


**CARTY v. FARRELLY CONSENT DECREE TABLE OF COMPLIANCE**

1/25/96 - Submitted by  
Darlene Grant

AREA OF COMPLIANCE	 PC-VI-001-011	SCHEDULE OF COMPLIANCE JANUARY - DECEMBER 1996												CONSENT DECREE DATE OF COMPLIANCE <sup>2</sup>	
		J	F	M	A	M	J	J	A	S	O	N	D		
<b>I. POPULATION - ST. THOMAS CRIMINAL JUSTICE COMPLEX (CJC)</b>															4/1/95
1.	Limit to be set at 97.														
2.	No prisoners to serve sentences over one year.														
3.	No more than two inmates per cell.														
4.	Five cells to be designated single cells for special management inmates (medical, mental health, segregation). <sup>1</sup>														
5.	New admissions housed in separate housing until medically evaluated.														
6.	No inmates housed in spaces not designed for housing (dayrooms, offices, etc.).														
7.	Women and men to be housed separately.														
8.	During the interim period until items 1-7 are carried out, the defendants agree to open the Halfway House and transfer a minimum of 30 inmates from CJC at that time. After the Halfway House is open, the CJC population will be permanently reduced by those 30 beds. Additionally, defendants agree to seek pretrial detention alternatives, reduce bails and to offer sentences of time served for prisoners charged with misdemeanors and nonviolent offenses. It is the parties' expectation that by January 1, 1995, the CJC population will be reduced by a total of 50-60 prisoners through these efforts.														1/1/95 (Halfway House to be open.)
<b>II. SHELTER, PHYSICAL PLANT &amp; ENVIRONMENTAL HEALTH</b>															
1.	Repair leaking roof.														6/15/95
2.	Repair all sink units in cells.														4/15/95

<sup>1</sup> If all special management prisoners are transferred out of CJC, the population cap is to be set at 100.

<sup>2</sup> All provisions of this decree which are not accompanied by an implementation date shall be implemented as soon as practicable and no later than January 1, 1996.

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3. Repair all light fixtures.													6/15/95
4. Repair or replace all hot water heaters for inmate showers.													4/15/95
5. Provide water coolers in clusters.													12/1/94
6. Replace all damaged or soiled mattresses.													4/15/95
7. Establish a mattress exchange program for new admissions.													12/1/94
8. Provide a storage area in each cell for inmates' personal belongings.													5/15/95
9. Establish a comprehensive institutional housekeeping plan.													4/15/95
10. Establish a comprehensive kitchen maintenance and sanitation plan.													1/1/95
11. Establish a comprehensive preventive maintenance plan for all mechanical systems and the physical plant.													1/1/95
12. Clean the drinking water system. Install automatic chlorinating device at the point from which water leaves the cistern. The defendants also agree to comply with the conditions set out in the September 27, 1994 Department of Natural Resources letter from Ben Nazario to Alcedos Lettsome. (See Appendix B.)													4/15/95
13. Assign two (2) FTE maintenance staff people to perform plumbing, electrical, mechanical, ventilation and air conditioning work.													4/15/95
14. Provide fruits and vegetables at least three times per week, milk daily, meat substitutes for vegetarian and religious diets, and evening snacks.													12/1/95
15. Lighting in inmate rooms/cells shall be at least twenty footcandles at desk level and in personal grooming areas.													
16. Noise levels in inmate housing units not to exceed 70 dBA (A Scale) in daytime and 45 dBA (A Scale) at night.													

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17. Circulation shall be at least 15 cubic feet of air per minute per occupant for cells/rooms, officer stations, and dining areas.													
18. Temperatures in indoor living and work areas shall be appropriate in the summer and winter comfort zones.													
19. Food service operations shall be supervised by a full-time staff member experienced in food service management.													
20. Policies and procedures shall be written, and practice instituted to specify food service budgeting, purchasing, and accounting practices, including but not limited to the following systems: <ul style="list-style-type: none"> <li>• food expenditure cost accounting designed to determine cost per meal per inmate,</li> <li>• estimation of food service requirements,</li> <li>• purchase of supplies at wholesale and other favorable prices and conditions, when possible, and in accordance with the Virgin Islands Code,</li> <li>• determination of and responsiveness to inmate eating preferences, and</li> <li>• refrigeration of food, with specific storage periods.</li> </ul>													
21. Policies and procedures shall be written and practice instituted to require that accurate records are maintained of all meals served.													
22. Documentation shall be maintained that the institution's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure that they meet the nationally recommended allowances for basic nutrition. Menu evaluation shall be conducted at least quarterly by institution food service supervisory staff to verify adherence to the established basic daily servings.													
23. Dietary allowances, as adjusted for age, sex, and activity, shall meet the recommended dietary allowances published by the National Academy of Sciences.													

