is the facility kept clean and in good repair?

Yes No

Is all facility equipment in proper working order?

Yes No

Is there any evidence or sign of mold?

Yes No

Is there any evidence or sign of insects?

Yes No

Is there any evidence or sign of rodents?

Yes No

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Does the facility have adequate environmental controls to provide for indoor prisoner living conditions with air temperatures maintained between 69 and 76 degrees?

- Yes No

SERVICE AND PROGRAMS

Classification, Review, and Housing

Does the facility have a procedure for prisoner classification, placement, and management?

- Yes No

Does the facility regularly review a prisoner's behavior or circumstances to determine housing placement?

- Yes No

Are all USMS prisoners clearly identified in the facility's classification system?

- Yes No

Copay and Fees

Are prisoners charged a fee for haircuts?

- Yes No

If 'Yes', are all prisoners charged the same fee?

- Yes No

Are prisoners charged a fee for meals?

- Yes No

If 'Yes', are all prisoners charged the same fee?

- Yes No

Are prisoners charged a fee for medical co-pay?

- Yes No

If yes, are all prisoners charged the same fee?

- Yes No

Religious Practices

Do prisoners have the opportunity to participate in the religious practice of their faith?

- Yes No

Volunteer Work Assignments

Does the facility allow USMS prisoners to hold a job in the facility?

- Yes No

Does the facility ensure that un-sentenced USMS prisoners are not required to hold a job in the facility unless they volunteer to do so?

- Yes No

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Does the facility pay USMS prisoners for services provided during scheduled work hours?

Yes No

Are USMS prisoners assigned to work outside of the secure perimeter of the facility?

Yes No

Does the facility document all USMS prisoner work assignments?

Yes No

Prisoner Grievance Program

Does the prisoner grievance protocol include at least one level of appeal?

Yes No

Does the facility document responses and dispositions of prisoner grievances?

Yes No

When does the facility respond to the prisoner grievances?

Months Days

Juveniles

Does the facility house juveniles? If 'No', move to next section.

Yes No

Does the facility have procedures for housing juveniles?

Yes No

Does the facility ensure the special diet, exercise, and education needs of juvenile prisoners are met?

Yes No

Does the facility place prisoners under 21 who are charged as juveniles in restrictive housing?

Yes No

Does the facility immediately report restrictive housing of USMS juvenile prisoners?

Yes No

Does the facility ensure that voluntary and involuntary restrictive housing of prisoners under 21 who are charged as juveniles are removed from restrictive housing every 3 hours?

Yes No

Exercise and Out-of-Cell Opportunities

Does the facility provide prisoners with opportunity for exercise and out-of-cell time?

Yes No

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Telephone Access

Do prisoners have adequate access to telephones?

- Yes No

Access to the Courts and Legal Materials

Do prisoners have access to the courts?

- Yes No

Do prisoners have access to legal material/law library?

- Yes No

Access to Legal Representation

Do the prisoners have confidential access to counsel via telephone?

- Yes No

Do the prisoners have confidential access to counsel via written correspondence?

- Yes No

Do the prisoners have confidential access to counsel via visitation?

- Yes No

Visitation

Does the facility have a prisoner visitation program?

- Yes No

Does the prisoner visiting room have barriers to prevent contact visitation?

- Yes No

Mail and Correspondence

Can Prisoners send and receive mail?

- Yes No

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CONCLUSION

Other Notes

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Additional Points of Contact

Title

Name

Type of Contact

Phone Number

Extension

Email Address

Title

Name

Type of Contact

Phone Number

Extension

Email Address

Title

Name

Type of Contact

Phone Number

Extension

Email Address

Detention Facility Review (DFR) Acknowledgment

I acknowledge that I have completed DFR training within the last 365 days and I have a current USM-222, Additional Duty Designation, designating me as a Detention Facility Reviewer.

Detention Facility Reviewer

Title

Date

SDUSM

Title

Date

CDUSM/USM

Title

Date

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