1.0 PURPOSE

To establish guidelines for housekeeping maintenance of inmate sleeping areas.

2.0 REFERENCES & DEFINITIONS

1. References


c. Policy COR.07.05, Housekeeping inspections.

2. Definitions

a. "Chemical cocktails": Means the mixture of two (2) or more chemicals of which due to their chemical properties would result in a health, safety or fire hazard.

b. "Qualified Inspector": Means a person whose training, education, and/or experience specifically qualifies them to conduct health and safety inspections.

c. "Clean up": Means to purify, cleanse, and sanitize the subject article.

d. "Sanitize": Shall mean effective bactericidal treatment of surfaces of protective covers for mattresses, pillow and bed frames by a process which has been approved by health authorities as being effective in destroying micro-organisms, including pathogens.

e. "Sealed": Shall mean free from cracks or other openings which permit the entry or passage of moisture.

f. "Supervisor": Means the individual responsible for the operation of the housekeeping program at each facility.
3.0 POLICY

To promote good hygienic conditions within inmate sleeping areas in accordance with the Standards of the American Correctional Association, a sanitizing plan for all inmate sleeping areas shall be established and maintained under the provisions of this policy.

4.0 PROCEDURES

.1 Supervisors

The Warden of each correctional facility shall appoint staff members to function as supervisors of the program. The assigned supervisors shall be responsible for the following:

a. Establishing Work Schedules

Work schedules for inmates and staff shall be established and consist of three phases.

1. Cell Inspections (staff only)

Conduct and document an inspection of all mattresses, pillows, and bed frames on a weekly basis. The purpose of the inspection is to ensure all bedding material is properly sealed, in a sanitary condition, and bed frames in good condition. The Cell Inspection Report, form PSD 1603 (reference attachment) shall be used for this purpose.

2. Cleaning and Sanitizing (staff and inmates)

All mattresses, pillows, and bed frames shall be cleaned and sanitized on a weekly basis. This process should be carried out on linen exchange days, if possible.

3. Repairing (staff and inmates)

Mattresses, pillow covers and bed frames shall be repaired as needed as a consequence of the Cell Inspection Reports.
b. Work Supervision and Monitoring

1. The repair of defective mattresses and pillow covers shall be monitored to ensure they are properly sealed to prevent contamination from fluids and moisture.

2. Cleaning chemicals shall be monitored to ensure no excessive amounts are used or chemical cocktails made.

c. Supply Maintenance and Control

1. An inventory control system shall be established to ensure cleaning and sanitizing supplies do not run out and accountability is established for the return of unused supplies. An appropriate supply of cleaners and sanitizes shall be maintained for all assigned tasks.

2. Commercial sanitizers shall be used in accordance with recommendations of the manufacturer. If commercial sanitizers are not readily available, bleach such as Clorox and water may be mixed in a ratio of 1 to 50.

d. Reporting and Record Maintenance

1. All Cell Inspection Reports shall be maintained by the supervisor until all defects and repairs on the report have been satisfactorily completed. Upon completion of all deficiencies, the report shall be forwarded to the Facility Health and Safety Officer.

2. If for any reason, mattresses, pillow covers, or pillow covers, or bed frames cannot be sanitized, cleaned, or repaired as scheduled, a written report of the situation and recommended course of action shall be forwarded to the Warden through the Facility Health and Safety Officer.

Inmates shall never be allowed to continue using unsanitary bedding if the deficiency cannot be corrected — they shall be provided usable bedding immediately.
.2 Facility Health and Safety Officer

The facility health and safety officer shall be responsible for the following:

a. Reporting

The Facility Health and Safety Officer shall review all Cell Inspection Reports to ensure all deficiencies have been corrected. A monthly progress report shall be developed which outlines the facility's progress in meeting the weekly schedules of cleaning and sanitizing all inmate bedding. The report shall provide a percentage of bedding cleaned and sanitized for the previous month, e.g., 95% of all mattresses sanitized, 98% of bed frames repaired, etc. The report shall be forwarded to the Audit and Compliance Officer, Inspections & Investigations Office (IIIO) through the Warden.

b. Corrective Action

If any deficiencies are discovered from the cell inspections which may affect the health and safety of inmates, a plan for corrective action shall immediately be developed and submitted to the Warden. A copy of the report shall be sent to the Audit and Compliance Officer, IIIO.

c. Record Maintenance

All records pertaining to the program shall be maintained for a period of six (6) months and then destroyed. Records shall consist of the Cell Inspection Reports, inter-office memos pertaining to the program, and any other documentation relating to the program.

.3 Department Inspector

A qualified inspector in IIIO shall review all progress reports from the facility health and safety officers to ensure compliance with all provisions of the program. If a facility fails to meet program requirements, the Inspector shall conduct an on-site investigation of the situation, document findings, and submit a corrective action plan to the Audit and Compliance Officer in IIIO.
If a facility continually fails to meet program requirements, the Audit and Compliance Officer shall report the situation to the Deputy Director for Corrections through the division administrator with a recommended corrective action plan.

5.0 **SCOPE**

This policy shall apply to all the correctional facilities.

**APPROVAL RECOMMENDED:**

[Signature]
Deputy Director for Corrections

3/20/09
Date

**APPROVED:**

[Signature]
Director

8/10/09
Date
# DEPARTMENT OF PUBLIC SAFETY

## CELL INSPECTION REPORT FORM

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*NOTE: Please circle the most correct response. MODULE / DORM CLEANER:

Supervisor:  
Date: