

KRCC Formal Count Compliance Review

KRCC SOP 1.1.8.1 KRCC Formal Count	Consistent compliance	Partial compliance	Non compliance	Findings	Department Head Response
Formal Counts of all inmates are to be completed at the following times: s.1 hours 5 hours hours hours hours hours (Identification Count) s.15	✓			Formal counts are conducted as detailed in this policy s.15 s.15	
Control will initialize each count s.15 s.15		✓		There was some non compliance of non emergency movements . For example s.15 s.15	
All formal counts, s.15 are to be conducted with the inmates secured in their cells or mustered at their work sites.	✓				
A. Officers must physically observe and count each inmate in their area of responsibility ensuring that they are checking for life signs (movement, breathing, rise and fall of the chest) and anything suspicious		✓		Compliance with this policy varies. s.15	
When a formal count is called for, s.15 s.15	✓				
All formal counts must be recorded s.15 s.15	✓				
Each area must call control to report their count and each Control Officer must record the areas count on the “Formal Count” form	✓				
The admission discharge desk #1 officer will supply Control with the warm body at each formal count time. Control officers will announce the formal count as correct when the total of all areas equals the total centre count as indicated by Admissions and Discharge	✓				

In the event of a miscount Control will reconfirm the total centre count with Admission and Discharge then inform the ADW regulations that a recount is required.		✓		Some inconsistency with this policy: s.15 s.15	
The control supervisor will report to Control to supervise the recount.	✓				
If Control cannot clear the formal recount they will inform the ADW of regulations who will instruct control to commence a bunk count, announce that all inmates will be required to return to their units from all areas of the jail, secured in their cells. The admission and discharge supervisor will be required to print out the unit's status sheets and confirm with each unit officer the names of inmates in their unit.		✓		As the units have identification binders this policy should be reviewed s.15 s.15	
When a Bunk Count is announced from Control, all inmates are to return to their units s.15 The officer will have the inmates line up s.15 and conduct a "Face Sheet" count to ensure the staff can identify the appropriate inmate to his picture. s.15 s.15					
Adult Custody Policy 1.1.8 Formal Counts					
1. A formal inmate count is completed at s.15 within each 24 hour period	✓				
2. Correctional Officers conducting counts physically observe each inmate in their area of responsibility	✓				
3. Inmate movement ceases and does not resume until s.15 s.15		✓		There was some non compliance of non emergency movements . For example s.15 s.15	

Informal Counts Compliance Review

KRCC SOP 1.1.9.1 KRCC Informal Counts	Consistent compliance	Partial compliance	Non compliance	Findings	Department Head Response
When secure classified inmate(s) are confined to their cell, an officer must conduct an informal count at s. 15 To accommodate s. 15 the informal count interval will not to exceed s. 15 Officers must physically observe and count each inmate in their area of responsibility ensuring that they are checking for life signs and anything suspicions.		✓		This statement should be in section 1.1.11 visual cell inspections as per ACP to 1.1.11 visual cell inspection s.15	
When an inmate is housed in the segregation/observation unit, an officer must conduct informal counts s. 15 s.15		✓		This statement should be in section 1.1.11 visual cell inspections as per ACP to 1.1.11 visual cell inspection s.15	
Informal counts are to be conducted s.15 and recorded s.15		✓		Review of log books in Units C,D,G,and H indicate discrepancies in compliance with this policy. s.15 s.15	
Adult Custody Policy 1.1.8 Informal Counts					
Informal counts are to be conducted s. 15 to confirm the number of inmates assigned to an officer's supervision		✓		as indicated above	
KRCC SOP 1.1.11 Visual Checks					
local policy refers to visual checks as informal counts				Wording needs to be changed in SOP. Currently visual checks are called informal counts at KRCC.	
Adult Custody Policy 1.1.10 Visual Checks					
1. Correctional staff conduct a visual check of each inmate confined to a cell by noting the presence of the inmate and any extraordinary conditions of the cell		✓		as with formal counts observed after lockdown, the time spent by staff in looking for life signs varies. s. 15 s.15	
2. A visual check is conducted as follows: . In secure settings- s. 15 s. 15 . In medium and open custody _ s.15 s. 15		✓			
3. Visual checks are conducted at irregular intervals to avoid a predictable pattern		✓			
4. Visual checks are recorded in writing		✓			

Identification count compliance review

KRCC SOP 1.1.8.10 Identification count	Consistent compliance	Partial compliance	Non compliance	Findings	Department Head Response
Officers will conduct an identification count s.15			✓	• A CCTV review of the s. different s.15 lock ups spanning s.15 swatches indicates s.15	Operations CS's have been instructed to monitor each evening when they assist with unit lock up. At that time the ADW will monitor cctv to ensure the other units are in compliance. Ongoing audits of this duty has been included in the new CS unit routine audit policy under development and scheduled for implementation Nov 30.
Upon initial entry, admissions and discharge staff will print off a client physical description sheet for each new intake. This sheet will be delivered to the unit boxes in reception prior to s.15 When an inmate is transferred between units, unit officers will forward the client physical description sheet to the receiving unit. Unit officers will confirm the accuracy of the unit identification book prior to s.15 each evening. Any discrepancies will be rectified to ensure the binder is accurate prior to the s.1 count		✓		Staff generally print out the sheet from the unit instead of A/D or transferring the sheet between units. This is just as effective and cuts down on workload in A/D.	Policy may need to be reviewed to reflect practices as outcomes are being achieved in a more efficient manner.
In the event Cornet is unavailable, the inmate phone card may be used as a temporary means of identification provided the picture is not altered in any way. The temporary use of the inmate phone card to confirm identity will be documented in the living unit report to ensure the client physical description sheet is printed when Cornet comes back online. Should the inmates phone card be unavailable or unreliable, a photo label of the inmate will be retrieved from the inmates warrant file in admissions and discharge				Not observed as cornet was not unavailable.	N/A
Adult Custody Policy 1.1.10 Identification Counts					
Counts confirming the identity of inmates are conducted: s.15			✓	• A CCTV review of the s. different s.15 lock ups spanning s.15 swatches indicates s.15	This was raised as a muster reminder item. Ongoing audits of this duty has been included in the new CS unit routine audit policy under development and scheduled for implementation Nov 30.

KRCC SOP 1.15.4.3 Routine Frisk Searches	Consistent compliance	Partial compliance	Non compliance	Findings	Department Head Response
A frisk search will take place of any inmate entering a living unit. This will be conducted by the staff member in the unit accepting the inmate into the unit. The staff member will meet the inmate at the entrance to the unit, verify the inmate's identity and ensure the inmate is permitted into the living unit. The staff member will conduct the frisk search of the inmate in the entrance corridor of the unit.				<u>Oct.22,23,30&31</u> . Partial compliance only. s.15	Ongoing audits of this activity to become part of the CS daily routine and checklists.
All inmates s.15 must be pat frisked upon entry				<u>Oct.23,24,&31</u> . Consistent compliance s.15	Reminder has been added to the daily muster s.15
Inmates will be searched s.15 s.15 Staff will visually inspect s.15 as well.				<u>Oct.22</u> - Non compliance noted. <u>Oct.23</u> - partial compliance noted - s.15 <u>Oct.31</u> - Consistent compliance , s.15	
All inmates s.15 will be frisk searched by the s. officer or officer on site.				<u>Oct. 22</u> - Non compliance - s.15	Inmates frisked back into units. s.15 s.15 s.15 Policy CS may need updating. A/DW Ops. CS Programs will review requirements with s. staff and ensure compliance. G. McConechy A/DW Programs
Adult Custody Policy 1.15					
1.15.4..3 Searches may be conducted, on standing order of the warden, when there is a demonstrable risk of contraband traffic. In such situations, no individualized grounds are required.				<u>Oct.25</u> - Consistent compliance – unit and individual frisks carried out as required or instructed by CS/ ADW .	
1.15.5.2 Frisk searches occur when an officer searches a clothed inmate using a hand held screening device or the hands of the staff member are patted over the clothing of the inmate being searched. s.15				<u>Oct.22-31</u> - Partial compliance - s.15 s.15	Inmate clothing no longer has pockets. s.15 s.15
1.1.1.15 s.15 All inmates entering s.15 s.15				<u>Oct.22-31</u> - Non compliance s.15	s.15 given email and muster reminders by their CS's 10.11.22.
Corrections Act Regulations 10(1)					

"Frisk search" means a hand search or a search by use of a hand held screening device, conducted by an authorized persons, (a) of a clothed person, from head to foot, down the front and rear of the body, around the legs, and inside clothing folds, pockets and footwear, and (b) of any personal possessions, including clothing, that the person may be carrying or wearing.			<u>Oct.22-31</u> - Partial compliance - S.15 s.15	s.15 reminders regarding appropriate frisking techniques issued 10.11.09
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Inmate effects photographs review and recommendations

By: D. Spencer A/ADW
Staffing and Communication

ACP states:

3.3.7. CORNET image capture

1. CORNET contains a photo imaging system that links photo images with CORNET data and is used to identify inmates.
2. CORNET image capture enables staff to electronically capture and store digital images of inmates, any identifying marks, and their personal effects for identification and security.

Summary and Recommendations-

Wording in the ACP speaks to the ability to photo inmate effects for identification and security. Policy that actions the ability mentioned in the ACP will significantly reduce resources directed to resolving inmate claims of missing effects and will also serve to reinforce the credibility of the process used to admit inmates.

➤ Findings-

- On Mar 15th, a sample of 50 inmate effects forms were reviewed with the following results
Forms listing valuables (at least one) 38 = 76%
Forms listing multiple valuables 32 = 64%
Forms with photos of valuables 2 = 4% completion rate
- On Apr 1st, a sample of 51 inmate effects forms were reviewed to support or discredit the previous findings with the following results
Forms listing valuables (at least one) 20 = 40%
Forms listing multiple valuables 18 = 35%
Forms with photos of valuables 2 = 4% completion rate

➤ What constitutes a valuable requiring a photo as opposed to a valuable not requiring a photo?

- Neither ACP nor SOP's stipulate what specifically constitutes a valuable. Staff interviewed had a general consensus of what constituted a valuable but there was a discrepancy as to which valuables required photographs. For example several 7801

forms had sunglasses indicated as “valuable” while others indicated sunglasses as “other”. If the sunglasses were of an expensive name brand, “Oakley” or “Ray Ban”, it should be clearly indicated. Although keys, wallets and cell phones are not regularly photographed, identifying comments on the 7801 form such as “Samsung” or “black leather appearance” do appear common practice.

➤ **Process review for all A&D staff-**

- During interview, a common comment from A&D Staff during interview was, *“What is the point of taking a picture because a picture does not tell you its value.”*
- In speaking with CS s.15 , it was clear that he understood the value and purpose of the effects photo. He explained to myself that if an inmate claims to have had a gold ring with a large emerald, and the photo clearly indicates a plain gold ring, the process of discrediting this inmates false claim is far easier with a photo available.
- What a photo does is provide a baseline from which to assess approximate value or an avenue to discredit an inmate claim altogether if the item is not in his effects picture.
- Significant discrepancies exist between A&D officers in the computer process used to attach a photo to cornet. Officer s.15 mentioned it takes approx 3-5 minutes per inmate. Other staff in A&D mentioned it was a 15-20 minute process and therefore not a realistic policy.

