

**Section H: WORKFORCE INTEGRITY**

**WORKFORCE INTEGRITY: Staff Background and Reference Checks**

**H.1 The Facility Director ensures that all staff have initial background and reference checks before they are hired and that periodic criminal history checks are conducted once staff are employed.**

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Deficient	<input type="checkbox"/> Repeat Deficiency	<input type="checkbox"/> At- Risk	<input type="checkbox"/> Not Applicable
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<b>Reviewer's Initials:</b>	<b>Date:</b>
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**On-Site Assessment Items**

Review relevant policies, procedures, and documentation concerning staff background and reference checks.

Interview facility management staff, corrections staff, security staff, and detainees.

Interview personnel director to determine extent of pre-hire screening and review random personnel files.

Identify staff whose screening revealed negative information and note posts to which such staff are assigned.

Identify post-hire arrests and other integrity violations and determine source of that information to jail officials.

Observe documentation of periodic post-hire background checks.

	<b>Review Checklist</b>		<b>Comments</b>
H.1.1	Ensure written policies and procedures exist for initial background/reference checks and periodic criminal history checks of facility staff. These policies include at least the implementation subjects addressed in this section	Y N NA	
H.1.2	Policies and procedures are communicated to:		
H.1.2a	Appropriate staff members	Y N NA	
H.1.2b	Detainees, where appropriate	Y N NA	
H.1.3	Policies and procedures are reviewed and updated.	Y N NA	
H.1.4	Applicants for facility employment are screened prior to entering on duty (EOD). The screening includes:	Y N NA	
H.1.4a	An arrest check through the National Crime Information Center (NCIC)	Y N NA	
H.1.4b	A credit history check, and a drug screening examination	Y N NA	
H.1.4c	Domestic Violence Civil Protective Orders	Y N NA	
H.1.5	Newly hired staff are placed in accordance with results of the screening.	Y N NA	
H.1.6	All staff are required to immediately report arrests or other integrity violations relating to themselves or to fellow-employees.	Y N NA	
H.1.7	Periodic background checks of staff are conducted.	Y N NA	

**WORKFORCE INTEGRITY: Staff Training, Licensing, and Credentialling**

**H.2** The Facility Director ensures that all staff are adequately trained, licensed, and credentialed according to applicable local and state regulations and that expected standards of conduct are included in the facility’s overall training program.

<input type="checkbox"/> <b>Acceptable</b>	<input type="checkbox"/> <b>Deficient</b>	<input type="checkbox"/> <b>Repeat Deficiency</b>	<input type="checkbox"/> <b>At- Risk</b>	<input type="checkbox"/> <b>Not Applicable</b>
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<b>Reviewer’s Initials:</b>	<b>Date:</b>
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**On-Site Assessment Items**

Review relevant policies, procedures, and documentation concerning staff training, licensing, and credentialling. Interview facility management staff, corrections staff, security staff, and detainees.

Examine training plan.

Confirm pre-hire orientation and training component.

Confirm annual in-service training component.

Review random training records and confirm the following:

Required training in identified security practices;

Required training/certification for staff authorized to use weapons (with special attention to those on armed posts at the time of the audit);

Required training in use of force-related issues;

Training in reporting fire, leaks, and other emergencies;

Training in issues relating sexual harassment and sexual misconduct; and

Training to respond to the needs of disabled inmates.

Obtain training schedules and curricula to identify segments of required pre-service and post-hire training.

Obtain copy of Code of Conduct and ask random staff if they received a copy.

Review files of staff who deliver direct care regarding training, licensure, registration, and certification. [A health care expert should be able to expand on key indicators for H.2.4 and its subparts.]

Review records and documentation of emergency drills over past 12 months.

Review emergency plans to identify provisions for safe exit for physically, visually, or hearing impaired inmates.

Interview random staff regarding the recognition, repair, and reporting of hazards that could lead to an emergency.

During the course of the several days of the review, ask staff questions and observe practices that suggest the extent of effectiveness of the training programs.

