



July 1, 2015

FY 2016 TREATMENT SERVICES SOLICITATION

SAMPLE PROPOSAL

(PLEASE READ)

THE FOLLOWING SAMPLE PROPOSAL IS BEING PROVIDED FOR ILLUSTRATIVE PURPOSES ONLY.

This document is a sanitized/redacted copy of a proposal for services submitted by a vendor to a probation office in another judicial district during a prior solicitation period. This sample includes a multitude of services, some of which our agency is not soliciting for at this time.

The sample proposal is not to be relied upon in determining if your agency has fully complied with the requirements of the Request for Proposal (RFP) to which you are responding. Any prospective vendor must be guided by the specific requirements laid out in each RFP. This document is being provided for review so that your agency may have a better general understanding of the contents of a submitted proposal. Your agency's proposal may contain more or less material and documentation, depending on a number of variable circumstances (i.e. – type of RFP, size of your agency, etc.)

Lastly, if your agency/program is responding to multiple RFP's (i.e. – Outpatient Substance Abuse Treatment and Mental Health Treatment), separate proposals must be submitted in response to each respective RFP.

As stated in the June 23, 2015 Treatment Services Solicitation Letter, any questions in regard to any RFP must be addressed in writing as detailed in the aforementioned correspondence.

STAFF RESUMES & CREDENTIALS

FOR PURPOSES OF THIS SAMPLE RFP SUBMISSION, STAFF
RESUMES/CREDENTIALS HAVE BEEN REMOVED.

ANY PROPOSAL SUBMITTED BY AN INTERESTED VENDOR MUST INCLUDE
DOCUMENTATION OF EXPERIENCE AND CREDENTIALS FOR ALL STAFF WHO
WILL BE PROVIDING SERVICES UNDER ANY EVENTUAL CONTRACTUAL
AGREEMENT WITH THE UNITED STATES PROBATION DEPARTMENT.

SOLICITATION NUMBER:

SEP 2 2011

[REDACTED]
Subsidiary of [REDACTED], Inc.

[REDACTED]
Phone [REDACTED] or

[REDACTED]
Fax [REDACTED]

Email: [REDACTED]

WWW. [REDACTED] .com

[REDACTED], Inc. and its wholly owned subsidiary [REDACTED], agree to all terms, conditions, and provisions included in the following solicitation and agrees to furnish any or all items upon which prices are offered in the services section of this proposal.

Authorized Negotiator and Authorized Signor

[REDACTED]
President & Chief Operating Officer

[REDACTED] or [REDACTED]
Mobile Phone: [REDACTED]

Facsimile: [REDACTED]

Email: [REDACTED] .net

[REDACTED] / President

Signature / Date

Telephone [REDACTED] or [REDACTED] • Fax [REDACTED]

[REDACTED]
Procurement Specialist
U.S. Probation Office
[REDACTED]
[REDACTED]

August 23, 2011

RE: Solicitation No. [REDACTED]
Substance Abuse and/or Mental Health Treatment Services

Dear Mr. [REDACTED]

[REDACTED] and through its wholly owned subsidiary [REDACTED], is pleased to present this proposal offer in response to Solicitation Number [REDACTED], to provide Substance Abuse and/or Mental Health Treatment services within a geographic area encompassing [REDACTED]

[REDACTED] is proposing an existing facility, located in [REDACTED] for Substance Abuse and/or Mental Health Treatment Services for defendants/offenders who are drug-dependent, alcohol-dependent, and/or suffering from a psychiatric disorder.

The [REDACTED] Center [REDACTED] is certified by the Department of Mental Health to provide Substance Abuse Treatment Services. [REDACTED] has been providing treatment services for over twenty-six (26) years. [REDACTED] has licensed treatment staff available as well as abundant treatment space and is currently providing treatment programs for the U.S. Probation Office and the [REDACTED] Department of Corrections.

[REDACTED] is a 556-bed American Correctional Association accredited male and female halfway house located at [REDACTED]. [REDACTED] has overwhelming community support, appropriate zoning, and a long and successful history of providing treatment programs. [REDACTED] offers over 2,700 square feet of group counseling space as well as each room having convenient access to ADA compliant restroom facilities.

I welcome the opportunity to conduct any site visits of the [REDACTED] or any of our current operations and am prepared to make an oral presentation to answer any questions at your convenience.

Thank you for your consideration.

Sincerely,

[REDACTED]

[REDACTED]

President & Chief Operating Officer

[REDACTED]

SECTION A	SOLICITATION / OFFER / ACCEPTANCE	
1. Solicitation No. [REDACTED]	2. Date Issued 8/1/2011	3. Award No.
4. Issued By: [REDACTED]	5. Address Offer To (if other than Item 4):	

SOLICITATION

6. Offers in original and 2 copies for furnishing the required services listed in Section B will be received at the place specified in Item 5, or if handcarried, in the depository located:

U.S. Probation Office
[REDACTED]

until 03:00 PM local time 9/2/2011
(hour) (date)

7. For information call:	a. Name [REDACTED]	b. Telephone [REDACTED]
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OFFER

8. In compliance with the above, the undersigned agrees, if this offer is accepted within [REDACTED] calendar days (365 calendar days unless a different period is inserted is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

9. DISCOUNT FOR PROMPT PAYMENT <i>(See Section I, Clause No. 52-232-8)</i>	10 CALENDAR DAYS	20 CALENDAR DAYS	30 CALENDAR DAYS	CALENDAR DAYS
	No Discount %	No Discount %	No Discount %	No Discount %
10. ACKNOWLEDGEMENT OF AMENDMENTS <i>(The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated:</i>	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

11. NAME AND ADDRESS OF OFFEROR [REDACTED]	16. <input type="checkbox"/> AWARD Your offer on Solicitation Number _____, including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets.
12. Telephone No. (Include area code) [REDACTED]	
13. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER <i>(Type or print)</i> President & Chief Operating Officer	17A. NAME OF CONTRACTING OFFICER
14. Sign [REDACTED]	17B. UNITED STATES OF AMERICA
15. Offer Date 9/1/11	17C. DATE SIGNED
	BY _____ <i>(Signature Of Contracting Officer)</i>

URINE COLLECTION:

	PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X	1010	Urine Collection/Testing & Reporting	2012 [REDACTED]	[REDACTED]
			2013 [REDACTED]	[REDACTED]
			2014 [REDACTED]	[REDACTED]
			Unit: Price: per specimen	

	PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X	1504	Breathalyzer	2012 [REDACTED]	[REDACTED]
			2013 [REDACTED]	[REDACTED]
			2014 [REDACTED]	[REDACTED]
			Unit: per administration	

CASE MANAGEMENT SERVICES (SUBSTANCE ABUSE):

	PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X	2000	Case Management Services	2012 [REDACTED]	[REDACTED]
			2013 [REDACTED]	[REDACTED]
			2014 [REDACTED]	[REDACTED]
			Unit: per 30 minute session	

INTAKE:

	PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X	2011	Intake Assessment and Report	2012 [REDACTED]	[REDACTED]
			2013 [REDACTED]	[REDACTED]
			2014 [REDACTED]	[REDACTED]
			Unit: per intake (total fee)	

COGNITIVE BEHAVIORAL TREATMENT:

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X *	2022	Manualized Group	2012 [REDACTED] \$ [REDACTED]
			2013 [REDACTED] \$ [REDACTED]
			2014 [REDACTED] \$ [REDACTED]

Unit: per 30 minute session

SUBSTANCE ABUSE COUNSELING:

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X	2010	Individual Counseling	2012 [REDACTED] \$ [REDACTED]
			2013 [REDACTED] \$ [REDACTED]
			2014 [REDACTED] \$ [REDACTED]

Unit: per 30 minute session

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
	2020	Group Counseling	2012 [REDACTED] \$ [REDACTED]
			2013 [REDACTED] \$ [REDACTED]
			2014 [REDACTED] \$ [REDACTED]

Unit: per 30 minute session

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X	2090	Treatment Readiness Group	2012 [REDACTED] \$ [REDACTED]
			2013 [REDACTED] \$ [REDACTED]
			2014 [REDACTED] \$ [REDACTED]

Unit: per 30 minute session

INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS:

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X	6015 Individual Counseling	2012 [REDACTED]	\$ [REDACTED]
		2013 [REDACTED]	\$ [REDACTED]
		2014 [REDACTED]	\$ [REDACTED]
		Unit: per 30 minute session	

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X	6026 Group Counseling	2012 [REDACTED]	\$ [REDACTED]
		2013 [REDACTED]	\$ [REDACTED]
		2014 [REDACTED]	\$ [REDACTED]
		Unit: per 30 minute session	

TRANSPORTATION FOR CLIENTS:

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
1201	Administrative Fee	2012 Unknown	5% of amount distributed under pc 1202
		2013 Unknown	
		2014 Unknown	
		Unit: per day	

PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
X	1202 Client Transportation Expenses	2012 Unknown	JTR*
		2013 Unknown	
		2014 Unknown	
		Unit: per day	

CONTRACTOR'S LOCAL TRAVEL:

	PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
X	1401	Contractor's Local Travel by Vehicle	2012	Unknown	JTR*
			2013	Unknown	
			2014	Unknown	

	PROJECT CODE	REQUIRED SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
X	1501	Administrative Fee	2012	Unknown	5% of fees collected by vendor
			2013	Unknown	
			2014	Unknown	

*Unit: Per mile reimbursed at prevailing rate established by Judiciary Travel Regulations for employees of the Judicial Branch of the Government.

SECTION K - REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF OFFERORS OR QUOTERS

K.1 Provision 3-130, Authorized Negotiators - (Jan 2003)

The offeror represents that the following persons are authorized to negotiate on its behalf with the judiciary in connection with this solicitation (*offeror lists names, titles, and telephone numbers of the authorized negotiators*).

Name: [REDACTED]
Titles: President & Chief Operating Officer
Telephone: [REDACTED] or [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]

K.2 Provision 3-5, Taxpayer Identification and Other Offeror Information - (APR 2011)

(a) Definitions.

“Taxpayer Identification (TIN),” as used in this provision, means the number required by the Internal Revenue Service (IRS) to be used by the offeror in reporting income tax and other returns. The TIN may be either a social security number or an employer identification number.

(b) All offerors shall submit the information required in paragraphs (d) and (e) of this provision to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041, 6041A, and implementing regulations issued by the IRS. If the resulting contract is subject to the payment reporting requirements, the failure or refusal by the offeror to furnish the information may result in a 31 percent reduction of payments otherwise due under the contract.

(c) The TIN may be used by the government to collect and report on any delinquent amounts arising out of the offeror’s relationship with the government (31 U.S.C. § 7701(c)(3)). If the resulting contract is subject to payment recording requirements, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror’s TIN.

(d) Taxpayer Identification Number (TIN): [REDACTED]

TIN has been applied for. [REDACTED] (Parent Company)

TIN: [REDACTED]

TIN is not required, because:

Offeror is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

Offeror is an agency or instrumentality of a foreign government;

Offeror is an agency or instrumentality of the federal government.

(e) Type of Organization:

- sole proprietorship;
- partnership;
- corporate entity (not tax-exempt);
- corporate entity (tax-exempt);
- government entity (federal, state or local);
- foreign government;
- international organization per 26 CFR 1.6049-4;
- other

(f) Contractor representations.

The offeror represents as part of its offer that it is , is not 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group(s) below:

- Women Owned Business
- Minority Owned Business (if selected then one sub-type is required)
- Black American Owned
- Hispanic American Owned
- Native American Owned (American Indians, Eskimos, Aleuts, or Native Hawaiians)
- Asian-Pacific American Owned (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru)
- Subcontinent Asian (Asian-Indian) American Owned (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal)
- Individual/concern, other than one of the preceding.

OFFEROR'S CERTIFICATION OF COMPLIANCE STATEMENT

As required in Section L.1 , Preparation of Certification of Compliance Statement, the offeror and each proposed subcontractor(s) shall complete the certification below.

I hereby certify on behalf of [REDACTED] (Name of Offeror or Subcontractor) that [REDACTED] (Name of Offeror or Subcontractor) will provide the mandatory requirements stated in Sections C, E, F and G and all services in strict compliance with requirements, terms, and conditions of the RFP. I understand that failure to perform in accordance with any of the requirements, terms, and/or conditions may result in suspension or discontinuation of referrals or termination of the contract/BPA.

SIGNATURE: [REDACTED] DATE: [REDACTED]

TITLE: President & Chief Operating Officer

OFFEROR'S BACKGROUND STATEMENT

As required in Section L.1, Preparation of the Background Statement, the offeror shall prepare a Background Statement below (attach pages as needed labeled as subsets of this Attachment number).

I hereby certify that all information provided in the BACKGROUND STATEMENT is accurate, complete, and correct.

SIGNATURE:  DATE: 

[REDACTED]

Program Description

The [REDACTED] was established in [REDACTED] and located five miles west of downtown [REDACTED]. The facility's mission is to protect the public through a range of programs and services providing appropriate supervision of Clients in a safe and humane environment supporting the successful rehabilitation of Clients. The provision of treatment services assists Clients in recognizing the need for recovery and developing the skills to attain and maintain abstinence from alcohol/drugs.

The facility staff is committed to addressing substance related problems and issues with adult Clients with legal difficulties as a result of their substance related problems. The treatment has a potential impact on recidivism. Offering treatment provides Clients the opportunity to acquire skills and support enabling them to function in the community without further legal offenses.

The facility's goal is to operate a high quality substance abuse treatment program for Clients who are either court ordered to attend treatment or enter the program on a voluntary basis.

The facility's objective is to provide the required number of hours of substance abuse treatment for each level of service to each Client in the program, assess Clients individually and create treatment plans offering individually designed options, guidelines, and aftercare support to achieve a drug or alcohol free life. The facility also seeks to create a treatment bond between Clients and their immediate family members during treatment to enhance the Client's chance of success upon program completion.

The facility provides an adult residential, halfway house, and an outpatient substance abuse treatment program to Clients. Services are provided to Clients who are required to report for services as a condition of their sentence or those who enter the program on a voluntary basis.

Attachment B Background Statement (a) Monitoring Reports

The following Monitoring Report is by the [REDACTED] Department of Mental Health and Substance Abuse Services for the proposed location, [REDACTED]. The inspection was conducted on May 10, 2010.

Also included is the Monitoring Report by the U.S. Probation Office in the [REDACTED] for Out Patient Counseling conducted on April 14, 2011.

Also included is the Monitoring Report by the [REDACTED] Department of Corrections for the proposed location, [REDACTED]. The inspection was conducted on June 15, 2011.

Also included is [REDACTED] American Correctional Association (ACA) Compliance Tally presenting its most recent ACA Audit conducted in January 2009. [REDACTED] scored a 100% on Mandatory requirements and 99.49% on Non-Mandatory Standards.

Also included is [REDACTED] Report of Monitoring from the U.S. Probation Office in the [REDACTED] [REDACTED] conducted on June 15, 2010.

DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

NOTICE OF RECOMMENDATION: CERTIFICATION

June 1, 2010

Administrator
[REDACTED]

Dear Ms. [REDACTED]

Department of Mental Health and Substance Abuse Services staff are recommending Certification for your program as an Alcohol and Drug Abuse Treatment Program for Outpatient, Adult Halfway House, and Adult Residential Treatment Services.

In order to be recommended for this certification status, an agency must attain a minimum score of 100% on the applicable standards as specified in the DMHSAS Standards and Criteria upon final review. Certification with Commendation cannot be recommended if a score of less than 100% was achieved at the time of the on-site review.

Based on the Department's on-site certification review conducted by the Provider Certification Division, DMHSAS staff will recommend certification of the program at the DMHSAS Board scheduled meeting on June 25, 2010. You are invited to attend the meeting which will be held at Main Conference Room, Department of Mental Health and Substance Abuse Services, [REDACTED]. If you need directions for this meeting or would like to receive a map, please contact Provider Certification staff at [REDACTED].

The Certification Report Summary which is being forwarded to the Board for its review is enclosed. You will be notified in writing of the Board's action regarding certification.