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24. Policies and procedures shall be written and practice instituted to require that food service staff plan menus in advance and substantially follow the plan, and that the planning and preparation of all meals take into consideration food flavor, texture, temperature, appearance, and palatability.													
25. Policy and procedure shall be written, and practice instituted to provide for adequate health protection for all inmates and staff in the institution, and inmates and other persons working in the food service (see #26-32).													
26. All persons involved in the preparation of food shall receive a preassignment medical examination and periodic reexaminations to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils. All examinations shall be conducted in accordance with local requirements.													
27. When the institution's food services are provided by an outside agency or individual, the institution shall have written verification that the outside provider complies with the state and local regulations regarding food service.													
28. All food handlers shall be instructed to wash their hands upon reporting to duty and after using toilet facilities.													
29. Inmates and other persons working in food service shall be monitored each day for health and cleanliness by the supervisor of food services (or designee).													
30. When required by statute, food products that are grown or produced within the system are inspected and approved by the appropriate government agency. There shall be a distribution system that ensures prompt delivery of foodstuffs to the institutional kitchen.													

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31. Policy and procedure shall be written, and practice instituted to require weekly inspections of all food service areas, including dining and food preparation areas and equipment, by administrative, medical, or dietary personnel. These may include the person supervising food service operations (or designee). Refrigerator and water temperatures shall be check daily.													
32. Meals shall be served at appropriate temperatures.													
33. Policy and procedure shall be written, and practice instituted to provide for the issue of suitable clothing to all inmates. Clothing shall be properly fitted, climactically suitable, durable, and presentable.													
34. A standard wardrobe shall be provided at the time of admission and should include as appropriate: shirts, blouses, dresses, trousers, skirts, undergarments, slips, socks and shoes.													
35. Policy and procedure shall be written, and practice instituted to require that articles necessary for maintaining proper personal hygiene are provided to all inmates.													
36. Each inmate shall be given at a minimum the following linens: 2 sheets, 1 towel, 1 pillow, and a mattress that shall be placed on a bed and not on the floor. There shall be procedures for linen and towel exchange and personal laundry on a weekly basis, at a minimum.													
37. As part of the admissions process, each inmate should be given soap, shampoo, a toothbrush, toothpaste or powder, a comb, and toilet paper. Shaving equipment should be made available upon request, and the special hygiene needs of females shall be met. An adequate floor stock of these hygiene items shall be maintained at all times to ensure that these items are reissued as needed.													
38. There shall be a written plan for the control of vermin and pests that includes, at a minimum, monthly treatments and inspections by qualified persons.													

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39. Water for showers shall be thermostatically controlled to temperatures of 100-120° Fahrenheit to ensure the safety of inmates and to promote hygienic practices.													
III. FIRE SAFETY													
For the purpose of this section, the following requirements are set forth below:													
1. The Main Control Center on the third floor should be the central station for all recommended fire alarm systems. That is, all fire alarm systems should automatically retransmit to the Control Center.													
2. All smoke detectors should be connected to the building fire alarm systems.													
3. Fire rated enclosures or separations should be 1 hour fire rated with openings protected with self closing or automatic closing fire doors. The exception is doors to cells which are not required to be self or automatic closing.													
4. Smoke tight enclosures or separations can be of any materials that will resist the passage of smoke with openings protected with a self closing or automatic closing door that will resist the passage of smoke. The exceptions are the doors to cells which are not required to be self or automatic closing.													
Requirements:													
1. Provide a manual fire alarm system.													
2. Provide smoke detectors in the day rooms. The existing battery powered smoke detectors in the day rooms are inadequate for this occupancy. Battery powered smoke detectors are only recognized for residential occupancies.													
3. Provide a smoke barrier partition on the third floor to allow for the horizontal evacuation of the occupants on the third floor. The partition should divide the third floor into approximately two equally sized areas of refuge.													

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4. Cease the practice of storing the food carts in the exit access corridor adjacent to the kitchen.													12/1/94
5. a) Provide smoke detectors throughout the third floor to include in individual cells. b) Provide heat detectors on the first and second floors and in the basement. Heat detectors should be provided in the enclosed areas on the roof to include the storage areas, maintenance shops, mechanical rooms, and laundry room. c) Provide a 1-hour fire-rated enclosure of the kitchen and adjacent storage area. d) Provide a 1-hour fire-rated enclosure of all vertical openings to include utility shafts and stairways. e) Provide a 1-hour fire-rated separation of each of the cluster housing areas to include the individual control rooms from the exit access corridors.													b) 1/1/95
6. Immediately remove all the new foam plastic mattresses in the facility and replace with approved fire retardant treated mattresses.													11/1/94
7. Replace all existing damaged fire retardant mattresses.													1/1/95
8. Mattresses not to be stored in housing units. If mattresses are stored in the building, they should be stored in accordance with fire safety regulations.													11/1/94
10. A detailed emergency plan should be developed which is applicable to the St. Thomas Facility, to include training of staff and fire drills for staff and inmates (see Appendix C).													Training of staff 12/1/94  Training of inmates 2/15/95
11. A fire evacuation plan for the housing units shall be developed, training provided and drills performed.													