TRAINING-

Consistency among staff

As mentioned above, there is a significant discrepancy among A&D staff in the process of attaching an effects photo onto Cornet. s.15 has provided accurate and precise walkthrough on how to attach a photo of effects to Cornet in a timely manner. While Officer s.15 mentioned it was between a three to five minute process, other officers using a different method stated it was at least fifteen to twenty minutes per person and very difficult to implement on busy evenings. Providing a brief review of the best practise to attach a effects photo to all A&D staff will increase the consistency and efficiency of the process across watches.

ACCOUNTABILITY-

Clearly explaining the purpose and value of the effects photo will result in an increase in completion rates at least in the short term. Over the long term, supervisor review and direction will be required to ensure the completion of effects photos are completed in an efficient and consistent manner.

Methadone Delivery Program Review and Recommendations

By: D. Spencer A/ADW
Staffing and Communication

Summary of review:

Areas of consistent compliance with ACP

- Inmates are kept separate according to their no contacts and classification.
- Healthcare officer observes the ingestion process

Areas of partial compliance with ACP

- Healthcare cells are to be carefully and completely frisked
- Inmates are not permitted to use the toilets or sinks in the holding cells

Areas of noncompliance with ACP

- Health care officer directly observes the inmates for 20 minutes

ACP states:

9.6.6 Methadone Distribution

Administration of methadone is done in health care only by a Healthcare professional.

9.6.6.1 Methadone Distribution Supervision

✓ The Healthcare officer, or in their absence, an assigned correctional staff, is responsible for the direct supervision of the methadone distribution process.
✓ The Healthcare officer is responsible for the coordination and movement of all inmates on the methadone program; to and from health care. They are to ensure inmates are kept separate according to their no contacts and classification rating and placed in the appropriate holding cell.

X The list of methadone recipients must be checked for no-contact issues daily by the Healthcare officer. Healthcare will supply the officer with the list of methadone therapy inmates (see issue #1).

X The Healthcare cells are to be carefully and completely frisked for contraband by the health care office prior to inmates attending Healthcare, including a check of s.15 (see issue #2).

✓ Inmates receiving methadone are frisked by the health care officer prior to the

distribution of methadone for s.15

any other

items that may be used to receive and contain regurgitated methadone.

✓ The Healthcare officer observes the ingestion process, including the consumption of a piece of bread, the drinking of the methadone, followed by a drink of water.

X The health care officer then places inmates in a holding cell that has been frisked and directly observes the inmates for 20 minutes. The 20 minutes commences after the last inmate in the group ingests the methadone. The officer must be vigilant for regurgitation and hiding of the methadone. (see issue #3).

X Inmates are not permitted to use the toilets or sinks in the holding cells during the 20 minute period of observation (see issue #4).

✓ Inmates are pat frisked by the Healthcare officer before they leave Healthcare to ensure they have not obtained any contraband including the inmates' mouth.

✓ Any concerns of inmate behaviour or diverting of methadone should be reported immediately to the CS of operations and an ICON report forwarded to the CS programs.

Practical review of Mar 15-17, Apr 11th:

➤ Findings-

- On Mar 15th, the methadone run consisted of 22 inmates with the regular Healthcare officer and yielded the following results:

Inmates frisked into Healthcare-	22 = 100%
Inmates frisked out of Healthcare-	22 = 100%
Cells searched prior to methadone run-	yes
Direct supervision for 20 minutes	no
Average ingestion period	22 minutes

- On Mar 16th, the methadone run consisted of 22 inmates with the regular Healthcare officer and yielded the following results:

Inmates frisked into Healthcare-	22 = 100%
Inmates frisked out of Healthcare-	22 = 100%
Cells searched prior to methadone run-	yes
Direct supervision for 20 minutes	no
Average ingestion period	23 minutes

- On Mar 17th, the methadone run consisted of 24 inmates with a newer officer backfilling the position with the following results:

Inmates frisked into Healthcare-	0 = 0%
Inmates frisked out of HealthCare-	22 = 100%
Cells searched prior to methadone run-	no
Direct supervision for 20 minutes	no
Average ingestion period	29 minutes