Sincerely,

[REDACTED]
[REDACTED]
Provider Certification
[REDACTED]

Enclosure: Certification Report Summary

DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

NOTICE OF CERTIFICATION

June 28, 2010

[REDACTED] Administrator
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED]

On June 25, 2010, the Board of Mental Health and Substance Abuse Services approved Certification of your facility as an Alcohol and Drug Abuse Treatment Program certified to provide the following services:

Outpatient Services
Adult Halfway House Services
Adult Residential Treatment Services

Based on your facility's triennial review date, Certification for provision of the services cited above is valid through September 2012.

Sincerely,

[REDACTED]
[REDACTED] Director
Provider Certification
[REDACTED]

Enclosure: Certificate

ALCOHOL AND DRUG TREATMENT PROGRAM

CERTIFICATION REPORT SUMMARY

RECOMMENDATION: Certification

CERTIFICATION EXPIRATION: September 2012

PROGRAM NAME - LOCATION

SERVICES AND LOCATIONS FOR WHICH APPLICATION IS MADE

[REDACTED]

Outpatient Services
Adult Halfway House Services
Adult Residential Treatment Services

- Initial Visit
- Triennial Visit
- Follow-up – Desk Review

Date of
Follow-up
Review: May 10, 2010

Follow-up Score: 100%

/cll

[REDACTED]

SUBSTANCE ABUSE AFTERCARE POST AWARD MONITORING REPORT

DISTRICT: [REDACTED] CONTRACT NUMBER: [REDACTED]
 CONTRACTOR: [REDACTED] INSPECTED BY: [REDACTED]
 DATE OF VISIT: April 14, 2011 PERIOD COVERED: May 15, 2010 - April 14, 2011
 NUMBER OF FEDERAL CLIENTS IN PROGRAM: [REDACTED] USPO [REDACTED] JSPTS

Before conducting the monitoring visit, the inspector should be familiar with the contractor's requirements as indicated in Section F (Statement of Work) and H (Deliveries and Performance) of the RFP as well as the Administrative Office Urine Testing and Collection Procedures.

This checklist is designated as an aid in monitoring aftercare agencies. It is intended to assist in evaluating the performance of all contract agencies or individual service providers. An initial monitoring visit should be conducted within 120 days of the award. A second monitoring visit should be conducted not later than 6 months from the first visit (BPAs only). Upon completion of the monitoring visit, the Substance Abuse Aftercare Post Award Monitoring Report must be completed with all findings and determinations reported to the appropriate Probation Division Regional Administrator and the Substance Abuse Program Director. A copy of this Report must be retained in your contract file.

Monitoring visits may be made by Chief Probation/Pretrial Services Officer or his or her designee(s). Options for agreements will not be extended unless the required monitoring reports have been completed and the contractor is performing at minimum at a satisfactory level.

Some of the items in this report will not apply in all situations. The response in such cases should be N/A (not applicable). Use the summary sections to give details of deficiencies or exemplary performance under a particular heading.

When conducting a monitoring visit, you must review at least a representative sample of client files from all aftercare agency staff providing services. You must also interview agency staff, agency clients and probation or pretrial service officers. Use the discussion sections to provide findings of the interview in detail.

The evaluation rating on this report must be completed using the following rating definitions:

- (1) **Excellent:** During the monitoring period the contractor has performed without problems and has operated within the terms and conditions of the contract/agreement. Improvements are not needed. The contract/agreement should be continued.
- (2) **Satisfactory:** There are few, if any, problems with the contractor. The contractor is generally operating within the terms and conditions of the contract/agreement. Any improvements would be considered minor. The contract/agreement should be continued.
- (3) **Unsatisfactory:** There are major problems with the performance of the contractor. Continuation of services for referrals under the contract/agreement will not be permitted. Termination of the contract will be made either for the convenience of the government or upon default.

I. FILE MAINTENANCE

A. Required documents

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|------------------------------|
| 1. Release of Authorization Form (11B) | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Program Plan | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. Monthly Treatment Report (MTR) | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| a. Are all sections completed? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Are program notes comprehensive? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Are there MTR's for each month of treatment? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. Are all services listed on the MTR? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. Does the MTR summarize the offender's activities during the month, lists attendance dates and documents offender progress (e.g., adjustment, responsiveness, significant problems, employment), and reflects changes in the Program Plan (Probation Form 45)? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. Chronological notes | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| a. Are all contacts noted? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Is length of sessions included? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Are they current? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. Are they properly detailed? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. Are they legible? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. Are urinalysis slips available in file? (COC/Result copy) | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| a. If not, does the vendor have a separate file? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 6. Is there a treatment plan in the file? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| a. Are there short and long term goals? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Are there measurable objectives? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|------------------------------|
| c. Is there a specific criteria for treatment completion and the anticipated time-frame? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. Is there documentation of treatment plan review (including offender's input)? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. Is there a documented continued need for treatment (at least every 90 days)? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 7. Is a typed discharge summary submitted to the USPO/USPSO within 15 calendar days after treatment is terminated? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| a. Does the summary outline the reason for concluding contract services, (i.e., the offender responded to treatment and treatment is no longer needed, or the offender failed to respond to treatment)? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Does the discharge summary include recommendations for community-based aftercare that the offender can readily access? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| B. Is the file well organized? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| C. Location of files: | | | |
| 1. Are they kept secured and isolated from other files? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |

II. URINALYSIS

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-----------------------------------------|
| A. Is provider in compliance with chain of custody procedures? (Security of specimens, supplies, proper facilities, etc.)(Walk through collection procedures) | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| B. Are urine collections observed? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| C. If not, does the provider comply with unobserved specimen collection procedures? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

D. Is the provider staff competent in the NIDT testing/collection procedures? YES NO N/A

E. Are program plan requirements met? (Phase and/or specific instructions) YES NO N/A

III. QUALITY OF SERVICES

A. Does the provider respond to referrals promptly? YES NO N/A

B. Are clients receiving the minimum services specified in the program plan? YES NO N/A

C. Are Intake Assessment Reports submitted to the USPO within 10 calendar days of the vendor's first face-to-face contact with the offender. YES NO N/A

D. Is group counseling limited to no more than 12 offenders? YES NO N/A

E. Are counselors meeting with USPO at least quarterly? YES NO N/A

F. Are counselors involving significant others in the treatment process? YES NO N/A

G. Are clients encouraged to attend support group meetings (NA/AA)? YES NO N/A

H. Is there timely reporting of positive urinalysis, stalls, missed sessions and violation behavior? YES NO N/A

I. Is medication dispensed according to Government regulations? YES NO N/A

J. Has there been proper notification of new staff members? YES NO N/A

- | | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| K. | Are any persons currently under pretrial services, probation, parole, mandatory release, or supervised release (federal, state or local) performing services under this agreement or have access to offender files? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| L. | Are any persons charged with or under investigation for a criminal offense performing services under this agreement or have access to offender files? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| M. | Are any persons convicted of any sexual offense (including but not limited to, child pornography offenses, child exploitation, sexual abuse, rape or sexual assault) or required under federal, state or local law to register on the Sexual Offender registry performing services under this agreement or have access to offender files? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| N. | Are any persons with any restrictions on their licenses, certifications or practice (or those who voluntarily agree to such a restriction) based on negotiations or proceedings with any licensing authority, performing services under this agreement or have access to offender files? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |

IV. BILLING

- | | | | | |
|----|--------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|------------------------------|
| A. | Are the provided services authorized on the program plan? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| B. | Do chronological notes correspond to MTR invoices? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| C. | Are invoices submitted timely and accurately? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | 1. Has the provider satisfactorily addressed obligations concerning copayment? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | 2. Have the invoices been signed by the authorizing individual? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |

D. Are support documents included (MTR, Part A and B)? YES NO N/A

E. Is provider being reimbursed for services by any other source? YES NO N/A

V. PHYSICAL PLANT

A. Does the provider maintain a facility that meets all applicable Federal, state, and local regulations/building codes? YES NO N/A

B. Does the facility adequately provide for the integrity of the confidential relationship between the client and program staff? YES NO N/A

C. Are clients signing or initialing entries allowed to see the names or signatures of other clients? YES NO N/A

D. Contractor facility and programming operation:

1. Code Compliance

a. Is contractor complying with all building, sanitation, health, fire, electrical, zoning laws, ordinances and codes? YES NO N/A

b. Can contractor provide documentation upon request regarding compliance with sub-section A. (above)? YES NO N/A

2. Emergency Plans

a. Does the vendor provide for emergency services (e.g., after hours staff phone numbers, local hotlines) for offenders when counselors are not available? YES NO N/A

b. Does the contractor have written emergency and evacuation plans for (fire, natural disaster and severe weather) that are communicated to each arriving resident, posted in the facility and reviewed or revised annually? YES NO N/A

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|------------------------------|
| c. Does the contractor conduct quarterly evacuation drills and train it's facility personnel in emergency and evacuation plans? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. <u>Safety Precautions</u> | | | |
| a. Does the contractor provide at least two means of exit at each floor level? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Are smoke detectors located on each floor? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. Are exit signs electrically lighted with backup battery powered emergency lighting? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. Are portable fire extinguishers throughout the facility appropriately rated, classed and located at least every 75 feet? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. Can contractor provide documentation that fire inspections and testing of fire equipment are conducted at least semi-annually by equipment representative? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. <u>Emergency Medical Service</u> | | | |
| a. Is contractor maintaining basic first aid supplies and training at least one staff member on each shift in emergency first aid? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |

VI. OTHER SERVICES

- | | | | |
|---------------------------------------------------------------------|-----------------------------------------|----------------------------------------|------------------------------|
| A. Are services being provided at no cost? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| B. Are services provided other than urine collection or counseling? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |

VII. INTERVIEWS

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| A. <u>Client</u> (content of sessions, length of sessions, urinalysis procedure, confidentiality, relationship with therapist, complaints, etc.) | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|

B. USPO

- | | | | |
|---------------------------------------------------------|-----------------------------------------|-----------------------------|------------------------------|
| 1. Are program plans followed? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Is there a good working relationship with therapist? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |

C. Provider

(Director and/or Primary Counselor)

- | | | | |
|--------------------------------------------------------------------|-----------------------------------------|-----------------------------|------------------------------|
| 1. Are you receiving advance notice of referral? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Is the release of information and Program plan received timely? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. Are USPOs responding timely to telephone calls/correspondence? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. Are USPOs responsive to concerns and recommendations? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |

SUMMARY AND FINDINGS

I. FILE MAINTENANCE

Eight (8) files were randomly reviewed by this officer and [REDACTED] Senior U.S. Pretrial Services Officer [REDACTED] reviewed active files referred by pretrial services officers. Files reviewed were well organized and documentation appeared to have improved from the last monitoring. However, the group counseling table of contents in the files made reference to [REDACTED] topics and should be removed immediately. Use of a table of contents should include [REDACTED] In addition, group notes frequently made reference to the [REDACTED] discussed in group. Group topics should include only [REDACTED] One file reviewed did not contain required referral paperwork. If the paperwork is not received by the vendor, a follow up with the USPO should be initiated by the counselor. Two files reviewed had no client contact in February 2011 and March 2011 and no termination was located in the file. Vendor should follow up with the USPO by telephone or during staffings with the USPO. Co-pay documentation was good and cases were staffed monthly with face to face staffings being held quarterly. Treatment plans appeared to be updated every 90 days, however the date on the treatment appeared to be confusing and the counselors may be using the date of the last Probation Form 45 as the treatment review date. The date of the review should be used. Presentence reports and judgments should continue to be returned to the USPO after discharge.

II. URINALYSIS

Urinalysis procedures were observed and contractual procedures were being followed. Urinalysis results on the monthly treatment reports were generally consistent, however, several urinalysis results were not noted on the monthly treatment reports. Single chain of custody errors were noted in the months of May 2010, June 2010, September 2010, December 2010 and February 2011. There were multiple (2) chain of custody errors were noted the months of August 2010, November 2010, March 2011 and April 2011, all resulting in "no test" by the Pretrial Services Emit Laboratory. Treatment specialists continue to conduct training as necessary to ensure compliance with chain of custody requirements.

III. QUALITY OF SERVICE

The vendor was previously instructed in the prior monitoring to remove all references of [REDACTED] in the files. The instructions were not followed. The vendor has been instructed again and the treatment specialists will follow up within 60 days of the monitoring report to ensure compliance.

IV. BILLING

Invoices are filed electronically and have been received in a timely manner. Billing should be received by the 10th day of each month to include the electronic and hard copy.

The October 2011 invoice was received November 15, 2010; the December 7, 2010; the December 2010 invoice was received January 13, 2011; and the January 2011 invoice was received February 15, 2011.

V. PHYSICAL PLANT

The facility meets statement of work requirements in all areas.

VI. OTHER SERVICES

The vendor makes referrals to community agencies as necessary to include AA, NA, GED, vocational training, job search, parenting and child support assistance.

VII. INTERVIEWS

Client interviews were not conducted. [REDACTED] indicated a good relationship has developed and continues with the U.S. Probation staff. Communication has remained open and the monthly staffing requirements have helped in this area.

A new staff member [REDACTED], has been hired as a counselor and it appears he will compliment the remainder of the the staff as he come with prior experience in working with the federal contract.

The U.S. Probation staff concurred that a good relationship has been maintained with [REDACTED] staff.

VIII. ADJUSTMENTS/RECOMMENDATIONS

Recommendations are minor except the area of [REDACTED] which was noted in the prior monitoring report. Reference to this concept should be removed and replaced with [REDACTED]. Treatment plans should be dated correctly and forwarded to the USPO. Monthly inactivity from clients should produce contact with the USPOs and ua results should be noted in the monthly treatment reports. Staff should strive to maintain the integrity of the chain of custody on all uas taken.

[REDACTED] and will continue to keep the lines of communication open between the vendor and the U.S. Probation Office to ensure appropriate documents are provided to the vendor.

IX. EVALUATION

- EXCELLENT
- SATISFACTORY
- UNSATISFACTORY

X. JUSTIFICATION

U.S. Probation is pleased to continue services with [REDACTED] for outpatient substance abuse treatment services. With one exception, the vendor was found to be operating within the term and conditions of the agreement.

Reviewed by,

Respectfully submitted,

[REDACTED]
Name [Signature]
[REDACTED]
Supervising U.S. Probation Officer

[REDACTED]
Name [Signature]
[REDACTED]
Senior U.S. Probation Officer

Title

Title

DEPARTMENT OF CORRECTIONS
DIVISION OF COMMUNITY CORRECTIONS

June 22, 2011

Administrator

Dear Mr. [REDACTED]

On June 15, 2011 your annual audit was conducted. Typically, I rewrite the report and request corrective action; however, as this is the best audit [REDACTED] has ever had, I feel you need to see what the auditor's wrote and their comments about the facility.

We discussed the results; the only area of deficiency was staff not logging UA results on OMS and you have informed me that staff is now logging the results.

It is obvious that you and your staff have done a remarkable job in bringing [REDACTED] into compliance. We appreciate the hard work and dedication.

Please thank your staff for a job well done.

Respectfully,


[REDACTED]
Administrative Manager
Division of Community Corrections

Cc: [REDACTED] Deputy Director
[REDACTED] Administrator
[REDACTED] District Supervisor
[REDACTED] Vice President

Date: June 15, 2011

To: [REDACTED] Deputy Director
Division of Community Corrections

Thru: [REDACTED] Administrator
Community Corrections / Work Centers

Thru: [REDACTED] Contract Administrator

From: [REDACTED] Chief of Security
[REDACTED]

Re: [REDACTED]

Per request, Case Manager IV [REDACTED] ADS [REDACTED] and I conducted a contract compliance audit of the [REDACTED] on June 15, 2011. Please find the following summary of findings:

AUDIT 6-15-2011

Section 3.4

IN COMPLIANCE: Non DOC offenders are housed in different areas of the facility and notification is made to the Department of Corrections through the Halfway House Administrator.

Section 3.5 - Health and Safety

IN COMPLIANCE: Fire Marshall, Health Department, [REDACTED] and Fire Panel Inspections are all current. Fire extinguishers are all current.