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12. Fire drills shall be conducted and critiqued. Drills shall be conducted once per quarter per shift for a total of 12 fire drills per year. Not all drills require the evacuation of the inmates.													
13. A plan shall be developed detailing how to evacuate the inmates or provisions for inmates to "ride-out" the fire inside the building. The plan shall take into consideration the type of fire protection systems in the building.													12/15/94
14. Proper receptacles shall be provided for cigarette smoking materials.													11/1/94
15. The staff shall be trained in fire evacuation and fire emergency procedures.													12/1/94
16. The local fire department shall tour the facility to become familiar with the building. The local fire department shall periodically participate in the facility fire drills.													
17. When, on a periodic basis, chains and locks are needed for security, all staff members shall be made aware of this and a sufficient number of the staff shall be provided with keys to unlock the doors in case of emergency. The doors should not be chained and locked on a regular basis.													
18. Defendants shall not store combustibles or other material in the exits.													
19. Repair all broken or damaged electrical lighting fixtures.													6/1/95
20. Flammable liquids in the maintenance and storage areas shall be stored in approved flammable liquid storage cabinets.													
21. The fire load in all offices shall be reduced.													11/1/94



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IV. MEDICAL CARE													
A. STAFFING AND TABLE OF ORGANIZATION													
1. Defendants agree to retain a Health Care Coordinator who is responsible for making recommendations for the development of medical policies and procedures which, when adopted, will be largely in compliance with the National Commission on Correctional Health Care Guidelines as they currently exist except as otherwise provided in this Agreement. These policies and procedures shall include, but not be limited to, such issues as quality assurance, programs for chronic care, special-needs inmates, admission to and administration of the infirmary at St. Croix, and a peer review of the practitioners who are contracting with the U.S. Virgin Islands. The Health Care Coordinator shall be responsible for implementing the medical policies and procedures in conjunction with the Registered Nurse at CJC.													Day-to-day supervision and management shall be provided by the Registered Nurse at CJC by 12/1/94.
2. A full-time Registered Nurse will function as the on-site supervisor of medical services and will report directly to the Nurse Supervisor. She/he will be responsible for development, implementation and monitoring of health care policies and procedures, and monitoring and requisitioning of supplies and equipment. Certification by the Director of the Board of Corrections that the nurse is in place shall be submitted to the plaintiffs' counsel.													12/1/94 (Full-time Registered Nurse to be in place at CJC.)
3. Nursing personnel in addition to the Registered Nurse will be present at CJC from at least 9:00 am until 8:00 pm weekdays, and for four hours each weekend day. Certification by the Director of the Bureau of Corrections, including the schedules of all nursing personnel, will be submitted to the plaintiffs' counsel.													1/1/95 (Additional nursing personnel on staff, and submission to plaintiffs' counsel.)

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4. A physician will be present at CJC at least two hours each weekday to provide new admission evaluations, sick call and medical follow-up care. The physician's schedule, showing compliance with this provision will be submitted to the plaintiffs' counsel. It will be the responsibility of the Health Care Coordinator to assure that adequate physician coverage is provided.													12/1/94 (Physician on duty, and submission to plaintiffs counsel.)
5. A physician will be on-call by telephone at all times when there is no physician on-site at the facility. The Health Care Coordinator will be responsible for assuring that 24-hour coverage is provided. A schedule showing this coverage will be submitted to plaintiffs' counsel.													1/1/94 (Physician on call, and submission to plaintiff' counsel.)
6. A Master's level Mental Health Worker will provide mental health services. He/she will be responsible for initial evaluation of all inmates with mental health problems, development of mental health treatment plans, monitoring psychiatric medications in consultation with the physician, insuring mental health follow-up, and individual and group counseling. The Director of the Bureau of Corrections will certify that a Mental Health Worker is in place. (See Section V for more detail on Mental Health Worker duties.)													1/1/95
7. A roster of health care personnel (as indicated on table of organization on p. 18 of document) and a record of hours worked will be kept by the Nurse Supervisor. This record will be submitted to the plaintiffs' counsel on a quarterly basis.													1/1/95 (First submission to plaintiffs' counsel.)

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<b>B. EMERGENCY CARE</b>													
1. Adequate equipment will be maintained on-site for management of medical emergencies. (See pp. 18-19 of document for list.) A list of this equipment will be maintained by the Registered Nurse. The equipment will be inspected daily for completeness and condition and said inspection will be noted on the list with the initials of the staff member doing the inspection. Records of the inspections will be given to the Health Care Coordinator on a monthly basis. The Health Care coordinator will ensure that replacement equipment is obtained as necessary. Certification by the Health Care Coordinator that the equipment and system are in place will be submitted to plaintiffs' counsel.													4/1/95 (Equipment system in place, and submission to plaintiffs' counsel.)
2. A log will be maintained indicating time of all emergency hospital referrals, time leaving CJC and time of arrival at the hospital. Certification by the Warden that this log is being maintained will be submitted to the plaintiffs' counsel on a quarterly basis.													12/1/95 (Log in place, and submission to plaintiffs' counsel.)
<b>C. CARDIOPULMONARY RESUSCITATION (CPR)</b>													
1. CPR training will be provided for all medical staff. Certification by the Health Care Coordinator of completion of the initial training will be submitted to the plaintiffs' counsel on a quarterly basis. All medical staff will maintain current CPR certification. The Registered Nurse will be responsible for ensuring that all medical personnel maintain current CPR training.													4/1/95 (Medical staff training, and first quarterly report to plaintiffs' counsel.)

