

**«Name_of_facility»
Jail and Detention
Policies and Procedures**

Subject: Jail Admission & Intake	Policy Number: 4.02
Issue Date:	Revision Date:
Approval Authority Title and Signature:	

POLICY:

Admittance and processing of arrestees and inmates into «Name_of_facility» includes verification of legal confinement, screening, classification, searching, and issue of clothing and sundry items while maintaining the security and operational integrity of the jail.

PENOLOGICAL INTEREST:

«Short_name_for_facility» has a penological interest in processing new or returning inmates in an efficient and orderly manner while providing reasonable and necessary security for employees, officers, and inmates.

DEFINITION:

- **Buccal Swab** - means cotton or other material-tipped device used to collect buccal cell samples from inside an individual's mouth, particularly the cheek.

PROCEDURE:

Initial Processing:

Initial jailer-offender contact is most often in the *receiving* or *booking area* of the jail. This first meeting normally occurs in the presence of the arresting or transporting officer(s).

All firearms, knives, batons, and other weapons of arresting or transporting officers are secured under lock and key before entering the *secure area* of the jail.

The booking officer verifies the identification of the arresting or transporting officer before the officer and the detainee can enter the *admission area*. During in-processing and until the inmate is *officially received*, the transporting officers remain in control and custody of their detainee. *Officially received* means the booking officer has completed enough during the intake process to make a positive determination that the detainee is perceived in all respects suitable for housing in «Name_of_facility». If not, the arresting or transporting officer retains custody of the detainee or inmate.

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During the intake procedure, our admissions officer completes the intake and booking process:

1. Conducts *pat searches* of the arrestee and inspects his property immediately upon entering the admission area. The search may include any reasonable and lawful means to determine that no weapon or contraband is introduced into the holding area. More extensive searches may be conducted by «Short_name_for_facility» *Policy Searches*.
2. Observe the arrestee visually for obvious signs of injury or illness. If the arrestee needs *immediate emergency medical or mental attention*, the admissions officer refuses to accept the inmate and refers the arresting or transporting officer and their detainee or detainee to the appropriate facility.
3. Requires that the peace officer delivering the inmate present a *booking slip, certified court order, judgment commitment order, or equivalent*, which provides documented authority to commit or hold the detainee.
4. Inspect the documents presented to ensure certification or verify the documents as legal, valid, and accurate.
5. Determines if the detainee is eligible for entry and can be appropriately housed in the facility.
6. Prepares an admission receipt, retaining the original for the inmate's commitment file. One copy each is provided to the committing officer and the control center.
 - a. The transporting officer may then relinquish custody of the inmate and depart the facility.
7. Photograph the detainee.
8. Fingerprint the detainee.
9. Take one or more *buccal swab* samples of the detainee's mouth for DNA comparison when arrested for a serious or violence crime to include murder, rape, first-degree assault, kidnaping, arson, sexual assault.¹
10. Copies of photographs and fingerprints are processed and retained under the «Short_name_for_facility» processes while the buccal swabs are secured and prepared for transmission to the collection site.
11. Observe detainees confined in a holding or *detoxification cell* at irregular intervals about every 30 minutes. Intake officers are cautioned to vary the times of checks so as not to establish a discernible pattern.

Use of Force When Collecting Samples:

With a court order, you may use force against an individual required to provide a photograph, fingerprint, or buccal sample to the degree jail staff reasonably believe the force is *immediately necessary* to collect the sample. Once a detainee refuses to cooperate with taking a sample, forward the information to the «Jail_Administrator», who can request a court order requiring detainee compliance.

¹ Maryland V. King, 425 Md. 550, 42 A. 3d 549, reversed.

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Rejection of Detainee into the Jail:

Inmates cannot be accepted into «Short_name_for_facility» and must remain in the custody of the arresting or transporting officers under the following conditions:

1. Inaccuracies exist in the detainee's paperwork.
2. There is a question as to the identity of the detainee in comparison to the accompanying paperwork.
3. Transporting or arresting officer refuses or cannot furnish reasonable background data about the detainee.
4. Detainee has made an outcry, or there are serious indications that the arresting or transporting officer(s) have brutalized him or violated the detainee's civil or constitutional rights.
5. Detainee needs medical attention.
6. Detainee needs psychiatric evaluation or observation; &
7. Detainee requires *other special needs* that the facility cannot reasonably provide.

When an admissions officer suspects or hears an outcry in which constitutional rights may have been violated, the arresting or transporting officer is instructed to notify their supervisor to investigate or resolve the complaint. The detainee may not be admitted into «Name_of_facility» until the situation is resolved and the inmate has spoken to the arresting or transporting officer's supervisor. If these conditions are not present, the admissions officer continues the booking process.

Telephone Access:

Immediately after booking, but in no case later than 4 hours after arrival, inmates are permitted to make at least 2 completed telephone calls. Toll calls should be made on a prepaid or collected basis. A free telephone is available for local calls for those inmates who otherwise would be unable to complete the two required calls.

Commitment Form:

The admitting officer completes the *Initial Custody Assessment Scale Form*.

Criminal History Checks:

National Crime Information Center [NCIC], state, and local background checks are made on each new inmate commitment. This process is completed during the first twenty-four hours the inmate is in the facility.

Initiation of the Central File:

The inmate central file is initiated with the gathering of the above information.

Medical, Dental, Mental & Suicide Screening:

Medical, dental, mental health, and suicide processing procedures also begin with admission. The admissions staff interviews the inmate and obtains as many items of information required by the facility's medical intake screening form as possible.

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The «Jail_Administrator» or his designee is to be notified if any of the following conditions are noted *AIDS, HIV infection, TB, heart problems, diabetes, epilepsy, pregnancy, suicidal claims or threats, or any chronic, potentially life-threatening illness.*

Newly arriving inmates suspected of *harboring communicable diseases* are to be isolated at once. In such a case, unless a medical staff member documents the determination that adequate facilities are available in the facility, the «Shift_leader» arranges for a necessary escort to a proper medical or dental facility.

Refer to specific «Short_name_for_facility» procedures for processing inmates who are known or claim to be *HIV-positive* and the medical and non-medical handling of HIV-positive inmates. Once admitted, inmates who have observed medical or mental health needs are placed in designated medical housing as space permits. A decision is made to transport the inmate for treatment or to refer the situation to medical staff for further evaluation.

Property Processing:

All inmate personal items and clothing are properly stored by «Short_name_for_facility» Policy. Cash and personal property are taken from the detainee upon admission, listed on a receipt form in duplicate, and either securely stored or handled, pending the detainee's release. The receiving officer and the detainee sign the receipt, the duplicate is given to the detainee, and the original is kept for record. If the detainee is inebriated, there is at least one witness to verify this transaction. As soon as the detainee can understand what he is doing, he signs and is given the duplicate receipt. In the event an inmate refuses to sign the property receipt, the receiving officer, with a witness present, is to note the refusal and sign the receipt.

Orientation, Rules, & Regulations:

A list of *inmate rules* is given to inmates, including incoming transfers—the inmate signs a form acknowledging receipt of this material. Staff assists inmates who are illiterate in understanding applicable rules and may ask the assistance of inmates with the same language skill and English to read or translate the rules.