- On Apr 11th, the methadone run consisted of 24 inmates with a newer officer backfilling the position with the following results:

Inmates frisked into Healthcare-	21 = 87%
Inmates frisked out of Healthcare-	1 = 4%
Cells searched prior to methadone run-	yes
Direct supervision for 20 minutes	no
Average ingestion period	29 minutes

Issue #1

➤ Process review for ensuring methadone therapy name list is accurate-

- Each morning, Healthcare staff are to provide a list of the methadone therapy inmates to the Healthcare officer. The Healthcare officer uses the information on the list to determine which inmates cannot be housed together. The nurse uses the PAC computer program which does not have up to date unit placements. Considerable time is spent each morning re-checking the unit placements of the methadone treatment inmates to ensure classifications are not mixed and no contacts are not breached.

Recommendation-

As a means to address discrepancies between PAC and Cornet regarding inmate unit placement, Healthcare staff have the ability to refer to Cornet as the more reliable source and update PAC accordingly. This is done on an inconsistent basis and should be adopted as standard practise to minimize potential mixing of non-compatible inmates.

Issue #2

➤ Healthcare holding cells to be frisked prior to inmates attending Health Care

- On one of the four occasions reviewed, the holding cells were not frisked prior to the methadone run commencing. This was an officer backfilling the position and appears to be an issue of staff not following policy as opposed to policy itself.
- If the intention of the SOP is to have the cells frisked between each group of methadone treatment inmates, this will have to be addressed in the wording of the policy. Current practice sees the only frisks completed are prior to the beginning of the methadone run with very little if any holding cell checks done between inmate groups.

Recommendation-

If it is desired that frisks of the holding cells are to be conducted between each group of methadone inmates, wording in the SOP will require adjustment. Also, the SOP does not speak to checking the cells upon the completion of the methadone run which may be desirable.

Issue #3

➤ SOP states, "Healthcare officer... directly observes for 20 minutes"

Inmates in Healthcare holding cells-

- With inmates in three separate holding cells simultaneously, the expectation of the Healthcare officer to provide direct supervision during the twenty minute ingestion period is not verifiable if direct is considered line of sight.

- The consideration to use only one holding cell for methadone inmates to ensure direct supervision is achieved would extend the duration of the daily methadone run well into the start of doctor's parade at 0830hrs. For example, on Friday April 16th, the methadone run consisted of 22 inmates from six separate units. Considering a group of six inmates takes 8-10 minutes to receive their medication prior to the 20 minute ingestion period, the total time for the methadone run if only one cell were to be used would be three hours. This does not take into account travel time for inmates to get to and from the units.
- ESP 1, Sectioned, and Segregation inmates are on occasion sent back to their units prior to the completion of the twenty minute ingestion period. Information obtained during the review was insufficient to provide specific percentage of how many special handling inmates are not completing the 20 minute ingestion period in health care. However, when questioned, it was explained to myself during separate conversations by the Healthcare officer, Healthcare staff, and the Healthcare manger that this was due to a lack of empty holding cells in Healthcare. Lack of space in holding cells in Healthcare was the reason provided for the stray from policy. This practice is not verifiable and places unrealistic expectations on unit staff. For example: Segregation inmates on the methadone program have been placed in the segregation holding cell to complete the 20 minute ingestion period. Information gathered during the review process concurs with Healthcare Manager Kevin Bigham's comments that this practice is more prevalent on weekends .
- Inmates attending Lillooett court on Wednesdays must attend Admissions and Discharge at 0630hrs and therefore methadone delivery is not possible as the health care officer starts at 0700hrs.
- Inmates scheduled for movement outside of the centre are required in A&D at 0730hrs for the coast run and 0800hrs for Okanagan court. With that, methadone program inmates are routinely sent from Healthcare to A&D without completing the 20 minute ingestion period and without escort.