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2. CPR training will be available to correctional officers. At least two officers with CPR certification will be present at all times at CJC. Certification by the Warden that at least two CPR-certified officers are on duty at all times will be submitted to the plaintiffs' counsel. A list of officers with CPR certification and a log of hours worked will be submitted to plaintiff's counsel on a quarterly basis.													4/15/95 (Officers to be on duty, and initial submission to plaintiffs' counsel.)
D. CHRONIC CARE													
1. Written policy, procedure, and practice shall make available chronic and convalescent care to inmates of the facility.													
E. SUBSTANCE ABUSE TREATMENT													
1. Written policy and procedure shall guide the clinical management of chemically dependent inmates and include the following requirements: <ul style="list-style-type: none"> <li>• diagnosis of chemical dependency by a physician,</li> <li>• determination by a physician as to whether an individual requires nonpharmacologically or pharmacologically supported care,</li> <li>• individualized treatment plans developed and implemented by a multidisciplinary team, and</li> <li>• referrals to specified community resources upon release when appropriate.</li> </ul>													

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<p>2. Written policy, procedure, and practice shall provide for substance abuse programs for inmates with drug and alcohol addiction problems. These programs should include the following:</p> <ul style="list-style-type: none"> <li>• staff trained in drug and alcoholic treatment to design and supervise the program,</li> <li>• coordination with community substance abuse programs,</li> <li>• efforts to motivate addicts to seek help,</li> <li>• realistic goals for the rehabilitation of inmates with substance abuse problems, and</li> <li>• a variety of approaches to provide flexibility to meet the varying needs of different addicts.</li> </ul>													
F. MEDICATION													
<p>1. New admissions requiring medication will be transported to the hospital for medical evaluation and prescriptions if no medical personnel are on call or on-site at CJC. Certification by the Warden that this system is in place will be submitted to the plaintiffs' counsel. The Warden will be responsible for ensuring that new inmates are promptly transported to the hospital for medical evaluations and prescriptions as necessary.</p>													12/1/94 (Submission to plaintiffs' counsel.)
<p>2. Prescriptions for inmate medication will be taken to the pharmacy and the filled prescriptions returned to CJC within 24 hours of the writing of the prescriptions, unless it is medically indicated that they be dispensed sooner. Certification by the Warden that this is being done will be submitted to the plaintiffs' counsel. A log of prescriptions and time required for obtaining medications will be maintained and submitted to the plaintiffs' counsel on a quarterly basis.</p>													12/1/94 (Prescription system in place, and initial submission to plaintiffs' counsel.)

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3. Medications will be given from a filled prescription only to the patient for whom it was prescribed. Prescription medications will not be re-used for other patients. Certification of compliance with this provision, including that all non-current prescription medications have been discarded, will be submitted to the plaintiffs' counsel. The Nurse Supervisor will be responsible for ensuring on-going compliance with this provision and will inventory prescription medications to discard those no longer in use on a weekly basis.													12/1/94 (Medication system in place, and submission to plaintiffs' counsel.)
4. Controlled substances will be maintained in a locked narcotic cabinet and will be counted and logged by nursing staff whenever dispensed and on a daily basis. Certification by the Warden that a locked cabinet is present and in use, and by the Nurse Supervisor that the system of counting and logging controlled substances is in place, will be submitted to the Court. A copy of the narcotics control log will be submitted to the plaintiffs' counsel on a quarterly basis.													12/1/94 (Controlled substance system in place, and initial submission to plaintiffs' counsel.)
5. All medications will be routinely checked by nursing staff for expiration dates and expired drugs discarded. Certification by the Health Care Coordinator that this is being done will be submitted to the plaintiffs' counsel. The Registered Nurse will inspect all medications monthly and will note the presence of any expired drugs. The results of these inspections will be submitted to the plaintiffs' counsel on a quarterly basis.													12/1/94 (Initial submission to plaintiffs' counsel.)

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G. INTAKE EVALUATIONS													
1. A Brief health screening question list will be administered at admission and prior to housing by a nurse. If an admission occurs in the absence of nursing coverage, a correction officer who has been instructed in its use by medical staff shall conduct this evaluation. The prisoner shall be evaluated the next day by the nursing staff. Questions on the screening list will include current illnesses, medications, and suicidal ideation or history. The form will be submitted to medical staff for use in inmates' medical intake evaluations and will be retained in inmates' medical records. Certification by the Warden that this system is in place shall be submitted to the plaintiffs' counsel.													12/1/94 (Health screening form to be in use, and submission to plaintiffs' counsel.)
2. A medical intake evaluation, utilizing a standardized history and physical examination form substantially the same as the form provided as Appendix D (see document), will be performed by the facility physician on all new admissions within four days of admission. Certification by the Health Care Coordinator that the system is in place will be submitted to plaintiffs' counsel.													12/1/94 (System in place, and submission to plaintiffs' counsel.)
3. Laboratory tests will be performed on all new admissions within seven days of admission and consist of the following: a. tuberculin skin test (PPD) in accordance with CDC guidelines (see Appendix E of document), b. urinalysis (dipstick), c. syphilis blood test (RPR), d. complete blood count (CBC), e. PAP Smear (women), f. urine pregnancy test (women), and g. additional tests deemed clinically necessary by physician. Certification by the Health Care Coordinator that the practice has been implemented shall be submitted to the plaintiffs' counsel.													12/1/94 (Tests in place, and submission to plaintiffs' counsel.)