Traffic in the Admission Area:

Movements through the admission section are handled and controlled using traffic patterns to ensure that proper identification is maintained and that searched. Unsearched inmates and others do not encounter each other.

Clothing & Other Issues for New Inmates:

Each incoming inmate held over 72 hours is fitted with clothing suitable for the season and provided with toiletry items. Additional Items issued to new arrivals typically consist of the following:

- | | |
|--------------|-------------|
| 1. Footwear, | 3. Shirts, |
| 2. Pants, | 4. Bedding, |

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5. Soap, &

6. Toothbrush and paste.

Housing Assignment:

After processing, the classification system assigns each inmate to a housing area. Before housing assignment, inmates are showered, issued required items, and dressed in the appropriate uniform. A detention officer of the same sex supervises inmate showers.

Inmates suspected of having a reportable communicable disease are to be isolated. If «Short_name_for_facility» is not equipped to safely and effectively segregate and maintain a medically prescribed course of treatment for the inmate, he is to be immediately transferred to another facility.

Buccal Swabs Required:

The buccal samples taken are preserved, and a record of the specimen collection is maintained. After that, the specimen is forwarded by «Short_name_for_facility» to an approved collection point or laboratory.

As a condition of release on bail or bond, a magistrate may require that a defendant provides buccal specimens to create a DNA record. In such instances, officers take additional buccal swab samples, protect them, and forward them consistent with the court's order.

Based on receipt of a court finding that a defendant is acquitted, has charges dismissed, or is granted relief through a writ of habeas corpus, any specimen and associated record are immediately destroyed.

The «Approval_Title_Authority» designates a staff position to oversee the sample-taking process and designates the staff position responsible for placing samples in the US Mail.

Training Required:

Correctional staff taking buccal swabs received OJT in means and methods of taking, securing, and forwarding swab samples.

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CUSTODY ASSESSMENT SCALE [INITIAL]

Inmate Name:	Inmate I.D. #	Date of Birth:
Assessment Date:		«Name_of_facility»
1. CUSTODY EVALUATION:		
A. Severity of Current Offense/ Conviction: (Use Severity of Offense Scale and Rate Most Serious Offense/Conviction, including any detainers/warrants)	Low High	0 5
	Moderate Highest	2 7
B. Serious Offense History: (Use Severity Scale and Rate Most Serious Prior Conviction)	None or Low Moderate	0 1
	High Highest	4 7
C. Escape History: (Excluding Current Offense if scored in Item A)	No Offense for Escape, Escape Attempts, or Unauthorized Absences	
	Unauthorized Absence From Community Corrections Facility or Assigned Program	
	Offense for Escape From (secured) Custody, From Felony Arrest or Jail, or Attempt of Same	
		0 3 7
Subtotal 1 (Add A, B, and C scores)	A total score of 7 or Higher in items A, B, and C automatically assign to maximum custody.	
D. Institutional Disciplinary History:	None or Minor Disciplinary Reports 1 or More Major Disciplinary Reports	0 3
E. Prior Felony Convictions: (Excluding Current Offense)	None One Two or More	0 2 4
F. Alcohol and/or Drug Abuse:	No Social, Economic, Legal Problems due to abuse Abuse resulting in Social, Economic, Legal Problems Abuse resulting in assaultive behavior	0 1 3
G. Stability Factors: (Deduct Indicated Point)	Age 26 or older Employed/Attending school 6 months prior to arrest Resided at same address for 1 year prior to arrest	-1 -1 -1
Subtotal 2 (Add D, E, F, and G scores)	Add scores D,E, F, and G.	
Total Comprehensive Custody	Add subtotal 1 and subtotal 2.	
Scale and Summary Recommendations:		
7 or more points on Items A, B, and C	6 to 10 points on Items A through G	5 or fewer points on Item A through G
11 or more points on Items A through G	5 or fewer points on Items A through G w/ Detainer or Warrant	
<input type="checkbox"/> Maximum Custody	<input type="checkbox"/> Medium Custody	<input type="checkbox"/> Minimum Custody
Special Managed Concerns which apply:		
<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Psychological Impairment	<input type="checkbox"/> Escape Threat
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Suspected Drug Trafficker	<input type="checkbox"/> Mental Deficiency
<input type="checkbox"/> Medical	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Known Management Problem
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Sexual Predator	<input type="checkbox"/> Other
Is an override of Custody Level Recommended?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of Override:		
Recommended Custody Level: <input type="checkbox"/> Maximum Custody <input type="checkbox"/> Medium Custody <input type="checkbox"/> Minimum Custody		
Signature of Officer conducting assessment:		Date of assessment:
Supervisory Review of Override: (if disapproved, provide a written explanation)		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Written Explanation of Disapproval:		
Final Custody Level: <input type="checkbox"/> Maximum Custody <input type="checkbox"/> Medium Custody <input type="checkbox"/> Minimum Custody		
Signature of Supervisor conducting review:		Date of assessment:

CUSTODY REASSESSMENT SCALE

Inmate Name:		Inmate I.D. #		Date of Birth:	
Assessment Date:		«Name of facility»			
1. CUSTODY EVALUATION: Reason for reassessment: <input type="checkbox"/> Disciplinary <input type="checkbox"/> Routine <input type="checkbox"/> Other					
A. Severity of Current Offense/ Conviction: (Use Severity of Offense Scale and Rate Most Serious Offense/Conviction, including any detainees/warrants)	Low	0	High	4	
	Moderate	1	Highest	6	
B. Serious Offense History: (Use Severity Scale and Rate Most Serious Prior Conviction)	None or Low	0	High	4	
	Moderate	1	Highest	6	
C. Escape History: (Excluding Current Offense if scored in Item A)	No Offense for Escape, Escape Attempts, or Unauthorized Absences				0
	Unauthorized Absence from Community Corrections Facility or Assigned Program				2
	Offense for Escape From (secured) Custody, From Felony Arrest or Jail, or Attempt of Same				6
Subtotal 1 (Add A, B, and C scores)		A total score of 7 or Higher in items A, B, and C automatically assign to maximum custody.			
D. Number of Disciplinary Convictions:	None	0	Two	4	
	One	2	Three or more	6	
E. Most Serious Disciplinary Conviction:	None	0	High	5	
	Low	1	Highest	7	
	Moderate	2			
F. Prior Felony Convictions: (Excluding Current Offense)	None	0	Two or more	2	
	One	1			
G. Alcohol and/or Drug Abuse:	No Social, Economic, Legal Problems due to abuse				0
	Abuse resulting in Social, Economic, Legal Problems				1
	Abuse resulting in assaultive behavior				2
Subtotal 2 (Add D, E, F, and G scores)		Add scores D,E, F, and G.			
Total Comprehensive Custody		Add subtotal 1 and subtotal 2.			
Scale and Summary Recommendations:					
7 or more points on Items A, B, and C		6 to 10 points on Items A through G		5 or fewer points on Item A through G	
11 or more points on Items A through G		5 or fewer points on Items A through G w/ Detainer or Warrant			
<input type="checkbox"/> Maximum Custody		<input type="checkbox"/> Medium Custody		<input type="checkbox"/> Minimum Custody	
Special Managed Concerns which apply:					
<input type="checkbox"/> Protective Custody	<input type="checkbox"/> Psychological Impairment	<input type="checkbox"/> Escape Threat	<input type="checkbox"/> Serious Violence Threat		
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Suspected Drug Trafficker	<input type="checkbox"/> Mental Deficiency	<input type="checkbox"/> Known Gang Affiliation		
<input type="checkbox"/> Medical	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Known Management Problem	<input type="checkbox"/> Physical Impairment		
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Sexual Predator	<input type="checkbox"/> Other			
Is an override of Custody Level Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Explanation of Override:					
Recommended Custody Level: <input type="checkbox"/> Maximum Custody <input type="checkbox"/> Medium Custody <input type="checkbox"/> Minimum Custody					
Signature of Officer conducting assessment:				Date of assessment:	
Supervisory Review of Override: (if disapproved, provide a written explanation)				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Written Explanation of Disapproval:					
Final Custody Level: <input type="checkbox"/> Maximum Custody <input type="checkbox"/> Medium Custody <input type="checkbox"/> Minimum Custody					
Signature of Supervisor conducting review:				Date of assessment:	