Recommendation-

As a means to enable direct supervision by the methadone officer over all three holding cells, a monitor and quad splitter should be installed similar to the observation cell monitor currently in Healthcare.

Under normal circumstances, the Healthcare officer observes the inmates during the 20 minute ingestion period from directly outside the holding cells. Should concerns arise, the monitor would enable the Healthcare officer and Healthcare staff to work in a coordinated manner to thwart attempts to misuse methadone. A secondary benefit to monitored holding cells would be for Healthcare staff in observing inmates with head injuries and/or breathing problems.

The practice of ESP, Section, and Segregation inmates not completing the 20 minute ingestion period in Healthcare should be discontinued altogether as it presents unacceptable liability. This may extend the overall duration of the methadone run, but the centre does not have the resources to provide the mandatory 20 minutes of direct supervision outside of the Healthcare holding cells.

Should an inmate on the methadone program be required in Admissions and Discharge (A&D) for movement, the Healthcare officer will ensure A&D staff are aware direct supervision is to be maintained and the inmate will be escorted to A&D. A&D holding cells are monitored by CCTV.

Issue #4

➤ Inmates are not permitted to use the facilities in the holding cells

- Although inmates in Healthcare holding cells do have physical access to the toilet in the cell, the Healthcare officer does verbally inform the inmates not to use the facilities. Should a toilet flush, the Healthcare officer will investigate and determine if the inmate is attempting s.15 /smuggle methadone.

Recommendation-

Clear direction given to all Healthcare officers in the event a toilet is flushed to ensure the response is consistent between Healthcare officers and mitigates any concerns of inmate behaviour or diverting of methadone. Procedure for shutting of water to two of the three holding cells does not appear problematic s.15
s.15

Procedure to shut off the water in Healthcare holding cells

Toilet water supply-

s.15

s.15

Figure A

Figure B

Figure C

s.15

As for the third holding cell nearest the dentist office, this toilet is secured to the wall using a stainless steel housing (see figure D next page).

s.15

s.15

Figure D

Figure E

Sink water supply-

s.15

s.15

Figure F

s.15

Action

Recommendations put into place

Review of USO Daily Duties

KRCC Review of USO Activities	Consistent compliance	Partial compliance	Non compliance	Findings	Department Head Response
• USOs are to be signed into the unit log books, either by themselves or by the unit officer			✓	95% non-compliance of USO being signed into unit log books	This will be one of the daily checks prescribed for CS's in the new policy of routine unit checks being developed for implementation 10.11.30. Also slated for discussion at the planned CS meeting around that time.
• USOs are to review and sign their assigned unit incident log books			✓	95% non-compliance of USO being signed into unit incident log books	This will be one of the daily checks prescribed for CS's in the new policy of routine unit checks being developed for implementation 10.11.30. Also slated for discussion at the planned CS meeting around that time.
• During slower periods, USOs are not consistently remaining in their assigned units. They tend to gravitate to units where they have friends or staff that they enjoy socializing with		✓		50% non-compliance of USO being in their assigned units during slower periods	Reminders for musters sent out 10.11.10
• USOs taking their staff break with regular unit staff, which they should not be doing. This sometimes happens when a unit staff backfills the USO post. Sometimes USO taking an extra break (i.e. smoking)		✓		25% non-compliance - when PTRs backfill and are not completely aware of the duties.	Reminders for musters sent out 10.11.10
• USOs not always assisting with unit staff for case management duties, canteens, cell inspections, etc. If the USO is not asked or directed by a CS to assist, for the most part they do not volunteer to assist the unit officer.		✓		65% non-compliance in assisting with unit officer daily duties	Reminders for musters sent out 10.11.10
• Generally, counts, escorts, meal cart distribution and medication escorts are getting completed in a timely manner. However, this is usually done with the teamwork approach of all USOs assisting.	✓			95 to 100 % compliance to get the work completed	