	Review Checklist		Comments
H.2.1	Ensure written policies and procedures exist for the training, verification of license, credentialling, and adherence to expected standards of conduct for all staff. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
H.2.1a	A written code of conduct is included in the policies and procedures that outlines the professional expectations of all personnel	Y N NA	
H.2.2	Policies and procedures are communicated to:		
H.2.2a	Appropriate staff members	Y N NA	
H.2.2b	Detainees, where appropriate	Y N NA	
H.2.3	Policies and procedures are reviewed and updated.	Y N NA	

	Review Checklist		Comments
H.2.4	A formal training plan for staff exists and is in use. The plan includes the following:	Y N NA	
H.2.4a	All new personnel are required to participate in new employee orientation and training designed to prepare them for working in the correctional environment	Y N NA	
H.2.4b	Training records are maintained for each staff member (full time, part time, and volunteer)	Y N NA	
H.2.4c	Requisite hours of training and the training curricula are documented and specified	Y N NA	
H.2.5	Staff are provided with a copy of the code of conduct and trained in the expectations of staff on and off the job.	Y N NA	

	Review Checklist		Comments
H.2.6	Staff who deliver direct patient care are qualified by training, licensure, registration, and/or certification	Y N NA	
H.2.6a	Medical, nursing and dental professional staff are licensed and in good standing in the state(s) in which they are practicing	Y N NA	
H.2.6b	Medical staff gets orientation in security procedures.	Y N NA	
H.2.6c	Staff are performing only within the scope of their license	Y N NA	
H.2.6d	Administrators keep a file for each physician that includes photocopies of licensure, controlled substance license, and, Drug Enforcement Administration license (DEA license)	Y N NA	
H.2.6e	Administrator verifies the accuracy of medical licensure (primary verification) with the appropriate state agency	Y N NA	
H.2.6f	Physician's files include an explanation of any malpractice litigation made against the physician	Y N NA	
H.2.6g	Where there are supervisory physicians, physician credentials are reviewed by a senior physician	Y N NA	
H.2.6h	Other professional staff (registered nurses, nurse practitioners, physician assistants, dentists, etc.) have a copy of their license to practice on file in the administrator's office	Y N NA	
H.2.6i	Professional staff are practicing with a current, active license in good standing.	Y N NA	

	Review Checklist		Comments
H.2.7	Staff receive pre-service training and annual in-service training on proper security practices relating to:		
H.2.7a	keys,	Y N NA	
H.2.7b	tools,	Y N NA	
H.2.7c	culinary equipment,	Y N NA	
H.2.7d	medical equipment,	Y N NA	
H.2.7e	supplies,	Y N NA	
H.2.7f	security inspections and/or reviews, and	Y N NA	
H.2.7g	vehicles.	Y N NA	
H.2.8	Staff who are authorized to use firearms receive requisite training and certification prior to placement on any assignment requiring the use of these weapons.	Y N NA	
H.2.8a	Refresher training and re-certification is conducted at least once each year	Y N NA	
H.2.9	Staff receive pre-service and at least annual in-service training on:		
H.2.9a	Policies and procedures regarding the use of force	Y N NA	
H.2.9b	Safe use of force	Y N NA	
H.2.9c	Defensive tactics	Y N NA	
H.2.9d	De-escalation tactics	Y N NA	
H.2.9e	Non-forceful options for responding to violence or threats of violence by detainees	Y N NA	



	Review Checklist		Comments
H.2.10	Staff receive at least annual training in reporting fire, leaks and other emergencies.	Y N NA	
H.2.10a	Staff know who has the authority to call in emergency services, and the procedure for doing so	Y N NA	
H.2.10b	The facility conducts regular drills to prepare for emergencies	Y N NA	
H.2.10c	Staff recognize hazards that could lead to an emergency and know how to report or correct them	Y N NA	
H.2.10d	Emergency plans provide for safe exit for physically, visually or hearing impaired detainees	Y N NA	
H.2.11	Staff receive training in the preventing, intervening in, and remedying of sexual harassment and sexual misconduct which includes:	Y N NA	
H.2.11a	Staff obligation to monitor and report behavior of other staff	Y N NA	
H.2.11b	How to report misconduct	Y N NA	
H.2.11c	How to observe and interact with opposite gender detainees	Y N NA	
H.2.11d	How to supervise opposite gender detainees	Y N NA	
H.2.11e	How detainees are harmed by such conduct	Y N NA	
H.2.11f	How the security of the facility is jeopardized by sexual harassment and sexual misconduct	Y N NA	
H.2.11g	Legal and employment consequences of sexual harassment and sexual misconduct	Y N NA	
H.2.11h	How to handle reports of sexual harassment and sexual misconduct appropriately	Y N NA	