Section 3.9 - Accreditation

IN COMPLIANCE: ACA 2009 – 2012 100% Mandatory and 99.5% Non-mandatory. Dept. of Mental Health Accreditation in place through 2012; Counselors are certified and licensed drug and alcohol treatment providers.

Section 3.10 – Sanitation/Hygiene/ Accommodations

IN COMPLIANCE: Trustees are well equipped and provided for. All areas of the facility to include common areas, staff areas, living quarters and offender personal areas are very clean, orderly and well maintained.

Section 3.12 - Telecommunications

IN COMPLIANCE: TTY is in working order. No authorized phone use between 0800 and 1000. This is cleaning work time for all offenders. Offenders needing to use the phone for work purposes during this time are directed to their case manager.

Section 3.13 – Food Service

IN COMPLIANCE: Special diets are provided when appropriate. Inspections on the Hood Vent (5-5-11) and ANSUL System (5-7-11) are current. Health Department License is current (3-8-11). Food service area is very clean, orderly and well maintained.

Section 3.14 – Offender Property

IN COMPLIANCE: Offender property is limited to matrix. It is stored in living quarters in a neat and orderly fashion. The facility retains non-matrix items upon the offender's return to DOC. The staff had not been aware of the "Private Contract/Halfway House Facility Personal Property Agreement" form. OP-030120, Attachment F. They have now added it to their offender intake / orientation packet.

Section 3.15 – Grievance and Misconduct Procedure

IN COMPLIANCE: Only Grievance filed involved an offender who did not have their misconduct appeal answered. The grievance was addressed and answered, but not on the grievance. The misconduct was dismissed appropriately and timely and the decision addressed as an appeal action, as opposed to a grievance action. Appeals are being logged appropriately but the appeal numbers are not noted on the appeal form. This was addressed in debriefing.

Section 3.15.1 – 5 Day Override Restrictions / Notification to Host Facility

IN COMPLIANCE: No documentation showing violation of the 5 day restriction policy; one example of compliance was a memo citing a 2 day restriction. Notices to the Host Facility are done daily.

Section 3.15.2 – Reports of Finalized Disciplinary Actions Provided to Host Facility.

IN COMPLIANCE: Reports of disciplinary actions are being reported to the Host Facility in a timely manner. However, because many of the offenders are in the [REDACTED] the process has been prolonged and the date of finalization in some cases was vague. It was suggested during the audit that the facility establish a date of finalization in their tracking process and work from that.

Section 3.15.4 – Request to Staff

IN COMPLIANCE: Very timely on all in-house responses. Some dates and signatures are missing on dispositions. Not all Host Facility responses logged.

Section 3.16 – Security and Control

IN COMPLIANCE: Logs and observation reveal that appropriate staff is available around the clock to supervise the facility. Canine assisted facility shakedowns are conducted quarterly, with the last one being done on 5-23-11.

ID counts are being logged appropriately and staff is observing flesh and movement on counts. Counts are done at random times, with no set number established. Observation of the security log indicates they far exceed the minimum required by DOC policy. All offenders engaged had picture ID cards on them. However, very few wore them outside their living quarters.

Offenders off center at work during the night are verified through random phone checks. Not all offenders off center are checked every night.

RECOMMENDATION: Although offenders are keeping their ID badges on their person as instructed by staff, they should wear them as prescribed in DOC policy.

Section 3.18 – Visitation

IN COMPLIANCE: DOC visitation forms are used and all visitation requests are sent to Internal Affairs for processing. Staff is familiar with how to utilize OMS to access offender visitor information.

Section 3.19.5 – Case Management and Classification / Orientation

IN COMPLIANCE: Facility provides a very comprehensive orientation packet to the offenders and personal in-depth orientations are conducted each week. Several examples observed indicate that Orientations GPS Screenings are done within seven days of the offender arriving at the facility. The packet contains all appropriate information regarding PREA, medical procedures and Trust Fund.

Chronological files are well maintained and staff has been able to get the Social Security Administration to cooperate in starting the process for reinstatement of benefits 60 days prior to release.

Case management staff is available 4 nights per week.

Section 3.19.6 – Work Site Inspections and Sign in/out Procedures

IN COMPLIANCE: [REDACTED] has an outstanding job in these areas. They use a biometric fingerprint system for identification on sign-out and back it up by having the offender sign in and out on paper. The rosters are then organized and tracked by color and arrival times.

Work site checks are outstanding. Mr. [REDACTED] conducts their work site checks. They are logged in a hard bound log and on the 2nd page of each offender's job card.

Section 3.20 0 Segregated Housing

IN COMPLIANCE: [REDACTED] utilizes [REDACTED] county as its TDU. All the TDOs were examined and the notations on the forms indicate all the offenders were placed there in accordance with policy. The TDOs were reviewed in the appropriate time. However, some had not been served to the offender nor had offender initials on status changes. Staff indicated that it was not always possible to get the form in front of the offender at the time they were locked up. They stated that their Case Managers visit the offenders weekly and they would have them add that to their weekly agendas.

Section 3.21 – Drug Testing

NOT IN COMPLIANCE: Documentation in log indicates a minimum of ten percent is being tested monthly. All documentation is forwarded to the Host Facility. However, Staff has not been posting test results on OMS as required in the contract.

The Administrators have committed to assigning an employee to fulfill this requirement.

Section 3.24 – Contractor Employees

IN COMPLIANCE: Facility is in compliance. Two random Employees files were examined and indicated the required checks were done.

Section 3.25 – Training

IN COMPLIANCE: The auditor examined miscellaneous training records and found all training to be satisfactory.

Section 3.26 – Tuberculin Testing

IN COMPLIANCE: [REDACTED] is in compliance

Tool Control Standards

IN COMPLIANCE: Tool control was excellent. All MSDS sheets were organized and in place in one notebook. No tools were checked out during the inspection. All tools were marked properly and in their appropriate place. The tool room was clean and in good order.

Search and Seizure Standards

IN COMPLIANCE: Random searches are done of offenders leaving and returning to center. The search log consists of individual search log pages dated daily and kept in a three ring binder. Numerous searches are documented. Contraband is properly documented and secured. Dorm searches are determined by drawing lots using colored and numbered chips.

Attachment 'A' – WORK RELEASE

The facility was in compliance with all section of Attachment 'A'.

- All Living areas were very clean, orderly and well maintained
- Bus passes are provided, but in limited number; prompting offenders to have to scramble for them when the yard opens for them to get them.
- Facility vans are provided for transporting offenders needing transportation during non-tradition bus hours or until offenders obtain employment and get their first paycheck to pay for van rides.
- [REDACTED] staff does an outstanding job conducting job checks and meeting with new employers within the first five days of employment.
- [REDACTED] as one employee whose primary responsibility is to conduct job checks and meet employers. This same employee is also responsible for ensuring employers are notified when an offender will miss work for any reason. He will either allow the offender to call the employer or notify them himself.

It should be noted that the [REDACTED] staff was very professional, courteous and helpful. They were knowledgeable about operations and very prepared to assist the audit team.

The physical plant was in excellent condition. It was clean and sanitary. Living quarters were very neat and organized. Offender morale was very relaxed and positive. There were no negative comments from any of the offenders.

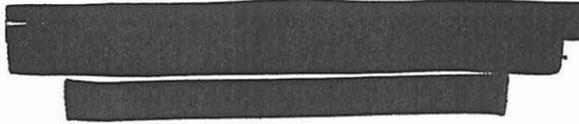
It is evident that [REDACTED] is staffed by an excellent and dedicated team.

American Correctional Association

ACCREDITATION
REPORT



Commission on Accreditation for Corrections



The mission of the Commission on Accreditation for Corrections is to upgrade and improve practices and conditions in adult and juvenile correctional facilities and programs through an accreditation process which is founded on a commitment to accountability, professionalism and respect for basic human rights and which recognizes sound and effective correctional practices, while striving towards excellence in the field of corrections.

AMERICAN CORRECTIONAL ASSOCIATION

206 NORTH WASHINGTON STREET ALEXANDRIA VA 22314

703.224.0000 FAX 703.224.0079

www.aca.org

February 4, 2009

[REDACTED], Inc
[REDACTED]

Congratulations!

It is a pleasure to officially inform you that the [REDACTED] was accredited by the Commission on Accreditation for Corrections at the American Correctional Association 2009 Winter Conference on January 12, 2009 in Kissimmee, Florida.

Your accreditation represents the satisfactory completion of a rigorous self-evaluation, followed by an outside review by a team of independent auditors.

Every profession strives to provide a high quality of service to society. To know that you, your staff, and other officials are complying with the requirements of the accreditation process is indeed a statement of a high level of commitment to the staff and persons under your care.

On behalf of the Commission on Accreditation for Corrections, thank you for your commitment to the corrections profession.

Sincerely,

[REDACTED]
[REDACTED] Chairperson
Commission on Accreditation for Corrections

AMERICAN CORRECTIONAL ASSOCIATION

206 NORTH WASHINGTON STREET ALEXANDRIA VA 22314

703.224.0000 FAX 703.224.0079

www.acf.org

For Immediate Release

Awarded National Accreditation

[REDACTED] Chairperson of the Commission on Accreditation for Corrections (CAC), recently announced the accreditation of the [REDACTED] [REDACTED]

[REDACTED] The award was presented in conjunction with the American Correctional Association Winter Conference in Kissimmee, Florida on January 12, 2009.

In presenting the award, [REDACTED] the CAC, and [REDACTED] President of the American Correctional Association (ACA), complimented the facility on their professional level of operation and their success in completing the accreditation process. The agency is one of over 1,500 correctional organizations currently involved in accreditation across the nation.

The accreditation program is a professional peer review process based on national standards that have evolved since the founding of the Association in 1870. The standards were developed by national leaders from the field of corrections, law, architecture, health care, and other groups who are interested in sound correctional management.

ACA standards address services, programs, and operations essential to effective correctional management. Through accreditation, an agency is able to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Standards set by ACA reflect practical up-to-date policies and procedures and function as a management tool for agencies and facilities throughout the world.

The three-year accreditation award granted to the [REDACTED] does not signal the end of their involvement in the accreditation process. During the award period, staff will work to improve any deficiencies identified during the audit and maintain continuous compliance with the standards.

AMERICAN CORRECTIONAL ASSOCIATION

206 NORTH WASHINGTON STREET ALEXANDRIA VA 22314

703.224.0000 FAX 703.224.0079

www.aca.org



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Executive Director

Congratulations on your accreditation award! You are now a member of the elite in achieving correctional excellence. The certificate you have received is but a small symbol of the enormous dedication and commitment demonstrated by each and every member of your staff to the accreditation process, and I urge you to display it prominently as a continual reminder of the level of professionalism achieved. This is just the beginning of your journey, however, for the true test of excellence is the test of time. It is critical that your operation be able to sustain this achievement over time and be constant through both prosperity and adversity.

The logo of the Commission on Accreditation for Corrections depicts a sextant. Those who chose this symbol did so because "the sextant is an instrument used by a navigator to pinpoint the location of his ship in relation to the established points of reference in the universe, with the purpose of charting his future course." This is the exact purpose of accreditation; objectively reviewing an agency or facility and giving it a goal for which to strive, a destination to reach. Accreditation is the sextant for our profession; let it be your guide as well.

Thank you for your commitment to the American Correctional Association and the standards and accreditation process.

 Director
Standards and Accreditation
American Correctional Association



Visiting Committee Report and Hearing Minutes

CONFIDENTIALITY

The American Correctional Association and the Commission on Accreditation for Corrections do not disclose to external parties specific information contained in this Accreditation Report or information discussed in the Accreditation Hearing. The Association encourages all participating agencies to provide information to the media about their accreditation activities, including disclosure of the Self-Evaluation and Accreditation Report.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
PANEL ACTION REPORT

The Gaylord Palms Resort and Convention Center
Kissimmee, Florida

January 11, 2009

[REDACTED]

Agency Representatives:

[REDACTED]

Panel Members:

[REDACTED]
N [REDACTED] e

Staff:

[REDACTED]

Panel Action

Standard #

[REDACTED]

Accreditation Panel Decision

Moved:

Commissioner [REDACTED]

Seconded:

Commissioner [REDACTED]

Three-Year Accreditation:

Yes

Accreditation Vote

Yes

No

[REDACTED]
N [REDACTED]

✓
✓
✓
✓

[REDACTED]

Final Tally

Mandatory

100%

Non-Mandatory

99.49%

[REDACTED]

REPORT OF MONITORING

[REDACTED]

Blanket Purchase Agreement Number [REDACTED]

I. BACKGROUND INFORMATION

The United States Probation Office solicited for a Blanket Purchase Agreement (BPA) for halfway house services. On October 1, 2008, a BPA was awarded to the [REDACTED]. This report relates to the monitoring visit conducted on June 15, 2010.

The following services are required by the Blanket Purchase Agreement (BPA). The final prices negotiated for fiscal year 2010 are as follows:

9905	Provision of Shelter	[REDACTED]
1010	Urine Collection	\$ [REDACTED]
3060	Job Placement	\$ [REDACTED]
1401	Vendor's Local Travel by Vehicle	Prevailing government rate
1402	Vendor Local Travel by Common Carrier	Actual Costs
1501	Administrative Fee for Co-payment Collection	5% of amount collected

II. MONITORING

U.S. Probation [REDACTED] who is the contracting officer's technical representative for the U.S. Probation Office in the [REDACTED] conducted the monitoring visit on June 15, 2010, to determine compliance with the terms of the statement of work. U.S. Probation Officer [REDACTED] also assisted in the monitoring. The review consisted of staff interviews and a review of four case files. At the time of the monitoring visit the vendor had five residents referred under the BPA. All of the referrals were pretrial criminal defendants. Since October 1, 2009, 42 pretrial defendants have been referred to this vendor for services under the BPA.

III. DEVIATIONS TO THE STATEMENT OF WORK

1. Job Placement

Since October 1, 2009, job placement services (3060) were requested for 36 defendants. A review of the employment status for the 36 defendants referred for job placement services reflected:

- 7 defendants were already employed at the time of arrival at the facility

- 
- 2 defendants secured employment within 15 days of arrival
 - 17 defendants did not secure employment within 15 working days of arrival at the facility (12 of these defendants were not employed for 60 days or longer)
 - 2 defendants were excused from employment due to medical issues and/or school
 - 8 defendants were terminated from the program within 15 working days of placement in the program

Random interviews with defendants conducted since the date of the last monitoring visit in August 2009 indicate effective job placement assistance is still not being provided by the facility as required by the statement of work.

Pursuant to page C-24, C.IV(1) of the statement of work *"The vendor shall develop meaningful employment opportunities. Meaningful employment means the matching of jobs to defendant needs, aptitudes, desires and capabilities."*

Pursuant to page C-24, C.IV(2) of the statement of work *"The vendor shall ensure that unless medically constrained, defendants secure full-time employment within 15 working days after arrival of the facility. For the purpose of this agreement, full-time employment is defined as one or more jobs totaling 40 hours per week. Any proposed employment plan which is less than full-time requires the approval of the pretrial services officer."*

Corrective Action: The vendor should make a more concentrated effort to refer defendants to prospective employers by establishing contacts with employers. The vendor should also consider conducting job search workshops and making referrals to community employment resources such as 

 Additionally, the vendor should implement sanctions or restrict privileges of defendants who have not secured employment within 15 working days of arrival at the facility.

2. Urine Collection

A review of urine collection logs reveal that while the number of urine specimens are being collected as required by the program plan (generally 4 tests per month), specimens are being collected once per week rather than on a random basis. This may cause a detectable pattern which could seriously obstruct the effectiveness and integrity of the federal drug testing program.

Corrective Action: The vendor should collect urine specimens from defendants on a

[REDACTED]

truly random basis and avoid collection on weekly basis to deter detection of a urine collection pattern. It is recommended the vendor occasionally collect specimens within 24 hours of each other ("back to back" collection) and be planned in advance but with a random frequency.

IV. GENERAL FINDINGS

A. FILE MAINTENANCE

The vendor's files were found to be kept in a filing cabinet within a secured office at the facility. Files were reviewed for Probation Form 45s (program plans), bail reports, charging documents and conditions of release. All of the case files reviewed contained the required documentation. All files documented the defendants were seen by intake personnel soon after arrival at the facility. The vendor is now requiring defendants to sign a log upon admission and discharge. A comprehensive document regarding rules and regulations is acknowledged by new residents and staff witnesses. The files were well organized.