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4. Defendants shall conduct (PPD) testing on all CJC prisoners, employees and agents of defendants who have direct contact with prisoners, unless such person has had a test result recorded within the last 12 months. Persons who test $\geq 5\text{mm}$ will be treated in accordance with CDC guidelines.													12/1/94 (Testing system in place.)
5. The defendants shall implement prompt and consistent testing, reading and recording of PPD tests for newly arriving prisoners, including the administration of PPD tests as soon as practicable at the time of entry into the system.													
H. SICK CALL													
1. Sick call will be freely accessible on a regularly scheduled, daily basis and will be conducted by qualified medical staff (MD or RN) in an appropriate physical space containing a medical examination table, adequate lighting, and running water. Equipment required for physical evaluation will be available (see p. 27 of document for list). Inmates' sick call request slips will be submitted daily and collected from boxes in all clusters twice daily by medical staff, who shall record the date(s) of treatment on the slips and place them in the inmates' medical charts. Certification by the Health Care Coordinator that the system is in place, including a schedule of sick call times, a list of the equipment available, and a description and location of the physical space provided, will be submitted to the plaintiffs' counsel.													12/1/94 (Sick call system in place, and submission to plaintiffs' counsel.)



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I. FOLLOW-UP CARE														
1. Patients requiring follow-up for chronic diseases or other reasons will be scheduled for the purpose in a follow-up log substantially the same as that provided in Appendix F (see document). A disposition on each patient scheduled will be entered into the log. A list of patients with chronic conditions will be maintained by medical staff to insure that such patients are not lost to follow-up. Certification by the Health Care Coordinator that the system has been implemented will be submitted to the plaintiffs' counsel. The Registered Nurse will be responsible for monitoring the follow-up system and ensuring compliance with this section of the plan. A copy of the follow-up logs and chronic disease list will be forwarded to the plaintiffs' counsel on a quarterly basis.														12/1/94 (System in place, and initial submission to plaintiffs' counsel.)
J. MEDICALLY INDICATED DIET														
1. Medically indicated diets will be ordered by medical staff, who will submit a requisition form substantially the same as that in Appendix G (see document) to the kitchen manager, who will insure that inmates on medically indicated diets receive the proper diets. Certification by the Warden that the system has been implemented will be submitted to the plaintiffs' counsel.														12/1/94 (System in place, and submission to plaintiffs' counsel.)
2. Guidelines for preparation of medically indicated diets will be developed in consultation with a dietician and posted in the kitchen. Certification by the Warden that the guidelines are posted will be submitted to plaintiffs' counsel. The kitchen manager will be responsible for consulting with the dietician as necessary and for periodically updating the posted guidelines.														12/1/94 (Guidelines to be posted, and submission to plaintiffs' counsel.)

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3. Medical staff will maintain a list of patients receiving medically indicated diets. The list of patients will be reviewed by the Registered Nurse for continued need and for completeness on a monthly basis. A copy of the list will be submitted to the plaintiffs' counsel.													12/1/94 (First list to be complete, and submission to plaintiffs' counsel.)
<b>K. HOSPITAL APPOINTMENTS</b>													
1. A record will be kept of all appointments requested at the hospital (clinics, dental, laboratory, x-ray), date of appointment, whether visit occurred, and disposition. Clinic referral forms and the clinic log book will be substantially the same as those in Appendix H (see document). Certification by the Health Care Coordinator that the system is in place will be submitted to the plaintiff's counsel. A report listing all hospital referrals and their disposition will be submitted to the plaintiffs' counsel on a quarterly basis.													12/1/94 (Record system in place, and initial submission to plaintiffs' counsel.)
<b>L. MEDICAL REFERENCES</b>													
Up-to-date medical references will be available at CJC, including <u>Physicians' Desk Reference</u> , <u>Conn's Current Therapy</u> , and <u>Lippincott Manual of Nursing Practice</u> . Certification by the Health Care Coordinator that the references are available will be submitted to the plaintiffs' counsel. The Registered Nurse will monitor the availability and currentness of the references, and will report to the Nurse Supervisor when replacement is necessary. The Health Care Coordinator will ensure that such replacements are made.													1/1/95 (References available, and submission to plaintiffs' counsel.)
<b>M. MISCELLANEOUS MEDICAL ISSUES</b>													
1. After ninety days of detention, the defendants shall provide eyeglasses to those inmates who need them.													

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	2. After sixty days of detention, the defendants shall provide routine dental services to prisoners. If restorative services are indicated, they shall be provided.												
3. Emergency dental care shall be provided to all prisoners regardless of length of stay.													
4. The defendants shall adopt quality assurance practices, including bi-weekly meetings between the Health Care Coordinator and CJC medical staff.													1/1/95
5. Inmates in need of infirmary care shall be transferred to the Infirmary at Golden Grove.													11/1/94
N. MEDICAL CHARTS													
1. The defendants shall adopt standardized charting practices. The prisoners' health record files shall contain the following items: <ul style="list-style-type: none"> <li>• completed admission screening form,</li> <li>• health appraisal data forms,</li> <li>• all findings, diagnoses, treatments, and dispositions,</li> <li>• record of prescribed medications and their administration,</li> <li>• laboratory, x-ray, and diagnostic studies,</li> <li>• signature and title of documenter,</li> <li>• consent and refusal forms,</li> <li>• release of information forms,</li> <li>• place, date and time of health encounters,</li> <li>• health service reports, e.g.; dental, mental health, and consultations,</li> <li>• treatment plan, including nursing care plan,</li> <li>• progress reports, and</li> <li>• discharge summary of hospitalization and other termination summaries.</li> </ul>													12/1/94 (Standard-ized charting practices in place.)
2. The method of recording entries in the prisoners' records, the form and the format of records, and the procedures for their maintenance and safekeeping shall be approved by an appropriate health authority.													