**«Name_of_facility»
Jail and Detention
Policies and Procedures**

Subject: Classification of Inmates Plan	Policy Number: 4.03
Issue Date:	Revision Date:
Approval Authority Title and Signature:	

POLICY:

«Short_name_for_facility» classifies inmates confined in its facility, given the physical constraints of the existing facility structure, scarce resources, staffing, and inmate population, in a way that furthers public safety, while providing reasonably safe and humane housing for inmates.

PENOLOGICAL INTEREST:

It is in the best interest of inmate and staff safety to provide reasonable and necessary security and safe housing for the inmate population, and this objective is aided by a defined classification process.

DEFINITIONS:

- **Cross Dresser** – Act of wearing clothing and another accouterment commonly associated with the opposite sex within a particular environment. Cross-dressing may be used for disguise, deception, personal choice, or reflect a mental condition. Also, refer to *Transvestism*.
- **Inmate Classification** - Is a means of identifying and categorizing various inmate traits, characteristics, and potential risk factors. Criteria shall not include race, ethnicity, or religious preference. This classification plan has as its goal the objective categorization of all inmates in the system. This plan outlines those goals and provides a method of monitoring progress.
- **Transgender** - Of, relating to, or being a person who identified with, or expresses, a gender identity that differs from the one which corresponds to the person's sex at birth.

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PROCEDURES:

Initial Designation:

The «Short_name_for_facility» classification system initially assigns inmates based on a preliminary assessment of their security needs. This system operates under the supervision of the «Jail_Administrator» or designee. Inmates who display *special needs* during the intake booking process are assigned to the special housing when such space is reasonably available and in consideration of scarce resources.

Staff provides direct supervision to inmates during classification processing, and usually the arresting or transporting officer retains custody of the arrestee until the classification process is completed. The classification system is used to stratify the inmate population according to predetermined classification standards.

Once classified, inmates are assigned a housing area, which the inmate is told is their responsibility to clean and maintain. A custody reassessment is conducted between thirty [30] to ninety [90] days of the initial custody assessment. The «Jail_Administrator» or designee oversees permanent assignments.

Housing Classification:

«Short_name_for_facility» attempts to maintain enough different types of cells and housing areas appropriate for various categories of the shifting inmate population.

Refer to policy *Inmate Suicide Watch* for procedures on handling those inmates deemed at risk for suicide.

Initial Intake Screening Classification:

Intake screening classification entails primary security level assignment to *maximum*, *medium*, or *minimum* housing by utilizing the *classification tree* found attached to this policy. This process is performed in the receiving area, according to «Short_name_for_facility» admission procedures. Designated staff members in the admissions area perform the initial intake classification after physical intake processing is complete. Inmates are classified and housed in the least restrictive housing available without jeopardizing staff, inmates, or the public, utilizing risk factors that include any or all of the following:

1. Sex;
2. Age;
3. Medical condition;
4. Current offense or conviction;
5. Offense history;
6. Escape history;
7. Institutional disciplinary history;
8. Prior convictions;
9. Alcohol and drug abuse; &
10. Stability factors.

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Custody levels and special housing needs are assessed to include minimum, medium, and maximum custody levels and the placement of inmates to and from special units, including protective custody, administrative segregation, disciplinary separation, and mental and medical health housing.

1. **Maximum**

- a. Maximum - High
- b. Maximum - Close Custody

2. **Medium**

- a. Medium - Assaultive/Escape Risk
- b. Medium
- c. Medium - Pre-Sentenced

3. **Minimum**

- a. Minimum - Pre-Sentenced
- b. Minimum
- c. Low Minimum
- d. Very Low

4. **Special Needs or Conditions**

Special needs or conditions may temporarily or permanently override a classification assessment.

- a. **All Medical Conditions** – Inmates with confirmed or potential illnesses, suicide risks, mental defects, handicaps, alcohol or drug-related conditions, temporarily or permanently, are placed in separate housing, if practical, and observed accordingly until staff or a medical professional determines or perceives they can safely function in general housing. Inmates assigned to a segregated detoxification cell are transferred to general population when it appears they can care for themselves.
- b. **Violent Inmates** – Inmates who act out are confined in an administrative holding or violent cell if available. The status of these inmates is reassessed at least every 24-hours.
- c. **Protective Custody** - Inmates identified as being *protective custody* status or who provide staff with information that leads to a reasonable belief that they are endangered if placed in the general population are placed in *administrative segregation*.
- d. **Juveniles** – Juveniles are separated by *sex and sight and sound* from adults by state juvenile or family laws, rules, and regulations.
- e. **Female Inmates** – Female inmates are separated by *sight and sound* from male inmates. However, males and females may simultaneously participate in work program activities when under direct visual supervision.
- f. **Transgender** - In situations where an inmate has completed a gender change, the sex of the inmate and medical and mental condition is reviewed by medical

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- staff and «Jail_Administrator». The inmate may be placed in administrative segregation pending completion of the review. Genital status normally determines the gender by which institution staff classifies such inmates; however, security and safety considerations are important factors in housing. For more information on transgender classification, see policy *Transgender Classification & Management*.
- g. **Cross Dresser** - In situations where an inmate arrived at the facility as a cross-dresser, the sex at birth is determined by medical staff, and the results referred to the classification officer and the «Jail_Administrator» for a classification determination. Typically, cross-dressers, are counseled regarding their unique security posture and advised to maintain *same-sex posture* within their housing unit. Likewise, cross-dressers are not permitted to wear opposite sex garments, makeup, jewelry, etc.
- h. **Progressing Gender Change** - In situations where an inmate has partially completed a gender change procedure, the situation is reviewed by medical staff and «Jail_Administrator», and the inmate may be placed in *administrative segregation* pending completion of the review. Genital status normally determines the gender by which institution staff classifies such inmates; however, security and safety considerations are essential factors in housing.

If an officer overrides the determination guided by the classification tree, the reason for overriding is written in the space provided on the form.

