1.0 PURPOSE

To establish guidelines for conducting and monitoring housekeeping inspections.

2.0 REFERENCES

.1 References


c. Standards for Adult Correctional Institutions, American Correctional Association, 3rd Ed., Sections 3-4314, 3-4310.

d. Policy COR.01.07, Liberty Interest Disclaimer.

.2 Definitions


3.0 POLICY

To promote safe and sanitary conditions which will ensure the health, safety, and well-being of inmates and staff:

.1 All Floors, walls, ceilings, light fixtures, equipment, and interior and exterior spaces within correctional institutions shall be kept clean and in good repair. Sinks, showers, lavatories are included in the definition of equipment.

.2 Routine inspections shall be conducted by qualified personnel to monitor housekeeping conditions at the facilities. Written reports shall be kept,
including a description of the corrective action planned, implemented, or considered for deficiencies noted on the inspection report.

4.0 PROCEDURES

.1 Weekly housekeeping inspections shall be conducted of all areas of a correctional facility. Qualified staff designated by the facility administrator, after consultation with program administrators, shall be responsible for conducting the weekly inspections, completing and distributing the inspection report, and ensuring all reported deficiencies are corrected. Staff responsible for certain areas shall conduct the inspection (i.e., librarian - library, unit manager - housing unit, etc.).

a. The inspection shall utilize form PSD 0550 Weekly Housekeeping Inspection (see attachment), detailing areas for inspection, and a space for narrative. This is a universal form designed to accommodate all areas of a facility - if a particular item does not apply to an area being inspected, then the item shall be checked as not applicable (N/A).

The inspection of bed frames, mattresses and pillows in inmate residential areas requires use of a different form, consult policy COR.07.09, Sanitizing Plan for Inmate Sleeping Areas, for procedures.

b. Upon completion of the inspection report, the reporting unit shall retain and distribute copies of the report as follows:

1. **Pink copy** - keep on file at their unit for a period of 6 months and then destroyed.

2. **Canary copy** - use as needed or destroyed; for example, attached to a work request for reference, etc.

3. **Original (white)** - forward to the Department Audit and Compliance Officer, Inspections and Investigations Office (IIIO), through the facility administrator, within 3 working days of completion of the inspection. The originals will be kept for six months.

.2 Periodic housekeeping inspections shall be conducted of all areas of a correctional facility by a qualified inspector or a facility safety officer. These
inspections shall encompass cleanliness, water temperatures, lighting, maintenance, availability of supplies, and other areas related to housekeeping.

a. The inspection shall be documented with a narrative describing deficiencies and recommended corrective action.

b. An exit interview shall be held with facility personnel to discuss inspection observation. The sanitarian or inspector shall provide a copy of the inspection report and narrative to the facility administrator within five (5) days of the completion of the on-site inspection.

c. The facility administrator shall respond to the report, detailing corrective action planned, initiated, or completed and timetable for completion within 15 days of receipt of the inspection report. The response shall be forwarded to the Department's Audit and Compliance Officer, IIO, for review and retention of one year.

4.0 SCOPE

This policy applies to all correctional facilities.

APPROVAL RECOMMENDED:

[Signature]
Deputy Director for Corrections

3/20/09
Date

APPROVED:

[Signature]
Director

3/20/09
Date
WEEKLY HOUSEKEEPING INSPECTION

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<th>Facility:</th>
<th>Location:</th>
<th>Date</th>
<th>Satisfactory</th>
<th>Not Satisfactory</th>
<th>Not Applicable</th>
<th>Comments</th>
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<td>Mattresses, Bedframes</td>
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<td>Windows &amp; Screens</td>
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<td>Furnishings (lockers, desk, chairs, mirrors)</td>
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Explanation:
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Copies of work orders attached where applicable:

Signature: ___________________________ Title: ___________________________ Date: ___________________________