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3. All findings, including notations concerning mental health, dental, and consultative services shall be recorded at the time of service delivery or no later than 14 days from the time of discharge or termination of treatment. The receiving screening form shall become a part of the record at the time of the first health encounter.													
4. Prisoners suffering from infectious diseases and in need of medical isolation shall be transferred to St. Thomas Hospital for appropriate treatment.													
V. MENTAL HEALTH													
1. Mental health referrals, evaluations, and follow-up will be managed by the Mental Health Worker. A mental health checklist and referral form substantially the same as those in Appendices I and J (see document) will be used. Certification that the referral system is in place will be submitted to the plaintiffs' counsel.													1/1/95 (System to be in place, and submission to plaintiffs' counsel.)
2. Referrals shall be made to the local hospital in emergency situations or to the Community Mental Health (CMH) Center. All prisoners referred for non-emergency care shall be evaluated by CMH or CJC staff within five days, unless a shorter period is medically indicated.													
3. Upon return to CJC from a mental health evaluation, any reports or recommendations will be reviewed by the Mental Health Worker and medical staff and appropriate housing and follow-up will be arranged. Certification by the Health Care Coordinator that this has been implemented will be submitted to the plaintiffs' counsel.													1/1/95 (System in place, and submission to plaintiffs' counsel.)

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	4. A housing area at CJC will be designated for inmates requiring mental observation. In this area, suicide watch and close mental health follow-up will be available. Certification by the Warden that a mental health housing area has been provided will be submitted to the plaintiffs' counsel.												
5. The defendants shall establish mental health cells for prisoners in need of restraints, seclusion, or observation.													12/1/94
6. Hospital beds for inmates requiring hospitalization shall be made available at the St. Thomas Hospital.													11/1/94
VI. CORRECTIONS AND SECURITY													
A. <u>Operations</u>													
1. The defendants shall establish policies and procedures governing the operations of CJC. This manual shall contain all procedures for institutional security and control, with detailed instructions for implementing these procedures. The manual shall be available to all staff and reviewed at least annually and updated if necessary.													Manual to be completed by 4/1/95.
2. The defendants shall establish an objective-based classification program in conformity with the guidelines issued by the National Institute of Corrections.													4/1/95
3. Housing officers shall conduct fifteen-minute checks of the housing units and maintain a log.													11/1/94
4. Disciplinary and protective custody segregation cells shall be established. Prisoners in need of long-term segregation shall be transferred by Golden Grove.													4/1/95 (Prisoners to Golden Grove.)

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5. Defendants shall immediately discontinue the practice of instituting long-term facility-wide lockdowns of prisoners in excess of 72 hours, unless emergency circumstances exist. For the purposes of this agreement, emergency is defined as a circumstance caused by a significant security breach affecting the entire facility, or riot, fire, hurricane or similar event not caused intentionally by the defendants. If the defendants intend to extend a lockdown beyond 72 hours for emergency reason, the BOC Director shall notify plaintiffs' counsel immediately and certify the justification for extending the lockdown. Within 72 hours thereafter, the BOC Director shall forward a plan to plaintiffs' counsel to end the lockdown. A record of all lockdown periods, regardless of length, shall be maintained at CJC and made available to plaintiffs' counsel upon reasonable notice. If the lockdown exceeds 72 hours and the plaintiffs dispute the justification offered by the defendants or believe the conditions are unconstitutional, plaintiffs can seek appropriate relief from the court.													
<b>B. Activities</b>													
1. Outdoor recreation shall be provided not less than three hours daily, seven days a week.													4/1/95
2. Inmates shall not be confined to their cells more than twelve hours daily. The cell doors shall remain open during out-of-cell periods. The parties understand that this twelve hours represents the maximum amount of in-cell time on a regular basis, and takes into consideration unusual circumstances such as power outages or staff shortages.													11/1/94
3. The defendants shall establish a comprehensive library system.													5/1/95
4. Substance abuse services shall be provided.													4/1/95
5. Jobs shall be made available for sentenced and long-term detainees.													4/1/95

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	C. <u>Excessive Force</u>												
1. Defendants shall develop a policy and procedures that strictly prohibit the use of force except in clearly defined appropriate circumstances.													4/1/95
2. All use of force incidents shall be visually supervised by the Shift Commander where feasible, and reported immediately.													
3. A use of force report(s) shall be prepared by the staff involved.													
4. Medical personnel shall be notified immediately when there is a use of force incident or when prisoners are placed in restraints. The personnel shall immediately examine the inmate and prepare an injury report.													
5. For a period of one year from entry of this agreement, all use of force incidents shall be videotaped and recorded where feasible.													
6. All use of force reports, incident reports, injury reports, and videotapes shall be collected and forwarded to the Assistant Warden for review. They shall be preserved in an orderly manner and made available to plaintiffs' counsel for review on a periodic basis.													
7. Any allegations of physical abuse shall be referred to the DOJ and plaintiffs' counsel for investigation.													