Inmates classified at the Minimum and Medium custody levels may be housed together. Likewise, Medium and Maximum custody inmates may be housed together. However, Minimum and Maximum custody level inmates are housed separately as space allows.

When under direct visual supervision, inmates of different custody levels may simultaneously participate in work and program activities at the discretion of the «Jail_Administrator».

Records:

The classification determinations are recorded on the upper portion of the *classification tree* under *Classification Notice* and kept in the inmate's file with a dated notation. Inmate files are maintained with appropriate security safeguards consistent with «Short_name_for_facility» policy and practices. Other records of inmate classification, initial and subsequent housing assignments, assignment appeals, etc., become part of this inmate file.

Appeals:

An inmate may appeal a classification assessment, housing, work and program assignment, and a reassessment using the grievance procedure. The «Jail_Administrator» or designee makes the final determination of an inmate's classification.

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Training:

Staff members whose duties include classification undergo at least 4-hours of training regarding the principles, policies, procedures, and instruments utilized for classification assessments, housing assignments, reassessments, and inmate needs. This training may be in the form of classroom training, or if OJT requires, in less than 8-hours under close supervision.

Limitations:

This is a goal-oriented process and is naturally limited in a significant way by the construction of the existing facility. The «Approval_title_authority» has limited or no means of controlling the number or type of offenders that may be sent to him for incarceration at any given time. However, reasonable efforts are being made to house inmates consistent with their classification. Remember that each inmate entering the facility has an *unknown prior history that may be violent or self-destructive*. The art of effective classification is trying to determine what the prior history is and how it might affect the inmate's behavior and safety while in the facility.

Audit:

The «Approval_title» conducts an annual internal audit on the classification system. Audit records are maintained for any jail standards agency or subsequent review. The audit assesses the following features of our objective classification system typically:

1. Inmates are classified before placement in inmate housing;
2. Inmates are housed according to their assigned custody levels;
3. The override rate is acceptable; &
4. Classification instruments are completed in an accurate and timely manner.

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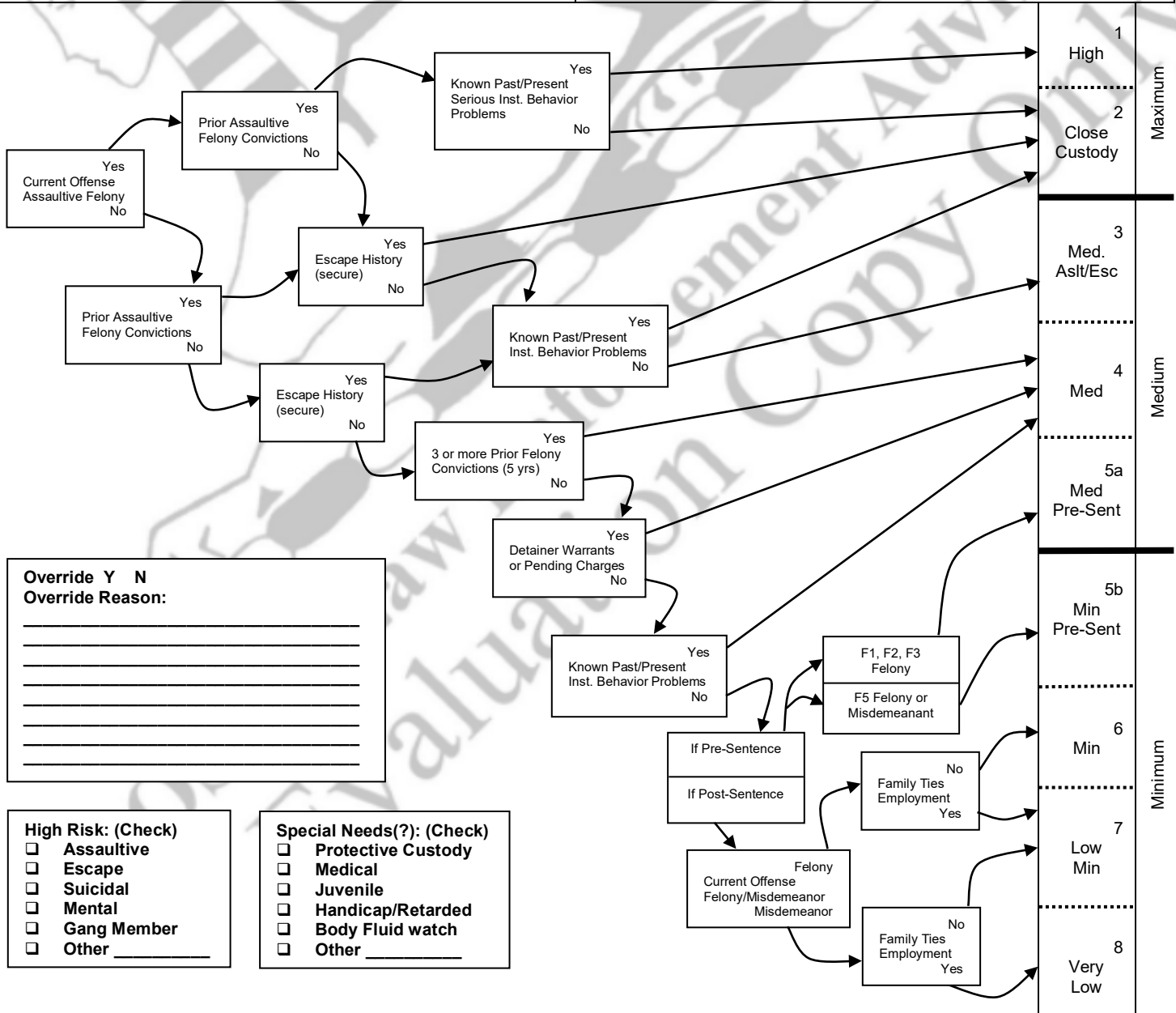
CLASSIFICATION NOTICE

Name: (Last)		(First)		(Middle)	
Inmate No.	D.O.B.	Race:	Sex:	SSN:	
Charge(s)	1)	2)	3)		
You have been placed in the following classification:					

This classification is determined by: current/past convictions; current/past institutional behavior; pending charges or holds in other jurisdictions (if any); sentenced or unsentenced; and/or any other information that may be deemed appropriate with regard to your personal security or the security of the facility. NOTE: Your classification can change when: charges are altered or reduced; you are sentenced; due to administrative hearings; due to regular periodic review; and/or other reasons recommended by the jail staff.

Appeal Process: any inmate dissatisfied with his or her classification must appeal his/her classification, in writing, within ten (10) days of the primary classification or reclassification by addressing his/her appeal as APPEAL OF CLASSIFICATION and directing it to the Sheriff or his designee.