B. URINALYSIS PROCESS:

The vendor maintains a urine collection log for each defendant in the file. A random drug testing system is in place but appears to have a general pattern of urine collection of once per week during most months reviewed. The vendor maintains a high level of accuracy in completing the chain of custody forms which resulted in very few specimens being declined by the laboratory due to compromised paperwork.

C. QUALITY OF SERVICE:

The vendor has done an exceptional job in adhering to requirements regarding provisional shelter. Three prepared meals are provided to the defendants daily with sack lunches or late dinner plates being available to defendants who are away from the center at the scheduled meal times. The vendor communicates effectively and in a timely manner with the supervising pretrial services officer(s) regarding issues with defendants in the program. The vendor frequently transports defendants to treatment, attorney visits and to court, which is not required by the statement of work.

Due to the [REDACTED] there have been numerous incidents resulting in defendants being terminated from the program. Many of the violations were discovered by alert staff at the facility. Program violations have been reported to the supervising pretrial services officer(s) in a timely manner and often notification has been made outside of normal work hours. Staff members have always been observed treating defendants and other residents with respect and dignity.

The vendor has approved a local Narcotics Anonymous (NA) group to hold weekly meetings on center for residents to attend on a voluntary basis. This was done at the

request of several federal defendants for an onsite 12-step meeting.

Breath tests and searches are conducted on all residents returning to the center to detect alcohol use and contraband. Random searches of residents' property and common areas are conducted to manage contraband and maintain a safe environment.

D. BILLING:

During fiscal year 2010, the vendor's billing has always been received during the first 10 days of the month for services rendered the previous month. The quality of documentation of services in support of the billing is excellent. Co-payments are documented with a copy of the defendants' earning statements and a copy of the 25% co-payment made in the form of a money order with gross pay noted in the documentation. Co-payments were not collected from two employed defendants for several pay periods during the fiscal year, however, the vendor has made a concentrated effort to improve the monitoring and collection of co-payments. When issues have arisen regarding billing, the vendor has always been available to answer questions and make needed corrections.

E. PHYSICAL PLANT :

The physical plan meets the safety requirements imposed by the state of [REDACTED] operating a halfway house. The facility is more than adequate for halfway house placed of pretrial defendants and meets the requirements in the statement of work. The facility was toured and found to be clean and well organized. Written emergency and evacuation plans were posted in hallways, the day room and each sleeping quarter. A state fire marshal conducted the annual inspection of the facility on January 4, 2010, with three deficiencies noted and which have been corrected by the vendor. On May 13, 2010, the Consumer Protection Division completed an inspection of the kitchen and noted one deficiency (live gnats) which was corrected on May 24, 2010.

Defendants have access to on-site laundry facilities and the vendor provides tokens to indigent residents. Pay telephones for personal calls are available until late evening and the vendor allows residents to use the business telephones for official calls, ie. pretrial services officer, defense counsel etc.

F. RESIDENT INTERVIEWS

Due to time constraints, defendants in the provisional shelter program were not interviewed during the monitoring visit. However, random interviews with defendants were conducted throughout the fiscal year reflect defendants are generally satisfied with the services provided by the vendor and have offered few valid complaints

V. EVALUATION

[REDACTED]

Excellent
 Unsatisfactory

Satisfactory
 Unacceptable

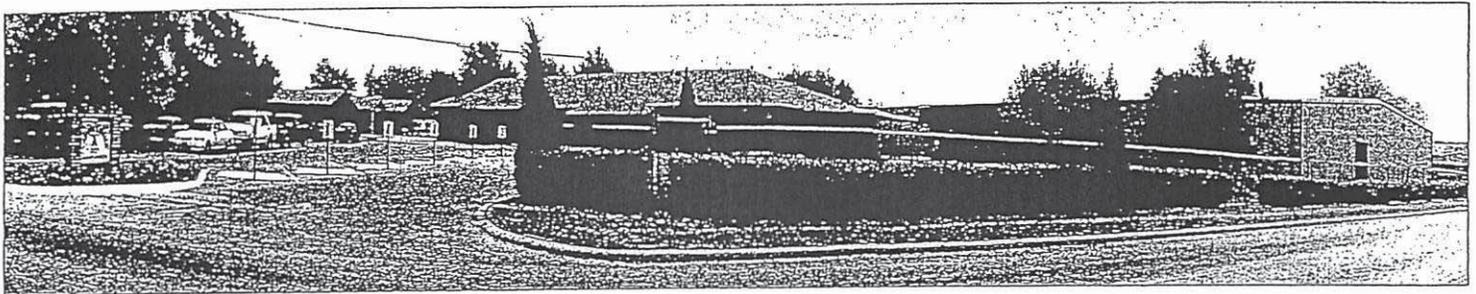
The review of the quality of services provided by the vendor has demonstrated there is a high level of compliance with the provisions of the BPA. However, previous monitorings have addressed the concerns regarding job placement and urine collections and the issues had not been rectified at the time of this monitoring visit. This vendor is performing at a satisfactory level.

Signature
[REDACTED]

Sr. United States Probation Officer

cc: [REDACTED] Chief U.S. Probation and Pretrial Services Officer
[REDACTED] Deputy Chief U.S. Probation and Pretrial Services Officer
[REDACTED] Supervising United States Probation Officer
[REDACTED] Supervising United States Probation Officer

[REDACTED]



Facility Description

[REDACTED] is a 556-bed licensed co-ed American Correctional Association accredited co-ed halfway house and licensed residential treatment center. Through a contract engaged in 1985 with the [REDACTED], [REDACTED] has provided halfway house residency, job placement assistance and substance abuse services to residents preparing for release. [REDACTED] is certified as a Drug and Alcohol provider by the [REDACTED] Department of Mental Health and provides various alternative services such as day reporting, to the [REDACTED] Community Sentencing and Court Referred clients.

[REDACTED] is located at [REDACTED], which is approximately three (3) miles west of the [REDACTED]. [REDACTED] is one (1) block to the south and public transportation is within 2 blocks to the north of the facility.

[REDACTED] is within the zoning jurisdiction of the [REDACTED] and has a zoning designation of "R-2", Medium Low Density Residential District. This zoning is intended primarily for residential dwellings. A special use permit has been granted by the [REDACTED] for the use of the site as a community correctional facility. A new special use permit was granted by the [REDACTED] to increase the number of beds/clients at the facility.

The [REDACTED] campus contains a total of eight (8) buildings with six (6) of the buildings utilized for residential housing. The total square footage is approximately 170,000 square feet, or 5.0 acres. It is rectangular in shape and has its primary frontage on [REDACTED] Avenue, which is on the west boundary of the site. Secondary frontage is on [REDACTED] Street. Access to the site is adequate, with curb cuts from both streets. However, the only entrance to the site is from [REDACTED] for security concerns. Each building has

two exits, one at each end of the building, for fire evacuation purposes. The buildings are sprinkled throughout for fire suppression and has smoke detectors throughout; with fire pull stations. Also, fire extinguishers are located in all buildings.

The Administration and treatment building houses security control, administrative offices, treatment staff, visiting area, dining and kitchen area and library / computer room. All residential buildings have access to a main day room and activity area, vending machines, pay telephones, and laundry facilities.

Each residential building has a temperature-controlled environment for maintaining comfortable temperatures. The client rooms and day rooms are carpeted, with vinyl or concrete floor covering in restroom/shower areas, laundry rooms and dining room. All areas of the facilities have hot and cold water. The facility is handicap accessible.

[REDACTED] provides three (3) nutritious, tasty meals per day. The meal plan is approved by a registered Dietician to include sack lunches and all meals are prepared under sanitary conditions and in compliance with applicable state and local regulations and ACA standards. [REDACTED] maintains a current Food Service Certificate as required by law. [REDACTED] Health Department Inspection and Food Service License are provided in this proposal response. Clients that are off center during designated meal times are provided with a sack lunch or late meals.

Client records are secured in the case management offices. Prescription medications are controlled, given to the client when required for dispensing, and a medical inventory maintained on each client's prescription held at the facility.

The facility provides a bike rack for clients that wish to ride their bike to work and parking is provided on the east side of the facility for those clients that are approved to have their personal vehicles. Also, public transit buses have a pickup location within two (2) blocks of the facility, for those clients who wish to ride public transportation.

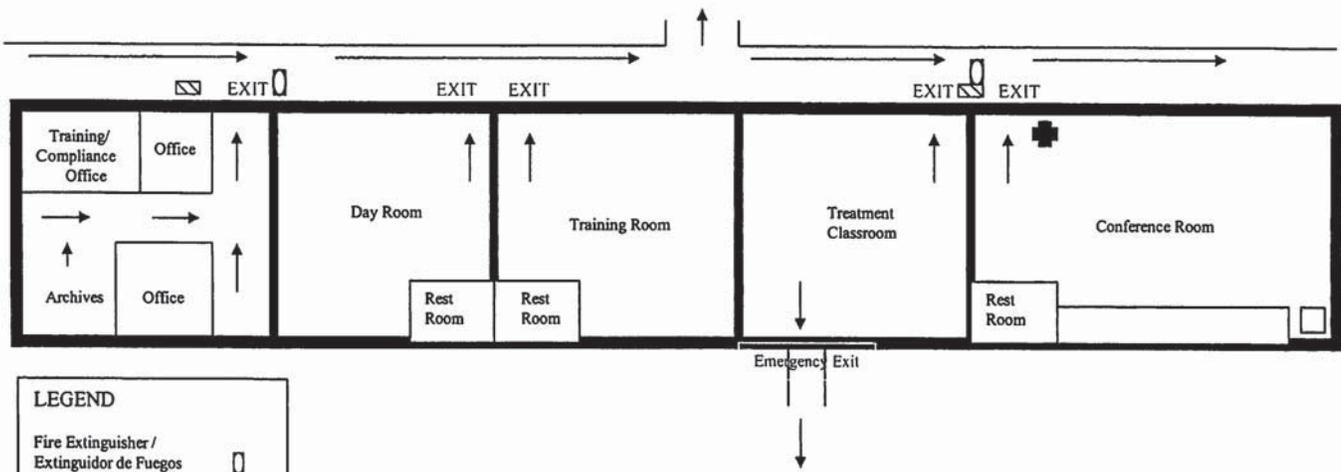
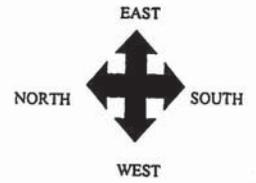
Police services are available from the [REDACTED] and the [REDACTED]

[REDACTED] Fire protection is provided by the [REDACTED]