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D. <u>Training Requirements</u>													
1. Orientation: Policies and procedures shall be written that all new full-time employees shall receive four hours of orientation training before undertaking their assignments. Orientation training shall include at a minimum the following: orientation to the purpose, goals, policies and procedures of the institution and parent agency, working conditions and regulations, employees' rights and responsibilities, and an overview of the correctional field. Depending on the employee(s) and the particular job requirements, orientation training may include preparatory instruction related to the particular job.													4/1/95
2. Correctional Officers: Policies and procedures shall be written and practice shall provide that all new correctional officers receive an additional 120 hours of training during their first year of employment and an additional 40 hours of training each subsequent year of employment. At a minimum, this training shall cover the following areas: security procedures, supervision of inmates, signs of suicide risk, suicide precautions, use of force regulations, report writing, inmate rules and regulations, rights and responsibilities of inmates, fire and emergency procedures, safety procedures, firearms training, key control, interpersonal relations, social/cultural lifestyles of the inmate population, communication skills, and first aid.													4/1/95
VII. AMERICANS WITH DISABILITIES ACT													
Defendants shall comply with the Americans with Disabilities Act.													1/1/95
VIII. RELIGIOUS FREEDOM													
A. Defendants shall provide meat substitutes for prisoners who observe religious diets.													1/1/95



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B. Defendants shall allow prisoners to groom themselves in accordance with religious beliefs unless a medical risk exists in a specific case as defined by a physician.														1/1/95
C. Defendants shall offer congregate religious services.														
D. Defendants shall allow prisoners to have items necessary to practice their religious beliefs, including but not limited to kufi skull caps and prayer rugs, unless a security risk exists in a specific case.														
IX. LEGAL ACCESS														
A. Policies and procedures shall be written, and practice instituted to ensure the right of inmates to have access to the courts. The right of access to the courts shall provide at a minimum that inmates have the right to present any issue, including the following: challenging the legality of their conviction or confinement, seeking redress for illegal conditions or treatment while under correctional control, pursuing remedies in connection with civil legal problems and asserting against correctional or other government authority any other rights protected by constitutional or statutory provision or common law. Inmates seeking judicial relief shall not be subjected to reprisals or penalties because of the decision to seek such relief.														1/1/95
B. Policies and procedures shall be written and practice instituted to ensure and facilitate inmate access to counsel and assist inmates in making confidential contact with attorneys and their authorized representatives. Such contact includes, but is not limited to, unlimited phone communications, uncensored correspondence, and contact visuals.														1/1/95

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C. Institutional authorities shall assist inmates in making confidential contact with attorneys and their authorized representatives. These representatives may include law students, special investigators, lay counsel, or other persons who have a legitimate connection with the legal issue being pursued. Provision shall be made for visits during normal institutional hours, uncensored correspondence, telephone communications, and additional hours outside of the routine schedule requested because of special circumstances.													1/1/95
D. Policies and procedures shall be written, and practice shall provide for the rights of inmates to have access to an appropriate law library and to paper, typewriters, and other supplies and services related to legal matters. The law library shall include at a minimum relevant and up-to-date constitutional, statutory, and case law materials, applicable court rules, and practice treatises. When an inmate is unable to make meaningful use of the law library on his or her own, the additional assistance necessary for effective access is provided.													4/1/95
X. MAIL, TELEPHONE AND VISITATION													
A. Policies and procedures shall be written to govern inmate correspondence. They shall be available to all staff and inmates, and reviewed annually and updated as needed.													1/1/95
B. Policies and procedures shall be written and institutional practice implemented to provide that indigent inmates, as defined in policy, receive a specified postage allowance to maintain community ties. An inmate without financial resources shall be provided the means to send a reasonable number of letters per month. Community ties include family, personal friends, but <u>not</u> privileged communication to attorneys, public officials and courts.													
C. Policies and procedures shall be written and implemented to govern inmates' access to publications. Any restrictions on access to publications shall be directly related to maintenance of facility order and security.													

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D. Policies and procedures shall be written and instituted to provide that inmate mail, both incoming and outgoing personal, but <u>not</u> privileged legal mail, may be opened and inspected for contraband.													1/1/95
E. Defendants shall develop and institute written policies and procedures to provide for inmates' access to telephones. Telephone facilities shall permit reasonable and equitable access to all inmates and permit a reasonable amount of privacy. Procedures shall specify the hours during which the telephone is available, the maximum length of calls, and any limitation on calls.													
F. Defendants shall develop and implement written policies and procedures that provide that the number of visitors an inmate may receive and the length of visits may be limited only by the facility's schedule, space and personal constraints or when there are substantial reasons to justify such limitations.													
XI. MISCELLANEOUS													
Halfway House: It is not the parties' intention that the services provided in this Agreement for the benefit of CJC prisoners shall be diminished in any respect by the opening of the Halfway House or other facilities.													
Expansion of CJC: Any expansion of CJC into the first or second floors of the building shall be subject to the terms of this Agreement, except that staffing levels shall be increased proportionately.													
MONITORING AND COMPLIANCE													
The following provisions shall be in effect immediately upon the execution of this Agreement:													