Classified by:	Date:
Comments by Staff:	Booking Date:



**PRIMARY
SECURITY LEVEL ASSESSMENT**

Inmate Name:	Inmate I.D. No.
Date of Birth:	«Name_of_facility»

Override of security designation recommended (circle one): (Yes) (No)

Explanation of override:

Recommended security designation (circle one):

(High) (Close Custody) (Medium Assaultive-Escape) (Medium) (Low) (Medium)
(Minimum) (Low Minimum) (Very Low Minimum)

Signature of assessment staff member:	Date of assessment completion:
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Supervisory review of security designation override (circle one):

(Approved) (Disapproved)

Written explanation of disapproval:

Final security designation (circle one):

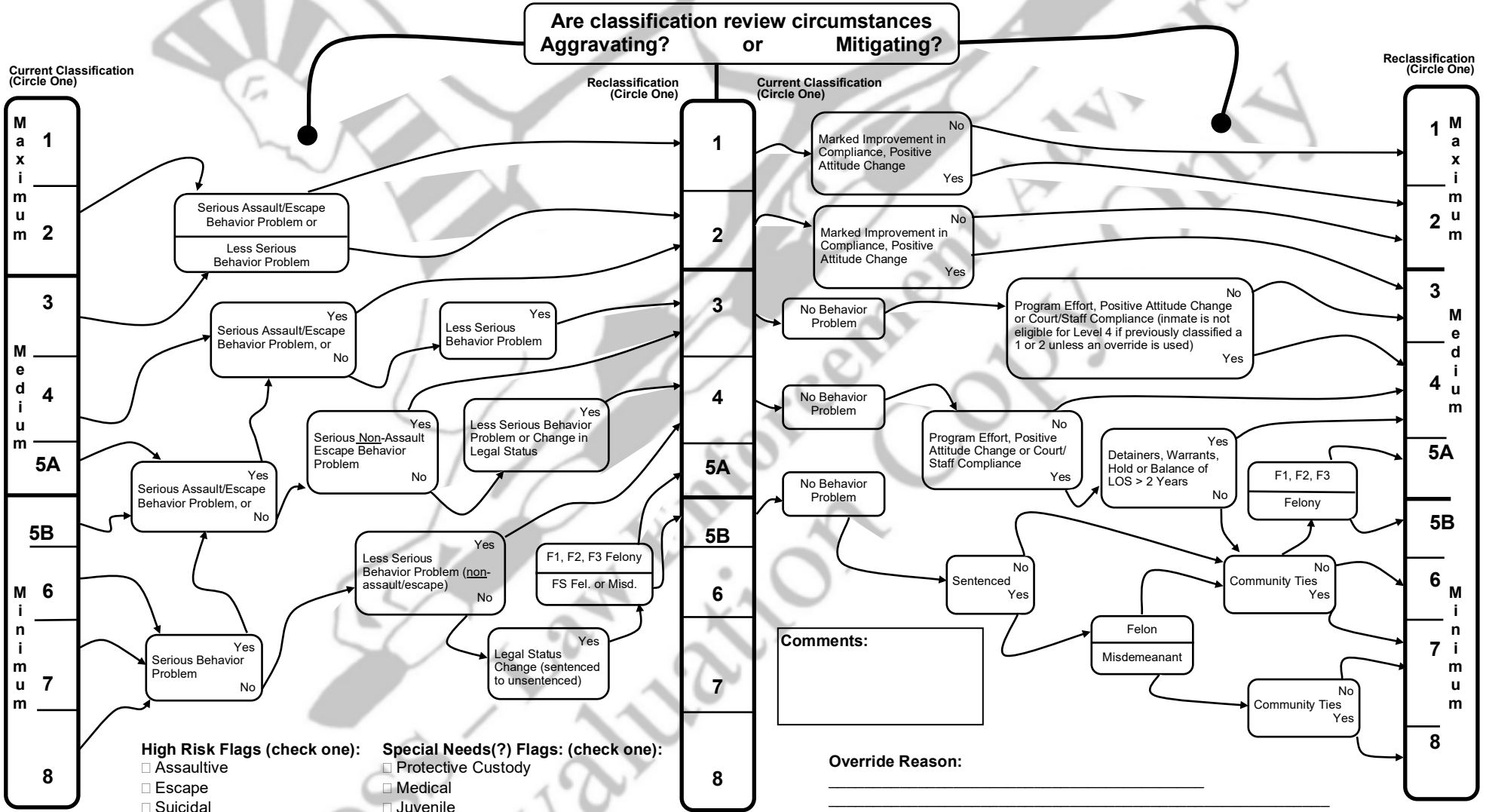
(High) (Close Custody) (Medium Assaultive-Escape) (Medium) (Low)
(Medium) (Minimum) (Low Minimum) (Very Low Minimum)

Recommended housing assignment: _____

Signature of supervisor:	Date of override review:
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RECLASSIFICATION TREE

Name: (Last)	(First)	(Middle)	
Inmate No.	D.O.B.	Race:	Sex:
			SSN:



SECURITY LEVEL REASSESSMENT

Inmate Name:	Inmate I.D. No.
Date of Birth:	«Name_of_facility»

Override of security designation recommended (circle one): (Yes) (No)

Explanation of override:

Recommended security designation (circle one):

(High) (Close Custody) (Medium Assaultive-Escape) (Medium) (Low) (Medium)
(Minimum) (Low Minimum) (Very Low Minimum)

Signature of reassessment staff member:	Date of reassessment completion:
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Supervisory review of security designation override (circle one):

(Approved) (Disapproved)

Written explanation of disapproval:

Final security designation (circle one):

(High) (Close Custody) (Medium Assaultive-Escape) (Medium) (Low) (Medium)
(Minimum) (Low Minimum) (Very Low Minimum)

Recommended housing assignment: _____

Signature of supervisor:	Date of override review:
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MENTAL DISABILITY & SUICIDE INTAKE

Inmate Name:	Inmate I.D. #
Date of Birth:	«Name_of_facility»

Was inmate a medical, mental health, or suicide risk during any prior contact or confinement (circle one)? (Yes) (No) If Yes, when? _____

Does arresting or transporting officer believe that the inmate is a medical, mental health, or suicide risk (circle one)? (Yes) (No)

Note: A single inappropriate response indicates you should contact Mental Health Mental Retardation (MHMR) to check their care system and/or additional evaluation is recommended.

QUESTIONNAIRE FOR DETAINEE

QUESTIONNAIRE FOR DETAINEE	
1. Have you ever received MHMR Services or other mental health services?	Circle One: (Yes) (No)
2. Do you know where you are?	(Correct) (Incorrect)
3. What season is this?	(Correct) (Incorrect)
4. How many months are there in a year?	(Correct) (Incorrect)
5a. Sometimes people tell me they hear noises or voices that other people don't seem to hear. What about you?	(Yes) (No)
5b. Do you sometimes see things, others say they do not see?	(Yes) (No)
5c. (If yes, ask for an explanation): "What do you hear or see?" _____ _____ _____	

OBSERVATION QUESTIONS

OBSERVATION QUESTIONS	
6. Does the individual act or talk in a strange manner?	Circle One: (Yes) (No)
7. Does the individual seem unusually confused or preoccupied?	(Yes) (No)
8. Does the individual talk very rapidly or seem to be in an unusually good mood?	(Yes) (No)
9. Does the individual claim to be someone else like a famous person or fictional figure?	(Yes) (No)
10a. Does the individual's vocabulary (in his/her native tongue) seem limited?	(Yes) (No)

10b. Does the individual have difficulty coming up with words to express him/herself?	
---	--