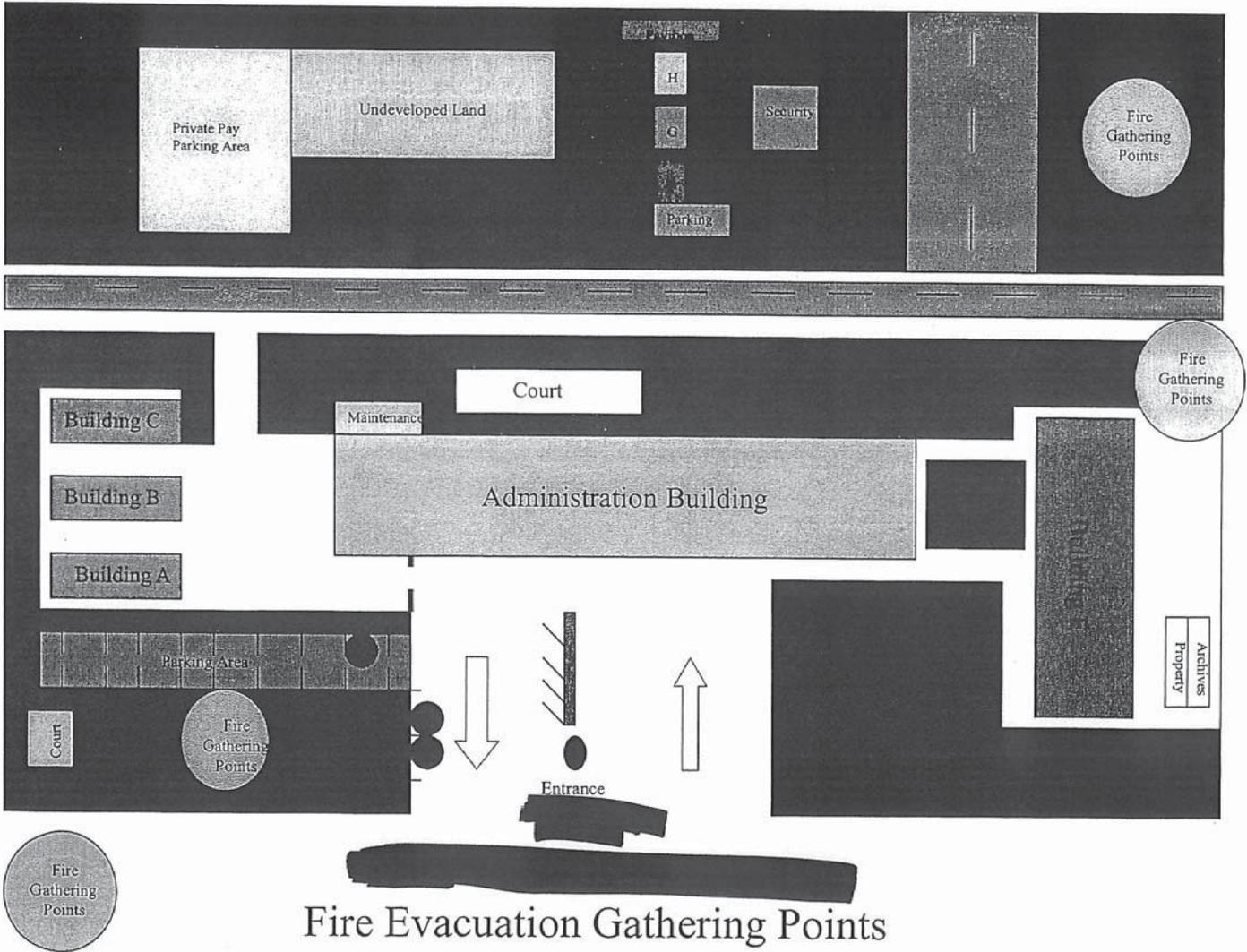
/ ANNEX BUILDING A

Evacuation Plan / Plano De Emergencia

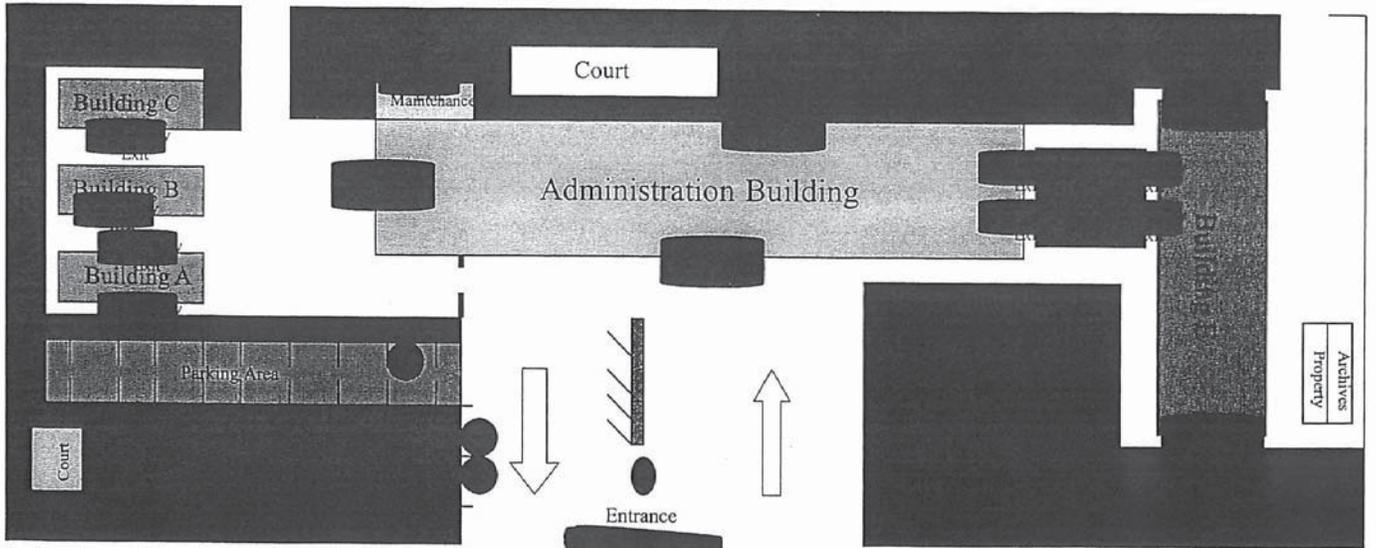
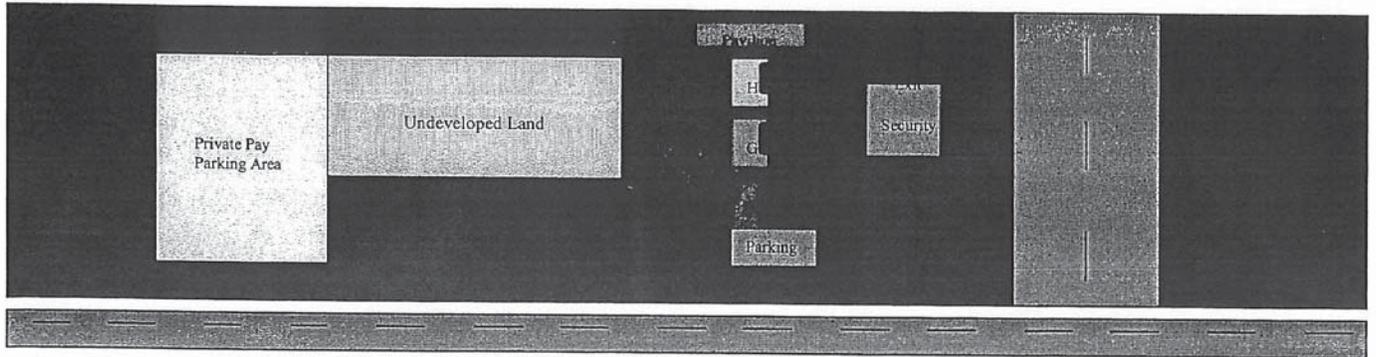
Revised March 2011



LEGEND	
Fire Extinguisher / Extintuidor de Fuegos	
Fire Pull Station / Estacion de incendio	
Emergency Exit Route / Salida de Emergencia	
First Aid Kit / Kit De Primeros Auxilios	
You Are Here / Usted Esta Aqui	X



Fire Evacuation Gathering Points



2011

Emergency Exits

[REDACTED]	LP 030101	Effective July 12, 2010 Rev. March 1, 2011	Page 1 of 12
Emergency Plans Policy and Procedures		ACA Standards:4-ACRS-1C-02, 1C-02, 1C-03, 1C-04, 1C-05, 1C-06, 1C-07, 1C-08, 1C-09, 1C-10, 1C-11, 1C-12, 1C-13, 1C-14, 1C-15, 1C-16, 1C-17, DMHSAS Standards: 450:18-5-3	
Approved by Administrator:		[REDACTED]	
Approved by Vice-President:		[REDACTED]	

EMERGENCY POLICY AND PROCEDURES

POLICY

[REDACTED] will have written policies and procedures for emergency incidents (tornado, flood, weather, fire, bomb threat, explosion, disturbance, hostage situation, etc.). These procedures provide for the safety of clients, visitors, and staff and for the effective utilization of available resources so that client care can be continued during a disaster. The policy and procedures will be reviewed at least annually and updated as needed. All staff will receive training in the implementation of written emergency plans and procedures during initial employment orientation and annually thereafter.

The facility meets all fire and safety regulations, code, and/or statutory requirements of federal, state, and/or local government. The facility has an annual fire and safety inspection from the State Fire Marshal or local authorities and maintains copies of the inspections and attendant correspondence regarding any deficiencies. Fire alarm systems have visual signals suitable for the deaf-and hearing-impaired. The facility has emergency power to supply lighting, power, and communications in an emergency. Cellular phones and two-way radios will maintain communication within the facility and with the community in the event of urgent, special, or unusual incidents or emergency situations. The facility and grounds will be maintained to provide a safe environment for clients, staff, and visitors.

A written evacuation plan covering a fire or emergency will be used in the event of an emergency. This plan will be certified by an independent, outside inspector trained in the application of national fire codes. The facility requests the local fire inspector to certify the emergency evacuation plan when changes are made. It will be reviewed annually, updated if necessary, and reissued to the [REDACTED] and Police Departments. The plan will be posted on the staff and client bulletin boards. An evacuation drill will be conducted at least quarterly on each shift when the majority of clients are present. The plan includes the following:

- location of building/room floor plans
- use of exit signs and directional arrows for traffic flow
- location of publicly posted plan
- at least quarterly drills in all facility locations, including
- administrative areas

The facility has a qualified fire and safety officer who conducts staff training and orientation regarding the location and use of all fire extinguishers, first aid supplies, and equipment during the initial employment orientation. The safety officer completes a thorough monthly inspection of the facility for compliance with safety and fire prevention standards. A weekly fire and safety inspection of the facility is conducted by a qualified staff member. Dangerous substances (toxic, caustic, and flammable substances) shall be stored in locked, safe areas Or cabinets.

Case records will be stored in a locked room. When there is a disaster they will be transported to a secure location. Records will be transported only when reasonable and prudent.

PROCEDURE

will adhere to all local, state, and federal regulations at all times. Staff will monitor client activities to ensure client adherence to these regulations.

1. Clients may not have in their possession or use any flammable, toxic, or caustic materials, unless under the direct supervision of staff. Toxics, caustics, and flammables will be locked in storage cabinets when not in use.
2. Flammable, toxic, or caustic materials will be used only as described on the container labels or Material Safety Data Sheet.
3. All fire equipment will be inspected or tested (where appropriate) at least quarterly.
4. Emergency equipment and systems are tested at least quarterly for effectiveness.
5. There is a written plan for preventive maintenance of the physical plant; the plan includes provisions for emergency repairs or replacement in life-threatening situations.
6. The facility's fire protection service will be provided by the local metro area fire department
7. Fire protection equipment will be appropriately located throughout the facility. The locations will be clearly marked on the Fire and Emergency Evacuation Plan. Evacuation routes and shelter areas will be posted throughout the facility.
8. Specifications for the selection and purchase of facility furnishings for all living quarters will indicate the fire and safety performance of items selected.
9. In all areas where smoking is permitted, noncombustible receptacles for smoking materials and a separate container for other combustible refuse are accessible. Smoking is permitted only outside of the buildings in designated areas away from DOC housing. Special containers are provided for flammable liquids and rags used with flammable liquids. All receptacles and containers are emptied and cleaned daily.

Fire Emergency

The following procedures will be used in the event of a fire emergency.

- A. When a fire is reported or observed, staff will immediately notify the other staff members and implement building evacuation procedures in accordance with posted exit plans. Evacuation takes precedence over fire fighting.

Department of Corrections Clients will exit through the nearest exit and proceed to the designated safe outside meeting area for the facility located at the South East end of the facility exit.

Treatment & VA Clients will report to the designated outside meeting area at the northwest side of the treatment center (Pavilion Area). DOC Clients will report to the designated outside meeting area at the southeast side of the DOC housing building (Outside southeast corner gate). Weekender Clients will report to the designated outside meeting area south of the weekender housing building in the adjacent empty lot (Across the street in the empty lot).

The Administrator, designated supervisor on duty, or receptionist shall take the daily appointment schedule, the Client Roster, the staff sign-in sheets, the client sign-in/out sheets, the Emergency Key Ring, and the Vehicle Key Ring when evacuating the buildings.

The Administrator or the designated supervisor on duty shall physically check to assure that all clients, staff, and visitors have evacuated the buildings, unless Department of Corrections personnel conduct such.

- B. Staff will take a roll call of all clients, visitors, and staff.
- C. No person may re-enter the buildings until the all clear is given by Fire Marshal, through the Administrator or the designated supervisor in charge. He or she will decide when normal activities may be resumed.
- D. The Administrator will be notified immediately following a D.O.C, Treatment, VA and Weekender client count if he or she is not on the premises. The Administrator will notify the host facility for the Department of Corrections (DOC) and the company President.
- E. When people are injured or property is damaged an incident report shall be completed by staff involved.
- F. When there is significant damage to the building the following procedures shall be followed:
 - 1. A temporary office shall be established by the Administrator within three working days. Until such office is established, the Administrator shall contact the telephone company and provide an alternate location for the delivery of telephone calls, such as a home office. The Administrator, or his / her designees, shall make every effort to contact all clients with appointments and reschedule those appointments to take place at the temporary office.
 - 2. Emergency housing facilities will be coordinated by the Administrator, in conjunction with the host facility. All services will continue to be provided by providing such services at another appropriate housing location. When there are sound structures available on the facility grounds clients will be housed in those buildings. When the facility cannot provide temporary housing on site the governing authority will be contacted for alternative housing or approval for housing in a different location.
 - 3. Central Office will provide furnishings and supplies necessary for the temporary office. Central Office will proceed forthwith with repair of the building or acquisition of another building.
- G. Emergency evacuation routes will be posted in all areas. Exit doors will be marked / lighted in compliance with established city fire codes.

- H. At minimum emergency drills will be conducted under varied conditions and during hours when a majority of clients are present in the facility. The fire alarm system will be tested during the drill. All drills will be documented.
- I. All fire systems will be certified annually.
- J. The President or designee will review this plan annually.
- K. Copies of this plan will be sent to local authorities.
- L. When arson is suspected staff will notify the State Fire Marshal's Office at [REDACTED]. In cases of suspected arson the scene will not be disturbed.
- L. Anytime there is a fire at the facility, the State Fire Marshal's Office will be contacted after all staff, visitors and clients are verified to be safe.

Severe Weather

The following procedures will be used in the event of severe weather (tornado, damaging hail, etc.)

- A. Staff will monitor for severe weather situations using the weather band on the radio or using local network coverage on the television.
- B. When a tornado WATCH is received, the Administrator shall alert all staff. Visitors will be asked to leave if it is safe to do so. When a tornado WARNING is received, staff will have all clients, visitors, and staff gather in the area(s) indicated on the posted emergency plans.

The designated gathering area for the Treatment, VA, and Weekender Clients is the main hallway in the administration building. The designated gathering area for the D.O.C facility is the east and west down hallway.
- C. Staff will perform a room-by-room check and client roll call to account for all clients.
- D. Unless there is damage to the facility, clients, visitors, and staff will remain in the designated area until the Administrator or supervisor in charge gives the all clear. In the case of damage to the facility, clients, visitors, and staff will remain in the designated area until the all clear is given by the Fire Marshal, through the Administrator or supervisor in charge.
- E. When people are injured or property is damaged an incident report shall be completed by staff involved. Should a tornado strike the facility injured persons will be given first aid, 911 will be called and advised of the situation, another roll call will be taken, and the Administrator notified if he or she is not on the premises. The Department of Corrections host facility [REDACTED] will be notified as soon as practical.
- F. If there is damage to the facility, the State Fire Marshal's Office will be notified after all staff, visitors and clients are verified to be safe.
- G. In the event of significant building damage, the following procedures shall be followed:

1. A temporary office shall be established by the Administrator within three working days. The Administrator shall contact the telephone company and provide an alternate location for the delivery of telephone calls, such as a home office until a temporary office is established. The Administrator or his / her designee shall make every effort to contact all clients with appointments and reschedule those appointments to take place at the temporary office.
2. Central Office will provide furnishings and supplies necessary for the temporary office. Central Office will proceed forthwith with repair of the building or acquisition of another building.
3. All services will continue to be provided by providing such services at another appropriate emergency housing location.

Flood Emergency

The following procedures will be used in the event of flood:

- A. Staff will monitor for severe weather situations using the weather band on the radio or using local network coverage on the television.
- B. When a flood WATCH is received, the Administrator shall alert all staff. When a flood WARNING is received staff will notify the DOC host facility [REDACTED]. Staff will evacuate all clients, visitors, and staff to a safer location:

The designated evacuation area for the facility is the highest ground.

- C. If there is damage to the facility, the State Fire Marshal's Office will be notified after all staff, visitors and clients are verified to be safe.
- D. Clients, visitors, and staff will not return to the building until the all-clear is given by the Fire Marshal through the Administrator or supervisor in charge.
- E. When people are injured or property is damaged an incident report shall be completed by staff involved.
- F. When there is significant damage to the building the procedures listed under "Severe Weather" shall be followed.

Bomb Threat

The following procedures will be used in the event of a bomb threat.

- A. When a bomb threat is received via telephone the staff will try to identify the caller. Written threats will be examined to try to identify the sender's identity.
- B. Staff will call local law enforcement.

- C. The building will be evacuated using procedures outlined under Fire Emergency. The designated outside meeting areas for the D.O.C facility is the southeast gate unless there is reason to believe a bomb is located in the southeast end of the building in which case, the meeting area shall be the northeastern most fence line. The Treatment and VA clients designated meeting place shall be the northwest side of the treatment facility pavilion area. Weekender Clients will report to the designated outside meeting area south of the weekender housing building in the adjacent empty lot (Across the street in the empty lot).
- D. Local emergency personnel will search the building.
- E. Clients, visitors, and staff will not return to the building until the all clear is given by the Administrator or supervisor in charge.

Explosion

The following procedures will be used in the event of an explosion:

- A. Staff will immediately call 911 and implement building evacuation procedures in accordance with posted exit plans (use fire exit plans). Evacuation takes precedence over fire fighting / notifying authorities.
- B. Evacuation and reporting procedures outlined under Fire Emergency will be used.
- D. The designated outside meeting area for the facility is the southeast fence unless the explosion takes place in that area. The Treatment client designated meeting place shall be the northwest side of the treatment facility pavilion area near the basketball court. Weekender Clients will report to the designated outside meeting area south of the weekender housing building in the adjacent empty lot (Across the street in the empty lot).
- D. In the event of significant building damage, the procedures listed under "fire emergency" shall be followed.
- E. Anytime there is an explosion at the facility, the State Fire Marshal's Office will be contacted after all staff, visitors and clients are verified to be safe.
- E. No person may re-enter the building until the all clear is given by the Fire Marshal through the Administrator or the designated supervisor in charge. He or she will decide when normal activities may be resumed.

Loss of Heat, Light, Water, Air Conditioning (See also Policy: Loss of Utilities)

- 1. When there is a loss of heat and the outside temperature is less than 60 degrees Fahrenheit, Central Office will be notified immediately in order that action may begin promptly toward repairs.

The facility shall obtain additional blankets for inmates in sufficient numbers as required by the weather. If total loss of heat occurs or the loss is beyond the capabilities of the facility staff, the Administrator may notify the Department of Corrections host facility and the Central Office and request emergency temporary transfer of clients until heat can be restored.

2. When there is a loss of lighting or electrical power, the Administrator or designee shall take all reasonable and prudent action to obtain repairs as quickly as possible. The emergency generator will be used to power the facility until repairs can be made. All staff shall be provided flashlights and arrangements shall be made for sufficient lighting to allow clients to attend to routine activities of daily living (personal care, etc.). Such arrangements may include providing flashlights or portable lanterns for clients. The Administrator will notify the host facility [REDACTED] if the loss of lighting or power exceeds three hours.
3. When there is a loss of water, portable toilet facilities containing hand washing areas and bottled drinking / cleaning water shall be obtained. The Administrator shall take all reasonable and prudent action to obtain repairs as quickly as possible.
4. When there is a loss of air conditioning and the outside temperature is greater than 80 degrees Fahrenheit the Administrator shall take all reasonable and prudent action to obtain repairs on the cooling system as quickly as possible. Temporary floor fans shall be utilized for sleeping areas, common areas, and staff offices.