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A. The BOC shall post and maintain one copy of this Agreement in the CJC law library and in the dayroom of each housing cluster.													
B. On 72 hours' notice to defendants, plaintiffs' counsel and their assistants shall have the right to meet freely and privately with individual prisoners at CJC in a contact visit area.													
C. Defendants shall grant plaintiffs' counsel access to tour CJC to evaluate defendants' compliance with this Agreement. plaintiffs' counsel shall provide ten days' notice to defendants in advance of these tours.													
D. For the purpose of monitoring this Settlement Agreement, the BOC agrees to permit meetings between plaintiffs' counsel and groups of CJC prisoners at a time on a monthly basis at the CJC. This provision will in no way interfere with the right of plaintiffs' counsel to meet with their clients on an individual basis.													
E. Upon request by plaintiffs' counsel, BOC shall grant plaintiffs' counsel, their assistants and consultants access to any documents that may demonstrate compliance or lack of compliance with the terms of this Agreement.													
F. As of the effective date of this agreement, the defendants will begin the following periodic reports related to compliance with this agreement to plaintiffs' counsel:													
<ul style="list-style-type: none"> <li>quarterly population reports indicating the number of sentenced prisoners and pretrial detainees held in each cluster, the number of inmates held in new admissions housing area(s), protective custody, infirmary, or medical isolation units,</li> </ul>													
<ul style="list-style-type: none"> <li>quarterly medical reports indicating the number of physical exams conducted, PPD tests administered, referrals to St. Thomas Hospital for emergency care and specialty clinics,</li> </ul>													

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• quarterly prisoners' medical grievances indicating the number of grievances filed on various medical care issues,													
• quality assurance reports (as generated),													
• quarterly statistics and narrative summaries of incidents involving assaults by prisoners and by staff, indicating the outcome of each incident,													
• quarterly reports on use of force by CJC staff,													
• quarterly food services reports (by Virgin Islands Division of Public Health),													
• quarterly water quality reports (by BOC and Virgin Islands Departments of Planning and Natural Resources and Health),													
• bi-monthly status reports on recruitment and hiring for positions covered by this agreement,													
• sanitation reports (as generated by the Department of Health and Internal BOC Audit), and													
• semi-annual law library inventories.													

( MONITORING AND COMPLIANCE, continued)

During each monitoring visit, defendants shall make available to plaintiffs' counsel, their assistants and consultants records and reports relevant to any of the matters described in this Agreement. These records shall also be available for review by consultants or experts working with plaintiffs' counsel. Among the documents to be produced are:

- medical records of treatment provided to plaintiffs maintained by CJC staff and by St. Thomas Hospital,
- records of mental health care provided to plaintiffs at CJC or community mental health facilities,
- records of the death of any plaintiffs, either at CJC or at St. Thomas Hospital or local hospice facilities,
- copies of sick call request slips submitted by prisoners and daily lists of prisoners seen by medical staff,
- incident reports involving plaintiffs,
- use of force reports,
- staff disciplinary reports and referrals to outside agencies,
- logbooks and documents reflecting new admissions to CJC, and the number of prisoners attending daily recreating sessions and law library.

Plaintiffs' counsel shall have the authority to retain consultants to evaluate compliance with the terms of this Agreement in the technical areas of medical, dental and psychiatric care, environmental, fire and life safety, when they reasonably believe such assistance is necessary to assess compliance under the terms of this Agreement. Defendants will bear the cost of the reasonable fees and expenses of these consultants in the event that plaintiffs' counsel are required to initiate enforcement proceedings.

All provisions of this decree which are not accompanied by an implementation date shall be implemented as soon as practicable and no later than January 1, 1996.

Counsel for the plaintiff class will bring any complaints of noncompliance to the attention of defendants' counsel prior to initiating any court action. The parties will attempt in good faith to resolve all such disputes between themselves in the first instance.

Defendants' counsel will notify counsel for the plaintiff class of any proposed modification of the rights and privileges accorded plaintiffs by this decree prior to seeking formal court approval for any such modifications. The parties will attempt in good faith to resolve all disputes concerning such modifications between themselves in the first instance.

If defendants are unable to implement fully the terms of this Agreement, despite their best efforts, plaintiffs are free to seek such other and further relief from the Court as may be necessary to bring about elimination of the conditions which this decree seeks to remedy. The defendants shall petition the Court for relief under F.R.C.P. 60 (b) (5) for changed circumstances that may arise that are outside the contemplation of the parties as set forth in this Agreement.

#### JURISDICTION

This Court shall retain jurisdiction over this matter to insure compliance with the foregoing provisions until such time as all provisions of this decree have been fully implemented and the court has made a finding of substantial compliance.

#### ATTORNEYS' FEES

The parties agree to attempt to negotiate attorneys' fees and costs. Should the parties be unable to reach a settlement as to attorneys' fees and costs within 60 days of final approval of this decree, the matter shall be submitted to the Court for its determination, provided, however that this time period may be extended by stipulation of the parties if approved by the Court.