OBSERVATION QUESTIONS	
-----------------------	--

	Circle One:
11a. Have you ever attempted suicide? 11b. Have you ever had thoughts about killing yourself? If yes, When? _____ Why? _____ How? _____	(Yes) (No)
12. Are you thinking about killing yourself today?	(Yes) (No)
13a. Have you ever been so down that you couldn't do anything for more than a week? (If no, go to 14.)	(Yes) (No)
13b. Do you feel this way now?	(Yes) (No)
14. When not on drugs or drinking, have you ever gone for days without sleep or had a long period in your life when you felt very energetic or excited?	(Yes) (No)
15. Have you experienced a recent loss or death of family member or friend or are you worried about major problems other than your legal situation?	(Yes) (No)
16. Does the individual seem extremely sad, apathetic, helpless, or hopeless?	(Yes) (No)

Comments:

Signature of staff member:	Date of completion:
-----------------------------------	----------------------------

Classification Audit I [Worksheet]

Month _____ Year _____

Inmate Name:	Inmate I.D. No.	Custody Level:
		Circle One:
1. Classified prior to housing.		(Yes) (No)
2. Housed according to custody level.		(Yes) (No)
3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

Inmate Name:	Inmate I.D. No.	Custody Level:
		Circle One:
1. Classified prior to housing.		(Yes) (No)
2. Housed according to custody level.		(Yes) (No)
3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

Inmate Name:	Inmate I.D. No.	Custody Level:
		Circle One:
1. Classified prior to housing.		(Yes) (No)
2. Housed according to custody level.		(Yes) (No)
3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

Inmate Name:	Inmate I.D. No.	Custody Level:
		Circle One:
1. Classified prior to housing.		(Yes) (No)
2. Housed according to custody level.		(Yes) (No)
3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

Inmate Name:	Inmate I.D. No.	Custody Level:
		Circle One:
1. Classified prior to housing.		(Yes) (No)
2. Housed according to custody level.		(Yes) (No)
3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

Inmate Name:	Inmate I.D. No.	Custody Level:
		Circle One:
1. Classified prior to housing.		(Yes) (No)
2. Housed according to custody level.		(Yes) (No)
3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

Inmate Name:	Inmate I.D. No.	Custody Level:
		Circle One:
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2. Housed according to custody level.		(Yes) (No)
3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

Inmate Name:	Inmate I.D. No.	Custody Level:
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4. Was an override used?		(Yes) (No)

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3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

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3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

Inmate No.	Name:	Custody Level:
		Circle One:
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2. Housed according to custody level.		(Yes) (No)
3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

Inmate No.	Name:	Custody Level:
		Circle One:
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2. Housed according to custody level.		(Yes) (No)
3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

Inmate No.	Name:	Custody Level:
		Circle One:
1. Classified prior to housing.		(Yes) (No)
2. Housed according to custody level.		(Yes) (No)
3. Instruments completed in an accurate and timely manner.		(Yes) (No)
4. Was an override used?		(Yes) (No)

Total number of overrides _____

Is override rate acceptable: Yes _____ (<15 % of population)
 No _____ (>15 % of population)

Comments:

Signature of staff member:	Date of completion:

CLASSIFICATION AUDIT II - REPORT

Custody Level	Inmate #	Inmate Name	Month	Classified before housing?	Form Completed Properly?	Placed in Proper Housing?	Was an Override used?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

YEAR: _____

PAGE ____ OF ____

«Name_of_facility»
Jail and Detention Policies & Procedures
with Associated Forms

TABLE OF CONTENTS

0.00 Blank Policy Format
0.00 Merge Codes Template

1. Introduction:

1.00 Glossary of Terms
1.01 Letter from Department Head
[Sample]
1.02 Receipt for Policies &
Procedures Manual
1.03 How to Use This Manual
1.04 Mission Statement
1.05 Objective Statements
1.06 Orders & Instructions
1.07 General Orders
1.08 Oath of Office
1.09 Request for Review or Comment
1.10 Policy Suggestion Form

2. Standards, Ethics, & Management:

2.01 Policy & Procedure Management
2.02 Awards & Recognition
2.03 Management Philosophy &
Goals
2.04 Delegation of Authority
2.05 Critical Incident Reporting
2.06 Lines of Communication
2.07 Civil Litigation
2.08 Internal Compliance
Enforcement [ICE]
a. 02.08b-1 Internal Compliance
Enforcement [ICE] - Garrity
Rights Form
2.09 Employee Selection &
Placement
2.10 Quality Assurance
2.11 Code of Ethics for Jail Officers &
Employees
2.12 Professional Conduct for
Corrections Personnel
2.13 Abuse of Position
2.14 Corruption Prevention
2.15 Staff Conduct Rules

2.16 Financial Records of Inmates
2.17 Volunteer Program
2.18 Petty Cash & Records
Management

3. Personnel:

3.01 Workplace Harassment
3.02 Drug-Free Workplace Program
3.03 Training & Proficiency Testing
3.04 Firearms Training & Proficiency
Demonstration
3.05 Officer & Employee Discipline &
Accountability
3.06 Employee Insubordination
3.07 Employee Grievance
Procedures
3.08 Off-Duty Conduct
3.09 Off-Duty or Secondary
Employment:
a. Non-Law Enforcement
b. Agency Management
c. Shared Management
3.10 Appearance & Grooming of Staff
3.11 Disabled Persons in Jail
3.12 Court Appearance by Staff
3.13 Fitness for Duty
3.14 Field Training Evaluation
Program
3.15 Community Relations
3.16 Media Relations
3.17 Employee & Confidential
Records
3.18 Uniforms - Staff
3.19 Electronic Media Security
3.20 Social Media
3.21 Accident or Injury of Employee
3.22 Light Duty Assignments

- 3.23 Personal Communications or Electronic Media Devices
- 3.24 Vehicle Use & Accident Prevention
- 3.25 Take Home Vehicle Program
- 3.26 Employee Mental Health
- 3.27 Early Intervention System for Employees
- 3.28 Mental Health Leave for Employees

4. Inmate Admission, Classification, Segregation, & Release:

- 4.01 Inmate Record Keeping
- 4.02 Jail Admission & Intake
 - a. Inmate Refusal of Sample
 - 4.02b-1 Custody Assessment Scale [Initial]
 - b. 4.02c-2 Custody Reassessment Scale
- 4.03 Classification of Inmates
 - a. 4.03b-1 Classification Notice
 - b. 4.03c-2 Primary Security Level Assessment
 - c. 4.03d-3 Reclassification Tree
 - d. 4.03e-4 Security Level Reassessment
 - e. 4.03f-5 Mental Disability & Suicide Intake
 - f. 4.03g-6 Classification Audit [Worksheet]
 - g. 4.03h-7 Classification Audit [Report]
- 4.04 Transgender Classification & Management
- 4.05 Release & Transfer of Inmates
- 4.06 Segregation of Inmates
- 4.07 Civil Rights & Constitutional Warnings
- 4.08 Bail Access & Bondsmen

5. Security:

- 5.01 Security Program Management
- 5.02 Security Inspections
 - d. 5.02b-1 Observation Log
- 5.03 Searches
- 5.04 Contraband Control
- 5.05 Escorted Trips & Transport
- 5.06 Release of Inmate to Transport