Medical Emergency

The procedures listed below will be utilized in the event of medical emergency. A medical emergency is defined as one in which routine first-aid is not, in the judgment of CPR-trained staff, sufficient to address the medical issue. *The Shift Supervisor does not need to be notified prior to implementing emergency medical procedures. However, the Shift Supervisor will be notified as soon as possible subsequent to implementing emergency medical procedures. The Shift Supervisor will then ensure that timely notifications are made through the chain of command as defined by established policy and procedures (OP-070111).*

- A. In a non-life threatening situation, the client's physician (only for private pay, VA, and Weekender clients), Department of Corrections medical staff (only for DOC clients) or [REDACTED] Community Sentencing Office (only for Community Sentencing clients) will be contacted for instructions. In accordance with the DOC Policy and contractual agreement, routine medication disbursement, designated personnel at the facility who have received appropriate training coordinate first aid/CPR and routine medical appointments.

In a life-threatening situation, 911 will be called. Staff trained in CPR will administer CPR and / or first-aid to the best of their ability, according to applicability and appropriate techniques, as taught in CPR training.

When appropriate, DOC clients will be treated at a DOC medical facility. When necessary, ambulance service will be used by both DOC and non-DOC clients. Staff will request that the ambulance personnel transport DOC clients to [REDACTED] Medical Center unless the situation dictates otherwise. The Shift Supervisor will make proper notifications pursuant to OP 070111, subsequent to the emergency use of ambulance transport.

When calling for ambulance service or reporting subsequently to the host facility, it is important to provide data about the injury or illness. The following critical information should be provided:

1. The nature of injury or illness
2. Conscious or unconscious, if conscious, is subject coherent

3. Any apparent broken bones
4. Current medications and dosages
5. Any known drug allergies

A life-threatening situation is one in which, in the best judgment of staff, the offender's life is in danger due to one or more of the following factors:

1. Loss of Blood
 2. Difficulty (or lack of) breathing
 3. Client exhibits signs and symptoms of a heart attack or stroke (as taught in CPR courses)
 4. Loss of consciousness
- B. The medical emergency plan will be posted in a readily accessible area.
- C. An incident report documenting the emergency and action taken will be written as soon as possible subsequent to the incident, but no later than twenty-four hours following the incident.

[Redacted]

[Redacted]

A. [Redacted]

B. [Redacted]

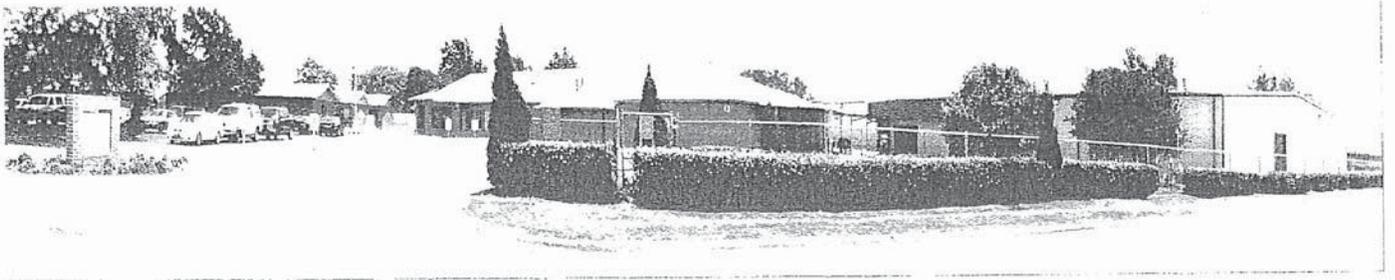
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C. [Redacted]

D. [Redacted]



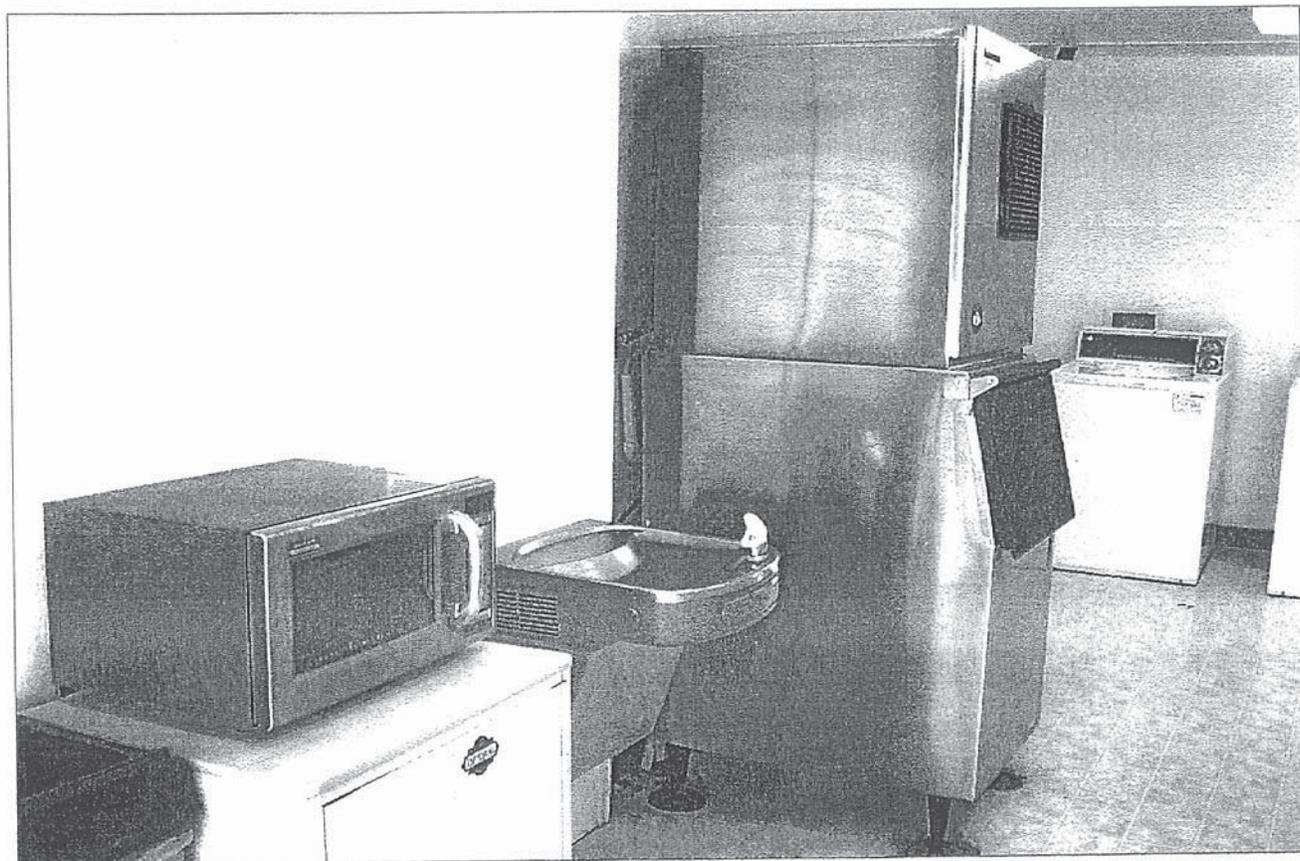
[REDACTED]
Front Entrance
West Side of [REDACTED] Avenue



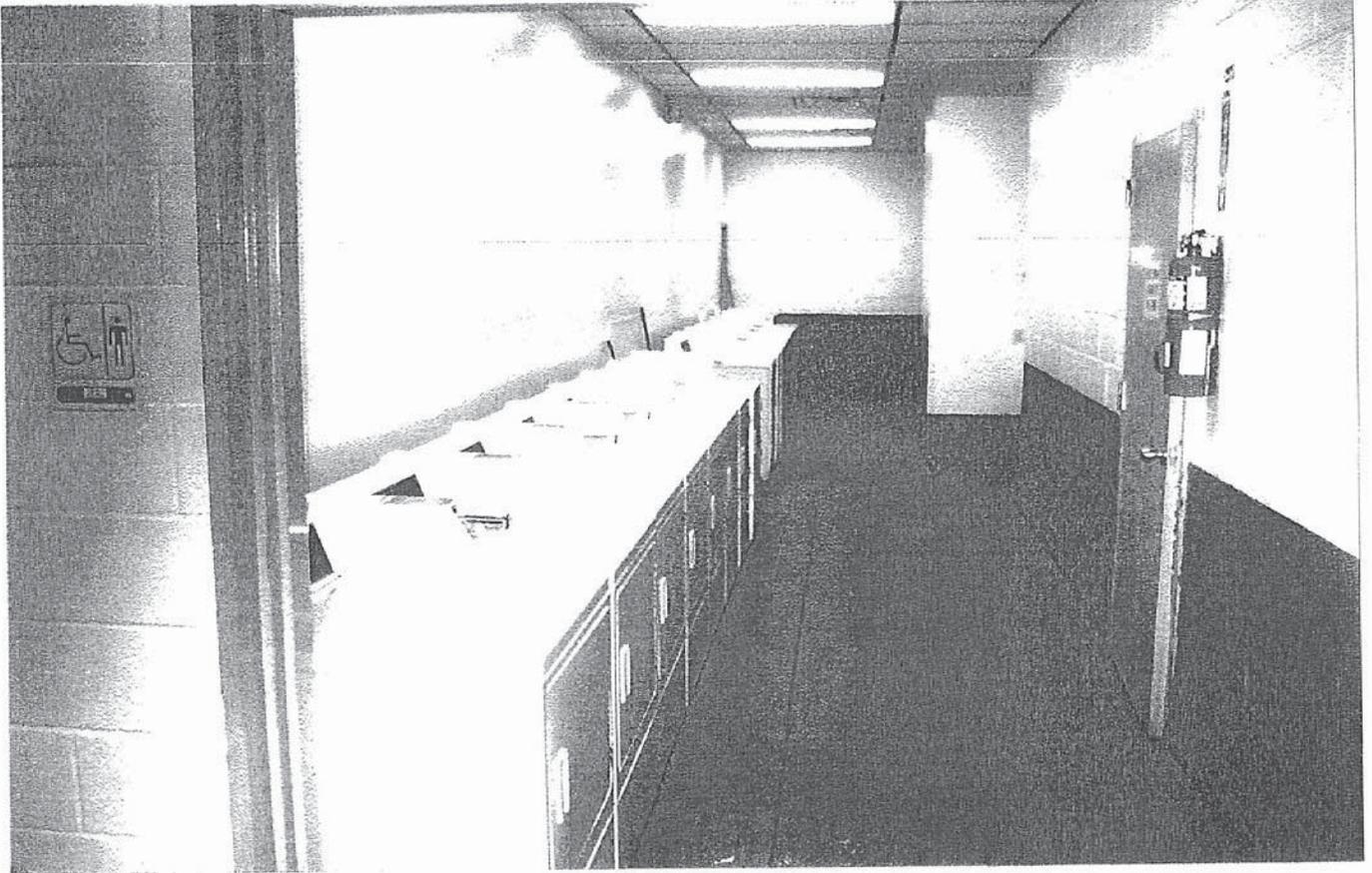
Panoramic View of the
[REDACTED] Campus
West side of [REDACTED] Avenue and Front Entrance



Laundry / Microwave Use & Vending Room



Laundry / Microwave Use & Vending Room



[REDACTED]
[REDACTED] Laundry Room



DEPARTMENT OF
MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES

Certified Substance Abuse Program

THIS IS TO CERTIFY THAT

[REDACTED] L.L.C.

*Meets the requirements for the provision of:
Outpatient, Adult Halfway House, and Adult Residential Treatment Services*

September 2009 – September 2012

as prescribed by the Alcohol and Drug Abuse Prevention, Training, Treatment and Rehabilitation Authority as vested in the [REDACTED] Mental Health and Substance Abuse Services by Title [REDACTED]

[REDACTED]

[REDACTED]

Commissioner

**American
Red Cross**



This recognizes that

[REDACTED]

has completed the requirements for

First Aid/CPR/AED Instructor

conducted by

American Red Cross [REDACTED]

[REDACTED]

Date completed: **08/16/2011**

The American Red Cross recognizes

this certificate is valid from

completion date for: **2 Years**

American Red Cross



This recognizes that [redacted] has completed the requirements for First Aid conducted by [redacted]

Date completed: 05/18/2011 The American Red Cross recognizes this certificate is valid from completion date for: 2 Years

American Red Cross



This recognizes that [redacted] has completed the requirements for Adult CPR conducted by [redacted]

Date completed: 05/18/2011 The American Red Cross recognizes this certificate is valid from completion date for: 2 Years

American Red Cross



This recognizes that [redacted] has completed the requirements for First Aid conducted by [redacted]

Date completed: 05/18/2011 The American Red Cross recognizes this certificate is valid from completion date for: 2 Years

American Red Cross



This recognizes that [redacted] has completed the requirements for Adult CPR conducted by [redacted]

Date completed: 05/18/2011 The American Red Cross recognizes this certificate is valid from completion date for: 2 Years

American Red Cross



This recognizes that [redacted] has completed the requirements for First Aid conducted by [redacted]

Date completed: 05/18/2011 The American Red Cross recognizes this certificate is valid from completion date for: 2 Years

American Red Cross



This recognizes that [redacted] has completed the requirements for Adult CPR conducted by [redacted]

Date completed: 05/18/2011 The American Red Cross recognizes this certificate is valid from completion date for: 2 Years

American Red Cross



This recognizes that [redacted] has completed the requirements for First Aid conducted by [redacted]

Date completed: 05/18/2011 The American Red Cross recognizes this certificate is valid from completion date for: 2 Years

American Red Cross



This recognizes that [redacted] has completed the requirements for Adult CPR conducted by [redacted]

Date completed: 05/18/2011 The American Red Cross recognizes this certificate is valid from completion date for: 2 Years

American Red Cross



This recognizes that [redacted] has completed the requirements for First Aid conducted by [redacted]

Date completed: 05/18/2011 The American Red Cross recognizes this certificate is valid from completion date for: 2 Years

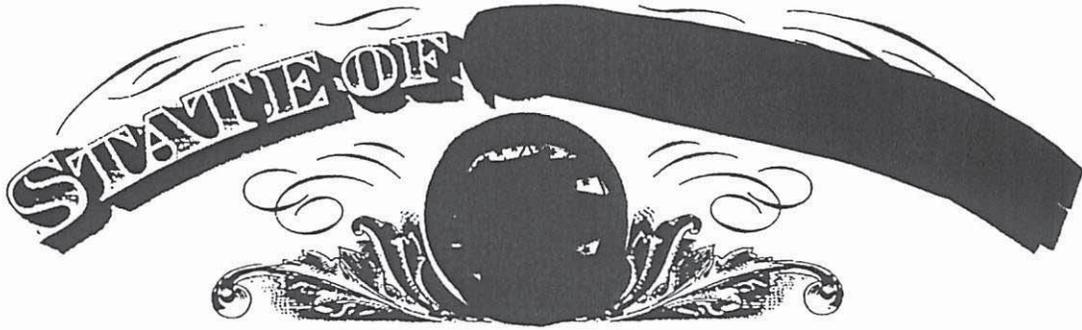
American Red Cross



This recognizes that [redacted] has completed the requirements for Adult CPR conducted by [redacted]

Date completed: 05/18/2011 The American Red Cross recognizes this certificate is valid from completion date for: 2 Years

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC LIMITED LIABILITY COMPANY**

I, *THE UNDERSIGNED*, Secretary of State of the State of [REDACTED] do hereby certify that I am, by the laws of said state, the custodian of the records of the state of [REDACTED] relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I *FURTHER CERTIFY* that [REDACTED] whose registered agent is [REDACTED] with its registered office at [REDACTED] is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of [REDACTED] and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.