	Review Checklist		Comments
H.2.12	Staff are trained to respond to the special needs of the disabled including, but not limited to: the elderly, the hearing impaired, or the visually impaired.	Y N NA	
H.2.13	Staff are trained at least annually on suicide risk prevention measures.	Y N NA	

**WORKFORCE INTEGRITY: Staff Misconduct**

**H.3** The Facility Director ensures that written policies and procedures are in place to report allegations of staff misconduct and that such reports are thoroughly investigated and addressed, including forms of misconduct covered by other specific review guidelines.

<input type="checkbox"/> <b>Acceptable</b>	<input type="checkbox"/> <b>Deficient</b>	<input type="checkbox"/> <b>Repeat Deficiency</b>	<input type="checkbox"/> <b>At- Risk</b>	<input type="checkbox"/> <b>Not Applicable</b>
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<b>Reviewer's Initials:</b>	<b>Date:</b>
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**On-Site Assessment Items:**

Review relevant policies, procedures, and documentation concerning staff misconduct.

Interview facility management staff, corrections staff, security staff, and detainees.

Interview Facility Director regarding reporting and investigating procedures, as well as procedures/policies for imposing discipline in the case of staff misconduct.

Obtain information regarding reporting to federal agencies, facility staff, the Office of the Inspector General, and local law enforcement officials.

Interview person(s) responsible for investigating allegations of staff misconduct.

Review all allegations of staff misconduct (including those in inmate grievances) over past 120 days. Determine extent of investigation and follow-up.

Review any available investigation logs, as well as a sample of investigation files for completeness and timeliness.

Note whether files are maintained confidentially.

Note whether results are conveyed to Facility Director or designee.

Identify actions, if any, taken during investigation to protect inmates and other staff.

Identify nature of discipline imposed, if any. [This may require review of other files, e.g., personnel files]

Conduct thorough tour of institution, and note whether all staff display legible identification indicating their names.

H.3.1	Ensure written policies and procedures exist for the reporting and investigations of allegations of staff misconduct. These policies include at least the implementation subjects addressed in this section.	Y	N	NA	
H.3.2	Policies and procedures are communicated to:				
H.3.2a	Appropriate staff members	Y	N	NA	
H.3.2b	Detainees, where appropriate	Y	N	NA	
H.3.3	Policies and procedures are reviewed and updated.	Y	N	NA	
H.3.4	The facility provides for confidential reporting of staff misconduct by other staff and/ or detainees.	Y	N	NA	
H.3.5	The facility provides for reporting to the following:				
H.3.5a	Appropriate placing federal agency	Y	N	NA	
H.3.5b	Facility staff	Y	N	NA	
H.3.5c	Office of the Inspector General	Y	N	NA	
H.3.5d	Local law enforcement	Y	N	NA	
H.3.6	Staff responsible for receiving reports of misconduct do so with sensitivity.	Y	N	NA	
H.3.7	All inappropriate, suspected, or reported allegations of staff misconduct are:				
H.3.7a	Reported to a specified staff member,	Y	N	NA	
H.3.7b	A thorough investigation is conducted,	Y	N	NA	
H.3.7c	In a timely and professional manner.	Y	N	NA	
H.3.8	Procedures to protect institutional, staff and detainee safety and security have been implemented (e.g., staff are not permitted contact with detainees if he/she is under investigation for inappropriate activity involving detainees).	Y	N	NA	

H.3.9	The results of investigations into alleged staff impropriety are maintained in a confidential manner with the information conveyed to the Facility Director and designated senior staff in accordance with established law and agency policy.	Y N NA	
H.3.10	If investigation ascertains that personnel have violated the law or facility policy, corrective and/or disciplinary action is taken by the Facility Director or delegated senior staff members.	Y N NA	
H.3.11	Staff are identifiable by name to all facility staff and detainees.	Y N NA	
H.3.12	Staff found to be in violation of use of force policy are disciplined.	Y N NA	