- Officers
- 5.07 Movement Control of Inmates
- 5.08 Accountability of Inmates
 - a. 5.08b-1 Average Daily Population Log
 - b. 5.08c-2 Population Report
 - c. 5.08d-3 Monthly Inmate Report
 - d. 5.08e-4 Monthly Inmate Roster
- 5.09 Inmate Personal Property
- 5.10 Key & Lock Control
- 5.11 Searching & Detaining Non-Inmates
- 5.12 Armory
- 5.13 Tool Control & Accountability
- 5.14 Polygraph & Voice Stress Analyzer Interviews

6. Inmate Discipline & Criminal Activity:

- 6.01 Inmate Discipline
 - a. 6.01b-1 Discipline Procedure & Notice Form
- 6.02 Inmate Rules & Prohibited Acts
 - a. 6.02b-1 Inmate Rules & Prohibited Acts
- 6.03 Substance Abuse Testing of Inmates
- 6.04 Criminal Activity Reporting
 - a. 6.04b-1 Offense Report
- 6.05 Restraint Chair
- 6.06 Crime, Accident & Incident Scenes
- 6.07 Informant Management
- 6.08 Sexual Assault, Rape Prevention & Reporting
 - a. 6.08b-1 Rape Prevention Screening Form

7. Emergency Plans:

- 7.01 Emergency Operation Plans
 - a. 7.01b-1 Generator Test Report
- 7.02 Riot Control & Response Plan
- 7.03 Escape Plan
 - a. 7.03b-1 Escape Report
- 7.04 Evacuation Plan
- 7.05 Fire Response Plan
- 7.06 Hostage Response Plan

- 7.07 Medical Emergencies
- 7.08 Mass Arrests
- 7.09 Mutual Aid & Inter-local Agreements
- 7.10 Severe Weather

8. Use of Force:

- 8.01 Use of Force & Deadly Force [Response to Resistance]
 - a. 8.01b-1 Use of Force [Response to Resistance] Report Form
- 8.02 Chemical Agents – Oleoresin Capsicum (OC)
- 8.03 Firearms Security & Issue
- 8.04 Special Munitions – Less Than Lethal
- 8.05 Special Munitions – Distraction Devices
- 8.06 Forced Cell Movement
- 8.07 Electronic Control Device
- 8.08 Restraint of Pregnant Inmates
- 8.09 Baton
- 8.10 Duty to Intervene

9. Hygiene:

- 9.01 Hygiene
- 9.02 Sanitation
- 9.03 Waste Disposal & Vermin Management
- 9.04 Clothing, Bedding & Linen Supplies
- 9.05 Religious Head Coverings

10. Food Service:

- 10.01 Food Service Operations
- 10.02 Nutritional Standards Program

11. Medical Services:

- 11.01 Health Care Services
- 11.02 Sick Call
 - a. 11.02b-1 Sick Call Request Form
- 11.03 Suicide Prevention
- 11.04 Mental Health Care
- 11.05 Inmates with Disabilities
- 11.06 Dental Services
- 11.07 Pregnant & Lactating Inmates Healthcare

- 11.08 Infectious Disease Control
 - a. Infectious Diseases & Paid Employee Leave
 - b. Ebola & Other Infectious Virus Diseases
 - c. COVID-19
 - d. Tuberculosis Screening Plan
- 11.09 Medical Experimentation Prohibition

12. Inmate Programs, Rights, & Privileges:

- 12.01 Visitation & Access to Inmates
 - a. 12.01b-1 Visitation - Visitor Notice & Rules
- 12.02 Inmate Employment
- 12.03 Recreation & Exercise Program
 - a. 12.03b-1 Recreation Log
- 12.04 Education & Rehabilitation Plan
- 12.05 Library Plan
- 12.06 Telephone Access & Security Plan
- 12.07 Commissary Plan
- 12.08 Religious Practices Plan
- 12.09 Inmate Correspondence
- 12.10 Grievance Procedures - Inmates
 - a. 12.10b-1 Grievance Procedures Form
 - b. 12.10c-2 Grievance Appeal Form
- 12.11 Voting for Eligible Inmates

13. Physical Plant:

- 13.01 Fire Protection & Life Safety Programs
 - a. 13.01b-1 Monthly Life Safety Equipment Inspection Log
- 13.02 Safety & Health Inspections
- 13.03 Fire Prevention Program
 - a. 13.03b-1 Quarterly Fire Prevention Checklist
- 13.04 Hazardous Materials Control & Use
- 13.05 Hazardous Material Response Plan
- 13.06 Facility Structure

«Insert_LE_Agency»
Law Enforcement Policies & Procedures
with Associated Forms

TABLE OF CONTENTS

0.00 Blank Policy Format	
0.00 Policies Codes Template	
1. Introduction:	4.03 Uniforms
1.00 Glossary of Terms	4.04 Appearance & Grooming
1.01 Letter from Agency Head [Sample]	4.05 Court Appearance
1.02 Policy & Procedure Management System	4.06 Workplace Harassment
1.03 How to Use This Manual	4.07 Drug-Free Workplace Program
1.04 Request for Review or Comment	4.08 Fitness for Duty
1.05 Suggestion Form	4.09 Training & Proficiency Demonstrations
1.06 Receipt for Policies & Procedures Manual	4.10 Employee Selection & Placement
	4.11 Firearms Training & Proficiency Demonstration
2. Mission & Objectives:	4.12 Field Training & Evaluation Program
2.01 Mission Statement	4.13 Personal Communications or Electronic Media Devices
2.02 Objective Statements	4.14 Multi-Agency Task Force Participation
2.03 Management Philosophy & Goals	4.15 Employee & Confidential Records
2.04 Delegation of Authority	4.16 Light Duty Assignments
2.05 Jurisdiction & Authority	4.17 Electronic Media Security
2.06 Orders & Instructions	4.18 Social Media
2.07 Lines of Communication	4.19 Discipline & Accountability
2.08 Oath of Office	4.20 Insubordination
3. Ethics, Standards, & Service Quality:	4.21 Reporting for Duty & Absenteeism
3.01 General Orders	4.22 Employee Grievance Procedures
3.02 Canons of Law Enforcement Ethics	4.23 Off-Duty Conduct
3.03 Professional Conduct	4.24 Off-Duty or Secondary Employment:
3.04 Rules of Conduct	a. Non-Law Enforcement
3.05 Abuse of Position	b. Agency Management
3.06 Corruption Prevention	c. Shared Management
3.07 Critical Incident Reporting	4.25 Employee Mental Health
3.08 Quality Assurance	4.26 Early Intervention System for Employees
3.09 Civil Litigation	4.27 Mental Health Leave for Employees
3.10 Brady Disclosures	4.28 Promotion and Transfer Policy
4. Personnel Performance Standards:	4.29 Reserve Officer Program
4.01 Awards & Recognition	
4.02 Accident or Injury of Employee	