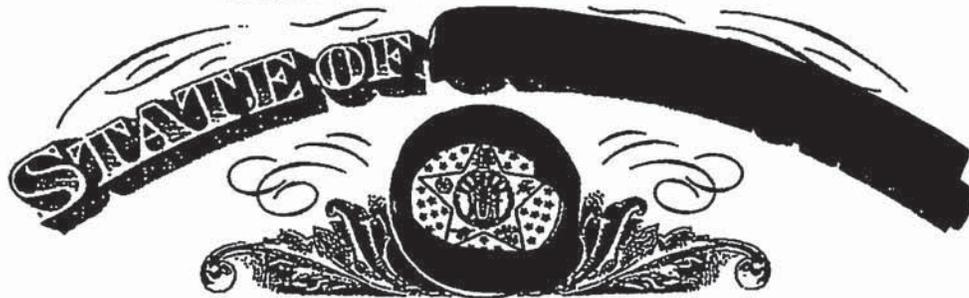


IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of [REDACTED] done at the [REDACTED] [REDACTED] his 22nd day of February, 2011.

[REDACTED]

Secretary Of State

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE
OF
LIMITED LIABILITY COMPANY**

WHEREAS, the Articles of Organization of



an [redacted] limited liability company has been filed in the office of the Secretary of State as provided by the laws of the State of [redacted]

NOW THEREFORE, I, the undersigned, Secretary of State of the State of [redacted] by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of [redacted]



*Filed in the city of [redacted] is
30th day of June, 2008.*



Secretary of State

Operating Agreement
of

June 2008

ARTICLE I.
OFFICES

1.1 Principal Office. The principal office of the Company in the [REDACTED] shall be located at [REDACTED]. The Company may have such other offices, either within or without the State of [REDACTED] as the Members may designate or as the business of the Company may from time to time require.

1.2 Registered Office. The registered office of the Company, required by the [REDACTED] Limited Liability Company Act, to be maintained in the [REDACTED], may, but need not, be identical with the Principal Office in the State of [REDACTED]. The address of the initial registered office of the Company is [REDACTED] and the initial registered agent at such address is [REDACTED]. The registered office and the registered agent may be changed from time to time by action of the Member and by filing the prescribed form with the [REDACTED].

ARTICLE II.
MEETINGS

2.1 Annual Meeting. Unless hereafter mandated by law no regularly scheduled annual meeting of the Member shall be required or held.

2.2 Regular Meetings. The Member may, by resolution, prescribe the time and place for the holding of regular meetings and may provide that the adoption of such resolution shall constitute notice of such regular meetings. If the Member does not prescribe the time and place for the holding of regular meetings, such regular meetings shall be held at the time and place specified by the Presiding Member in the notice of each such regular meeting.

2.3 Special Meetings. Special meetings of the Member, for any purpose or purposes, unless otherwise prescribed by statute, may be called by the Presiding Member.

2.4 Notice of Meeting. Written or telephonic notice stating the place, day and hour of the meeting and, in case of a special meeting, the purposes for which the meeting is called shall be delivered not less than three days before the date of the meeting, either personally or by mail, by or at the direction of the Presiding Member, to each Member of record entitled to vote at such meeting, If mailed, such notice shall be deemed to be delivered when deposited in the United States mail, addressed to the Member at his address as it appears on the books of the Company, with postage thereon prepaid. When the Member of the Company is present at any meeting, or if those not present sign in writing a waiver of notice of such

meeting, or subsequently ratify all the proceedings thereof, the transactions of such meeting are as valid as if a meeting were formally called and notice had been given.

2.5 Quorum. At any meeting of Members, a majority of the equity interests, as determined by the capital contribution of each Member as reflected on the books of the Company, represented in person or by proxy, shall constitute a quorum at a meeting of the Members. If less than said majority of the equity interests are represented at a meeting, a majority of the interests so represented may adjourn the meeting from time to time without further notice. At such adjourned meeting at which a quorum shall be present or represented, any business may be transacted which might have been transacted at the meeting as originally notified.

2.6 Proxies. At all meetings of Members, a Member may vote by proxy executed in writing by the Member or by his duly authorized attorney-in-fact. Such proxy shall be filed with the Presiding Member of the Company before or at the time of the meeting. No proxy shall be valid after three months from date of execution, unless otherwise provided in the proxy.

2.7 Voting by Certain Members. Management Certificates held in the name of a corporation, partnership or company may be voted by such officer, partner, agent or proxy as the Bylaws of such entity may prescribe or, in the absence of such provision, as the Board of Directors of such entity may determine. Certificates held by a trustee, personal representative, administrator, executor, guardian or conservator may be voted by him, either in person or by proxy, without a transfer of such certificates into his name.

2.8 Manner of Acting.

2.8.1 Formal Action by Members. Voting on a particular issue shall be in accordance with percentage of equity ownership in the company.

2.8.2 Procedure. A record shall be maintained of the meetings of the Members. The Members may adopt their own rules of procedure, which shall not be inconsistent with this Operating Agreement.

2.8.3 Presumption of Assent. A Member of the Company, who is present at a meeting of the Members, at which action on any matter is taken, shall be presumed to have assented to the action taken, unless his dissent shall be entered in the minutes of the meeting or unless he shall file his written dissent to such action with the person acting as the secretary of the meeting before the adjournment thereof or shall forward such dissent by certified mail to the secretary of the meeting immediately after the adjournment of the meeting. Such right to dissent shall not apply to a Member who voted in favor of such action.

2.8.4 Informal Action of Members. Unless otherwise provided by law, any action required to be taken at a meeting of the Members, or any other action which may be taken at a meeting of the Members, may be taken without a meeting if a consent in writing, setting forth the action so taken, shall be signed by all the Members entitled to vote with respect to the subject matter thereof.

2.9 Order of Business. The order of business at all meetings of the Members, shall be as follows:

1. Roll Call.
2. Proof of notice of meeting or waiver of notice.
3. Reading of minutes of preceding meeting.
4. Report of the Executive Officer.
5. Reports of Committees.
6. Unfinished Business.
7. New Business.

2.10 Telephonic Meeting. Members of the Company may participate in any meeting of the Members by means of conference telephone or similar communication if all persons participating in such meeting can hear one another for the entire discussion of the matter(s) to be voted upon. Participating in a meeting pursuant to this Section shall constitute presence in person at such meeting.

ARTICLE III FISCAL MATTERS

3.1 Fiscal Year. The fiscal year of the Limited Liability Company shall begin on the first day of January and end on the last day of December each year, unless otherwise determined by resolution of the Members.

3.2 Deposits. All funds of the Limited Liability Company shall be deposited from time to time to the credit of the Limited Liability Company in such banks, trust companies or other depositories as the Members may select.

3.3 Checks, Drafts, Etc. All checks, drafts or other orders for the payment of money, and all notes or other evidences of indebtedness issued in the name of the Company shall be signed by the President Manager or by such Member or Members as the Members may by Bank Form of Resolution or other action specify.

3.4 Loans. No loans shall be contracted on behalf of the Limited Liability Company and no evidences of indebtedness shall be issued in its name unless authorized by the President Manager.

3.5 Contracts. The Members may authorize any Member or agent of the Company to enter into any contract or execute any instrument in the name of and on behalf of the Company, and such authority may be general or confined to specific instances.

3.6 Accountant. An Accountant may be selected from time to time by the Members to perform such tax and accounting services as may, from time to time, be required. The Accountant may be removed by the Members without assigning any cause.

3.7 Legal Counsel. One or more Attorney(s) at Law may be selected from time to time by the Members to review the legal affairs of the Company and to perform such other services as may be required and to report to the Members with respect thereto. The Legal Counsel may be removed by the Members without assigning any cause.

ARTICLE IV. MANAGEMENT CERTIFICATES AND THEIR TRANSFER

4.1 Certificates. Membership Certificates representing equity interest in the Company shall be in such form as shall be determined by the Members. Such Membership Certificates shall be signed by all the Members. All Membership Certificates shall be consecutively numbered or otherwise identified. The name and address of the person to whom the Membership Certificates are issued, with the Capital Contribution and the date of issue, shall be entered in the Certificate Register of the Company. In case of a lost, destroyed or mutilated Membership Certificate, a new one may be issued upon such terms and indemnity to the Company as the Members may prescribe.

4.2 Transfers of Shares. Any Member proposing a transfer or assignment of his Certificate shall first notify the Company in writing of all the details of and consideration for the proposed transfer or assignment. The company, for the benefit of the remaining Members, shall have the first right to acquire the equity on the same terms and conditions.

If the company declines to elect such option, the remaining Members desiring to participate may proportionately (or in such proportions as the remaining Members may agree) purchase such interest under the same terms and conditions first proposed by the withdrawing Member.

If the transfer or assignment is made as originally proposed and the other Members fail to approve the transfer or assignment by unanimous written consent, the transferee or assignee shall have no right to participate in the management of the business and affairs of the Limited Liability Company or to become a Member. The transferee or assignee shall only be entitled to receive the share of the profit or other compensation by way of income and the return of contributions to which that Member would otherwise be entitled.

ARTICLE V. BOOKS AND RECORDS

5.1 Books and Records. The books and records of the company shall be kept at the principal office of the company or at such other places, within or without the State of [REDACTED] as the Members shall from time to time determine.

5.2 Right of Inspection. Any Member of the Company shall have the right to examine at any reasonable time or times for any purpose, the books and records of account, minutes and records of Members and to make copies thereof. Such inspection may be made by any agent or attorney of the Member. Upon the written request of any Member of the company,

it shall mail to such Member its most recent financial statements, showing in reasonable detail its assets and liabilities and the results of its operations.

5.3 Financial Records. All financial records shall be maintained and reported based on generally acceptable accounting practices.

ARTICLE VI. DISTRIBUTION OF PROFITS

The Members may from time to time unanimously declare, and the company may distribute, accumulated profits agreed not necessary for the cash needs of the company's business. Unless otherwise provided, retained profits shall be deemed an increase in capital contribution of the Company.

ARTICLE VII. OFFICERS

7.1 Management. The business of the company shall be conducted under the management of its Member and such Managers as the Member may select. The Member may always act through its Chief Executive Officer, or, from time to time, designate certain Managers to act for the Company in certain matters as herein specified.

7.2 President. The President Manager shall, when present, preside at all meetings of the Member, be the official spokesperson for the Company, and be the person primarily responsible for conducting transactions with the Company's Attorney(s) and Accountant(s). The President Manager may sign, on behalf of the Company, such deeds, mortgages, bonds, contracts or other instruments which have been appropriately authorized to be executed by the Members, except in cases where the signing or execution thereof shall be expressly delegated by the Members or by this Operating Agreement or by Statute to some other Officer or agent of the Company; and, in general, he shall perform such duties as may be prescribed by the Members from time to time.

The President Manager of the Company shall be responsible for the general overall supervision of the business and affairs of the Company. The specific authority and responsibility of the President Manager shall also include the following:

- (1) The President Manager shall effectuate this Operating Agreement and the Regulations and decisions of the Members.
- (2) The President Manager shall direct and supervise the operations of the Company.
- (3) The President Manager, within such parameters as may be set by the Members, shall establish such charges for services and products of the Limited Liability Company as may be necessary to provide adequate income for the efficient operation of the Company.

(4) The President Manager, within the budget established by the Members, shall set and adjust wages and rates of pay for all personnel of the Company and shall appoint, hire and dismiss all personnel and regulate their hours of work.

(5) The President Manager shall keep the Members advised in all matters pertaining to the operation of the Company, services rendered, operating income and expense, financial position, and to this end, shall prepare and submit a report to the Members at each regular meeting and at other times as may be directed by the Members.

7.3 Other Officers. The Company may, at the discretion of the Members, have additional Officers including, without limitation, a Secretary to record the minutes of the Members and to attest the signature of the President Manager, and a Bookkeeper to account for the financial transactions of the Company. These other officers need not be selected from among the Members. One person may hold two or more offices. When the incumbent of an office is (as determined by the incumbent himself or by the Members) unable to perform the duties thereof or when there is no incumbent of an office (both such situations referred to hereafter as the "absence" of the Officer), the duties of the office shall be performed by the person specified by the Members.

7.4 Election and Tenure. The Officers of the Company shall be elected by the Members at any meeting called for that purpose. Each Officer shall hold office from the date of his election until his successor shall have been elected, unless he shall sooner resign or be removed.

7.5 Resignations and Removal. Any Officer may resign at any time by giving written notice to all of the Members, and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. Any Officer may be removed at any time by the Members with or without cause. Such removal shall be without prejudice to the contract rights, if any, of the person so removed.

7.6 Vacancies. A vacancy in any office may be filled for the unexpired portion of the term by the Members.

7.7 Salaries. The salaries of the officers shall be fixed from time to time by the Members and no officer shall be prevented from receiving such salary by reason of the fact that he is also a Member of the Company.

ARTICLE VIII. MISCELLANEOUS

8.1 Notice. Any notice required or permitted to be given, pursuant to the provisions of the Statute, the Articles of Organization of the Limited Liability Company or this Operating Agreement, shall be effective as of the date personally delivered, or if sent by mail, on the date deposited with United States Postal Service, prepaid and addressed to the intended receiver at his last known address as shown in the records of the Limited Liability Company.

8.2 Waiver of Notice. Whenever any notice is required to be given pursuant to the provisions of the Statute, the Articles of Organization of the Limited Liability Company or this Operating Agreement, a waiver thereof, in writing, signed by the persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

8.3 Indemnification By Company. The Limited Liability Company may indemnify any person who was or is a party defendant or is threatened to be made a party defendant to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Limited Liability Company) by reason of the fact that he is or was a Member of the Company, Officer, employee or agent of the Company, or is or was serving at the request of the Company, against expenses (including attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by him in connection with such action, suit or proceeding if the Members determine that he acted in good faith and in a manner he reasonably believed to be in or not opposed to the best interest of the Limited Liability Company, and with respect to any criminal action or proceeding, had no reasonable cause to believe his conduct was unlawful. The termination of any action, suit, or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent, shall not in itself create a presumption that the person did or did not act in good faith and in a manner which he reasonably believed to be in the best interest of the Limited Liability Company, and, with respect to any criminal action or proceeding, had reasonable cause to believe that his conduct was unlawful.

8.4 Indemnification Funding. The Company shall fund the indemnification obligations provided by Section 8.3 in such manner and to such extent as the Members may from time to time deem proper.

8.5 Duality of Interest Transactions. Members of this Company have a duty of undivided loyalty to this Company in all matters affecting this Company's interests.

8.6 Anticipated Transactions. Notwithstanding the provision of Section 8.5, it is anticipated that the Members and Officers will have other legal and financial relationships. Representatives of this Company, along with representatives of other entities, may, from time to time, participate in the joint development of contracts and transactions designed to be fair and reasonable to each participant and to afford an aggregate benefit to all participants. Therefore, it is anticipated that this Company will desire to participate in such contracts and transactions and, after ordinary review for reasonableness, that the participation of the Company in such contracts and transactions may be authorized by the Members.

ARTICLE IX. AMENDMENTS

9.1 Amendments. This Operating Agreement may be altered, amended, restated, or repealed and a new Operating Agreement may be adopted by three-fourths action of all of the

Members, after notice and opportunity for discussion of the proposed alteration, amendment, restatement, or repeal.

RATIFICATION

THE UNDERSIGNED, being all of the Members of [REDACTED]
An [REDACTED] Limited Liability Company, hereby evidence their adoption and ratification of the
foregoing Operating Agreement of the Company.

EXECUTED by each Member on the Date indicated.

[REDACTED]

[REDACTED]

By [REDACTED] CEO

Date: June 30, 2008

Minutes of Meeting
of [REDACTED] L.L.C.

A meeting of the company was held at [REDACTED] September 9, 2008, at 10:00
a.m.

The members were present. The purpose of the meeting was to accept the resignation of [REDACTED]
[REDACTED] as President and to reassign that title and those duties. Thereupon, on motion duly made, seconded
and carried, [REDACTED] was elected chairman of the meeting.

After a discussion was held, on motion duly made, seconded and carried, IT WAS RESOLVED
that the resignation of [REDACTED] be accepted and the following persons were elected officers:

CEO/President Manager
Vice President Manager
Vice President Manager
Secretary Manager

[REDACTED]

There being no further business to come before the meeting, it was adjourned.

[REDACTED]
[REDACTED]

Published in [REDACTED] January 2, 2005.