5. Operations:

- 5.01 Patrol Functions & Tactics
- 5.02 Community Relations
- 5.03 News Media Relations
- 5.04 Radio Procedures
- 5.05 Mobile Communication Devices
- 5.06 Communications Center - 911
- 5.07 Criminal Justice Information Systems
- 5.08 Civil Rights & Constitutional Warnings
- 5.09 Racial & Bias Profiling
- 5.10 Robbery or Alarm Response
- 5.11 Disabled Persons
- 5.12 Warrant & Warrantless Searches
- 5.13 Search of Motor Vehicles
 - a. 5.13b-1 Search of Motor Vehicle - Consent to Search Form
- 5.14 Field Interviews & Warrantless Searches
- 5.15 Arrests
 - a. 5.15a -Transgender, Intersex, Gender Arrests
- 5.16 Evidence Collection, Control, & Storage
 - a. 5.16b-1 Evidence Form
- 5.17 Report Writing
- 5.18 Sex Offender Registration
- 5.19 Death or Serious Injury Notification
- 5.20 Officer Involved Deadly Force Event
- 5.21 Infectious Diseases & Paid Employee Leave
 - a. 05.21a – Paid Quarantine Leave
- 5.22 Delirious or Drug-Induced Subject Response
- 5.23 Intoxicated, Mental, or Medically Impaired Subjects
- 5.24 Mentally Ill Persons
- 5.25 Canine Operations
- 5.26 Canine Encounters
- 5.27 Juvenile Procedures
- 5.28 Juvenile Curfew Violations
- 5.29 School Liaison & Response
- 5.30 Traffic Stops & Enforcement
- 5.31 Bicycle & Personal Transported Patrol
- 5.32 Special Weapons & Tactics (SWAT) Management
- 5.33 Highway Incident Traffic Control
- 5.34 Transporting Arrested Persons
- 5.35 Emergency Vehicle Operations
- 5.36 Vehicular Pursuit:
 - a. Discretionary
 - b. Restrictive
 - c. Prohibitive
- 5.37 Roadblocks & Checkpoints
- 5.38 Vehicle Maintenance
 - a. 5.39b-1 Vehicle Maintenance Form
- 5.39 Motor Vehicle Accident Investigation
- 5.40 Vehicle Use & Accidents
- 5.41 Take Home Vehicle Program
- 5.42 Vehicle Seizure, Removal, Towing, & Storage
 - a. 05.423b-1 Vehicle Inventory Form (Car) – Attachment I
 - b. 05.43c-2 Vehicle Inventory Form (Mini-Van) - Attachment I
 - c. 05.43d-3 Vehicle Inventory Form (Motorcycle) - Attachment I
 - d. 05.43e-4 Vehicle Inventory Form (Panel Truck) - Attachment I
 - e. 05.43f-5 Vehicle Inventory Form (Semi-Truck) - Attachment I
 - f. 05.43g-6 Vehicle Inventory Form (Truck) - Attachment I
 - g. 05.43h-7 Vehicle Inventory Form (Miscellaneous) - Attachment I
- 5.43 Volunteer Program
- 5.44 Ride-Along
 - a. 5.45b-1 Ride Along Program Application Form
- 5.45 Unmanned Aircraft Operations
- 5.46 Handgun License Inspections
- 5.47 Equipment & Inventory Control
- 5.48 Deaf & Hard of Hearing
- 5.49 Civil Process and Records
- 5.50 Departmental Records
- 5.51 Fiscal Management
- 5.52 Court Security & Operations
- 5.53 Petty Cash & Records Management

6. Use of Force:

- 6.01 Use of Force & Deadly Force
 - a. 06.01b-1 Use of Force Report Form
- 6.02 Body Armor

- 6.03 Chemical Agent – Oleoresin Capsicum (OC)
 - 6.04 Special Munitions – Distraction Devices
 - 6.05 Special Munitions – Less Than Lethal
 - 6.06 Electronic Control Device
 - 6.07 Knives & Edged Weapons
 - 6.08 Active Shooter
 - 6.09 Rifles & Shotguns
 - a. 6.09a - Less-Lethal Shotgun
 - 6.10 Hostage or Barricaded Suspect
 - 6.11 Baton
 - 6.12 Duty to Intervene
- 7. Civil & Emergency Response:**
- 7.01 Fire Scene
 - 7.02 Emergency Management & Incident Command System
 - a. 7.02b-1 Emergency Management – Handling a Crisis Attachment
 - 7.03 Emergency Call-Out Procedure
 - 7.04 Demonstrations, Civil Disturbances, & Crowd Management
 - 7.05 Strikes & Labor Disputes
 - 7.06 Bombs & Weapons of Mass Destruction [WMD]
 - a. 7.06b-1 Bombs & WMD Call Questionnaire - Attachment I
 - b. 7.06c-2 Bombs & Mass Destruction - Attachment II
 - 7.07 Homeland Security & Terrorism
 - 7.08 VIP Protection
 - 7.09 Severe Weather
 - 7.10 Aircraft Incident or Accident
 - 7.11 Haz-Mat Incident
 - 7.12 Mutual Aid & Inter-local Agreements
 - 7.13 Naloxone [Narcan] Carry & Deployment
 - 7.14 Fentanyl - Emergency Response Procedures
- 8. Investigations:**
- 8.01 Criminal Investigations
 - 8.02 Crime, Accident, & Incident Scenes
 - 8.03 Child Abuse Investigations
 - 8.04 Domestic Abuse Response & Investigations
 - 8.05 Criminal Investigator Support to Prosecution
 - 8.06 Eyewitness Validation & Lineups
 - a. 8.06b-1 Lineup Viewing Form
 - b. 8.06c-2 Field Identification Form
 - 8.07 Identity Crimes
 - a. 8.07b-1 FTC Instructions for ID Theft Affidavit - Attachment I
 - b. 8.07c-2 FTC ID Theft Affidavit - Attachment I
 - c. 8.07d-3 IRS ID Theft Affidavit - Attachment I
 - 8.08 Informant Management
 - 8.09 Missing Persons Investigations
 - a. 8.09b-1 Missing Persons Investigations Form
 - 8.10 Covert & Undercover Investigations
 - 8.11 Covert Electronic Recording
 - a. 8.11b-1 Covert Electronic Recording – Consent to Search Form
 - 8.12 Overt Electronic Recording [1-Party State]
 - 8.13 Overt Electronic Recording [2-Party State]
 - 8.14 Video & Audio Vehicle Recordings
 - 8.15 Citizen & Media Recording of Police Activity
 - 8.16 Body Worn Cameras
 - 8.17 Polygraph & Voice Stress Analyzer Interviews
 - 8.18 Internal Compliance Enforcement [ICE]
 - a. 8.18b-1 Internal Compliance Enforcement [ICE] - Garrity Rights Form
 - 8.19 Sexual Assault Investigations
 - 8.20 Automated License Plate Readers (ALPR)
 - 8.21 Arson Investigation & Fire Cause
- 9. Lockup:**
- 9.01 Lockup & Intake of Detainees
 - 9.02 Medical Screening & Care
 - a. 9.02b-1 Medical Screening & Care – Attachment I
 - 9.03 Lockup, Medical Screening, and Care
 - a. 9.03b-1 Mental Disability & Suicide Intake
 - 9.04 Religious Head Coverings
 - 9.05 Bail Access & Bondsmen