ORDINANCE NO. 22,651

AN ORDINANCE AMENDING CHAPTER 59, SECTION 1400, OF [REDACTED] MUNICIPAL CODE, 2002, TO ESTABLISH A SPECIAL PERMIT TO EXPAND AN EXISTING CORRECTIONAL FACILITY IN THE R-2 MEDIUM LOW DENSITY RESIDENTIAL DISTRICT, ~~AND DECLARING AN EMERGENCY.~~

EMERGENCY ORDINANCE

BE IT ORDAINED BY THE COUNCIL OF [REDACTED]

SECTION 1. That Chapter 59, Section 1400, of the [REDACTED] be amended to establish a Special Permit to expand an existing correctional facility in the R-2 Medium Low Density Residential District shown upon the District Map to include therein the following described property:

The West 50 feet of Lot 2, all of Lots 3 through 7, inclusive, Block 1 [REDACTED] Addition, a subdivision of Block 7, [REDACTED] an Addition to [REDACTED] AND [REDACTED]

A part of the NW/4 of Section 6, T-11-N, R-3-W of the I.M. [REDACTED] being more particularly described as follows: Beginning at a point in the Range Line 504.75 feet South of the Township Center, said corner being the northwest corner of said Section 6; thence South from said point along said line 492.75 feet to a point; thence East and parallel with the North line of said quarter section 442.20 feet to a point; thence North and parallel with the range line 492.75 feet to a point; thence West and parallel with the North line aforesaid to the place of beginning.

Less and Except:

A strip, piece or parcel of land lying in part of the NW/4 of Section 6, T-11-N, R-3-W of the I.M. [REDACTED] said parcel of land being described by metes and bounds as follows: Beginning at a point 56 feet East of the West line and 504.75 feet South of the North line of said NW/4; thence East a distance of 386.2 feet; thence South a distance of 395.07 feet; thence West a distance of 50 feet; thence [REDACTED] a distance of 324.33 feet; thence northwesterly on curve to the left having a radius of 27 feet a distance of 42.65 feet; thence [REDACTED] W a distance of 308.96 feet; thence North a distance of 43.50 feet to point of beginning.

Less and Except:

Beginning at the southwest corner of Lot 7, Block 1, [REDACTED] a subdivision of Block 8, [REDACTED] dition; thence West 60 feet; thence South 72.68 feet; thence West 345 feet to a point on the East line of [REDACTED] thence South 25 feet; thence East 405 feet to a point on the West line of Lot 26, Block 2, [REDACTED] [REDACTED] thence North 97.68 feet to the point of beginning.

Less and Except:

A part of the NW/4 of Section 6, T-11-N, R-3-W of the I.M., [redacted] described as follows: Beginning at a point in the Range line 504.75 feet South of the northwest corner and 33 feet East of the West line of said NW/4 said point being point or place of beginning; thence South from said point along said line a distance of 492.75 feet to a point; thence East and parallel with the North line of said Quarter Section a distance of 23 feet; thence North and parallel with the range line a distance of 492.65 feet to a point; thence West and parallel to the North line aforesaid to the point or place of beginning.

SECTION 2. Conditions. This Special Permit is adopted subject to and contingent upon the following conditions, to-wit:

1. This Special Permit shall be limited to the expansion of an existing correctional facility.
2. The premises shall conform to the site plan and program description submitted as a part of the application for the Special Permit and the same is hereby incorporated by reference and specifically made a part hereof.

SECTION 3. (EMERGENCY) WHEREAS, it being immediately necessary for the preservation of the peace, health, safety, and public good of [redacted] and the inhabitants thereof that the provisions of this ordinance be put into full force and effect, an emergency is hereby declared to exist by reason whereof this ordinance shall take effect, and be in full force from and after its passage, as provided by law. *jk*

INTRODUCED AND READ in open meeting of the Council of [redacted]
 on this 11th day of January, 2005.
 PASSED by the Council of [redacted] on this 1st day of January, 2005.
 SIGNED by the Mayor of [redacted] on this 1st day of January, 2005.

Kerry
 CITY CLERK

[Signature]
 MAYOR

REVIWED as to form and legality on this 21st day of December, 2005.

[Signature]
 ASSISTANT MUNICIPAL COUNSELOR



The City of [redacted]

PUBLIC WORKS DEPARTMENT

CERTIFICATE OF USE AND OCCUPANCY

Temporary

Permanent

10-14-2005
(Date)

Building Permit No. [redacted]

C. D. Receipt No. [redacted]

Owner of Building or Structure [redacted]

Address of Building or Structure [redacted]

The building or structure for which the Building Permit has been issued complies with the Basic Code. Use and Occupancy is authorized as follows:

1. Use Group 2308 00 Fire Grading _____
2. Building to be used for BOARDING HOUSE
3. Minimum live load on all floors not to decrease amount prescribed by appropriate provisions of the Building Code, as adopted by the [redacted]
4. Occupancy Load: As defined by the appropriate provisions of the Building Code, as adopted by the [redacted]
5. This Certificate must be posted within the building or structure (except 1 and 2 family dwellings).
6. Special stipulations and conditions: _____

Issued to [redacted]

[redacted] *[Signature]*
Development Center Manager

OWNER'S COPY

[redacted]

CERTIFICATE OF OCCUPANCY

OFFICE OF STATE FIRE MARSHAL

CERTIFICATE NO. _____ DATE OF ISSUANCE 3-9- 2004
(insert number)

This is to certify that: _____

Located at _____
(name) (B-109-14) (B-111-6)

(full address, including suite number if applicable)

Meets the minimum provision of the B.O.C.A. Building Code for occupancy as described below:



Occupancy type 5
Construction type _____
Square feet of space 2360
Occupant Load 62
Permit Fee \$ _____

[Signature]
(signature of code official)
Date 3-9 2004

CERTIFICATE OF OCCUPANCY

OFFICE OF STATE FIRE MARSHAL

CERTIFICATE NO. [REDACTED] DATE OF ISSUANCE 3-9 2004
(insert number)

This is to certify that: [REDACTED]

Located at [REDACTED] (C-109-14)
(name)

(full address, including suite number if applicable)

Meets the minimum provision of the B.O.C.A. Building Code for occupancy as described below:

Occupancy type 5
Construction type _____
Square feet of space 1689
Occupant Load 44
Permit Fee \$ _____



[REDACTED SIGNATURE]

(signature of code official)

Date 3-9 2004

STATE OF [REDACTED] OFFICE OF THE STATE FIRE MARSHAL INSPECTION FORM	Reviewed by _____ Sent to: _____ \$40.00 per/hr. Re-inspections/verifications. Number of Hours _____	Required Fee (O.A.R. 265, Ch. 25 1-3) <input type="checkbox"/> Check/M.O. # _____ Invoiced <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Amount \$ _____ Receipt # _____ <input type="checkbox"/> On-Site Inspections \$40.00 per /hr. <input type="checkbox"/> Change of Use Analysis \$40.00 per/hr. Minimum 1 hour billing
-----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Facility _____	File # <u>15570-2011</u>	Date <u>8/19/11</u>
Address _____	City _____	Zip _____
Phone _____	Building Name _____	
Owner _____	Address _____	
City _____	State _____	Zip _____
		Phone _____

Occupancy <u>IS</u>	Number of Buildings <u>8</u>	Recommend Certificate of Occupancy <u>NA</u>
Construction Type <u>21, SA Area</u>	<u>40, 338</u>	Occupancy Load <u>4848</u>
Type Inspection:	Consultation <input type="checkbox"/>	Complaint <input type="checkbox"/>
	Follow-up <input type="checkbox"/>	Special <input type="checkbox"/>
	Annual <input checked="" type="checkbox"/>	
Construction 50% <input type="checkbox"/>	80% <input type="checkbox"/>	100% <input type="checkbox"/>
Sprinkler System 50% <input type="checkbox"/>	80% <input type="checkbox"/>	100% <input type="checkbox"/>
Fire Alarm 50% <input type="checkbox"/>	80% <input type="checkbox"/>	100% <input type="checkbox"/>
Number of Stories <u>1</u>	Basement <u>NO</u>	Last Fire Drill <u>7/24/11</u>
		Last Inspected By <u>Noyes</u>

Item #	Comply Within	Code Reference	Deficiency / Violation
1			No deficiencies. Occupancy may continue.

I hereby acknowledge receipt of a copy of this inspection report; an exit interview and notice of correction will be given.

Name [Signature] Title Assist Administrator

A Plan of Correction must be submitted to the State Fire Marshal's Office in _____ within 10 days, outlining the plan to correct any and all deficiencies.

Agent: [Signature] Date: 8/19/11 Agent: _____ Date: _____

Automatic Sprinkler Systems Inspection, Testing, and Maintenance of Wet Pipe Sprinkler Systems

Property Name: [REDACTED] Inspector: FLS
 Property Address: [REDACTED] Contract No.: [REDACTED]
 Phone Number: _____ Date: 4-15-2011

This Report Covers: Monthly Quarterly Annual
 Three-Year Five-Year

Inspections

Monthly

- Yes No N/A Gauges—normal water pressure maintained
- Control Valves
- Yes No N/A In the correct (open or closed) position
- Yes No N/A Sealed, locked, or supervised
- Yes No N/A Accessible
- Yes No N/A Free from damage or leaks
- Yes No N/A Proper signage
- Alarm Valves
- Yes No N/A Free of damage
- Yes No N/A Accessible
- Yes No N/A Retard chamber/alarm drains not leaking

Quarterly

- Yes No N/A Alarm devices—free of damage
- Yes No N/A Hydraulic data nameplate—securely attached to riser/legible
- Fire Department Connections
- Yes No N/A Visible and accessible
- Yes No N/A Coupling/swivels operate correctly
- Yes No N/A Plugs/caps are in place
- Yes No N/A Gaskets are not damaged
- Yes No N/A Identification signs are in place
- Yes No N/A Ball drip valve is functional
- Pressure Reducing Valve
- Yes No N/A In the open position/not leaking
- Yes No N/A Maintaining downstream pressure

Yes No N/A In good condition

Annual

Sprinklers (visible)

- Yes No N/A No damage or leaks
- Yes No N/A Free of corrosion, foreign material, or paint
- Yes No N/A Installed in proper orientation.
- Yes No N/A Fluid in glass bulbs
- Yes No N/A Spare sprinklers—proper number and type. Complete with wrench?
- Yes No N/A Hangers and seismic bracing—not damaged or loose

Pipes and Fittings (visible)

- Yes No N/A In good condition/no external corrosion
- Yes No N/A No leaks or mechanical damage
- Yes No N/A Correct alignment—no external loads
- Yes No N/A Hose racks—inspected per NFPA 1952
- Yes No N/A Building—wet piping not exposed to freezing temperatures

Five-Year

- Yes No N/A Alarm valve interior including strainers, filters, and restriction orifice
- Yes No N/A Check valve—internal moves freely, in good condition
- Yes No N/A Obstruction inspection—no foreign or obstructing material found

Test

Quarterly

- Yes No N/A Alarm devices—water motor gong
- Yes No N/A Main drain test—if the sole supply is through a backflow preventer
Static psi _____ Residual psi _____
- Yes No N/A Do results differ by more than 10% from previous test?

Semi-annual

- Yes No N/A Supervisory switch functions
- Yes No N/A Alarm devices—inspectors test or bypass opened/obstructed water flow

Annual

- Yes No N/A Main drain test Static 100 Residual 75
- Yes No N/A Do results differ by more than 10% from previous test?
- Yes No N/A All control valves operated through full range of motion and returned to normal position.
- Yes No N/A Specific gravity or anti-freeze system (if present)
- Yes No N/A Backflow preventer—test
- Yes No N/A Backflow preventer—flow test

Three-Year

Yes No N/A Hose has been tested in accordance with NFPA 1962

Five-Year

Yes No N/A Gauges tested or replaced
 Yes No N/A Pressure reducing valve—flow test and comparable to previous results

Routine Maintenance

Yes No N/A Sprinklers tested or replaced per appropriate testing schedule

Comments

All Buildings Green Tagged
Bldg A 90-75 Bldg B 95-75 Bldg C 75-60 Bldg E 95-75 Bldg F 100-65 Bldg G 105-70 Bldg H 100-75

Signature: 

Date: 4-15-2013

License/Certification No.: 

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

To be completed by the system inspector or tester at the time of the inspection or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Date of this inspection or test: 2/07/2011

Time of inspection or test: 1238

1. PROPERTY INFORMATION

Name of property: [REDACTED]

Address: [REDACTED]

Description of property: Correctional Center

Occupancy type: I-3

Name of property representative: [REDACTED]

Address:

Phone: [REDACTED]

Fax:

E-mail:

Authority having jurisdiction over this property: State Fire Marshal

Phone: [REDACTED]

Fax:

E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: [REDACTED]

Address: [REDACTED] Street [REDACTED]

Phone: [REDACTED]

Fax:

E-mail: [REDACTED]

Service technician or tester: Steve Roberts

Qualifications of technician or tester: [REDACTED]

A contract for test and inspection in accordance with NFPA standards is in effect as of:

The contract expires: [REDACTED]

Contract number:

Frequency of tests and inspections:

Monitoring organization for this equipment:

Address:

Phone: [REDACTED]

Fax:

E-mail:

Phone:

Entity to which alarms are retransmitted:

3. TYPE OF SYSTEM OR SERVICE

Fire alarm system (nonvoice)

Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

Mass notification system (MNS)

Combination system, with the following components:

Fire alarm

EVACS

MNS

Two-way, in-building, emergency communication system

Other (specify):

NFPA 72, Fig. 14.6.2.4 (p 1 of 1)

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: 2010 Additional description of system(s):

3.1 Control Unit

Manufacturer: Serberus Pyrotechnics

Model number: SXL

This system does not incorporate an MNS.

3.2 Mass Notification System

3.2.1 System Type:

- In-building MNS—combination
 In-building MNS—stand-alone
 Wide-area MNS
 Distributed recipient MNS
 Other (specify):

3.2.2 System Features:

- Combination fire alarm/MNS
 Local operating console (LOC)
 MNS ACU only
 Wide-area MNS to regional national alerting interface
 Wide-area MNS to high-power speaker array (HPSA) interface
 Direct recipient MNS (DRMNS)
 Wide-area MNS to DRMNS interface
 In-building MNS to wide-area MNS interface
 Other (specify):

3.3 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record record drawings are stored on site. Location:

This system does not have alterable site-specific software.

3.4 System Software

Software revision number:

Software last updated on:

A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: 120 Vac

Control panel amps:

This system does not have a generator.

4.1.2 Engine-Driven Generator

Location of generator:

Location of fuel storage:

Type of fuel:

This system does not have a UPS.

4.1.3 Uninterruptible Power System

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

NFPA 72, Fig. 14.6.2.4 (p. 2 of 11)

4. SYSTEM POWER (continued)

4.1.4 Batteries

Location: FAP Type: SLA Nominal voltage: 24 Amp/hour rating: 14.4

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel:

EVACS or MNS panel amps:

This system does not have a generator.

4.2.2 Engine-Driven Generator

Location of generator:

Type of fuel:

Location of fuel storage:

This system does not have a UPS.

4.2.3 Uninterruptible Power System

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

4.2.4 Batteries

Location: Type:

Nominal voltage:

Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

Batteries are marked with date of manufacture.

4.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

4.3.1 Primary Power

Input voltage of power extender panel(s):

Power extender panel amps:

This system does not have a generator.

4.3.2 Engine-Driven Generator

Location of generator:

Type of fuel:

Location of fuel storage:

This system does not have a UPS.

4.3.3 Uninterruptible Power System

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

NFPA 72, Fig. 14.6.2.4 (p. 3 of 11)

4. SYSTEM POWER (continued)

4.3.4 Batteries

Location: _____ Type: _____
 Calculated capacity of batteries to drive the system:
 In standby mode (hours): _____

Nominal voltage: _____

Amp/hour rating: _____

In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

This system does not have annunciators.

5. ANNUNCIATORS

5.1 Location and Description of Annunciators

Annunciator 1: _____

Annunciator 2: _____

Annunciator 3: _____

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: Central Control
 Building management Contact: Will
 Building occupants Contact: _____
 Authority having jurisdiction Contact: _____
 Other, if required Contact: _____

Time: 1238

Time: 1238

Time: _____

Time: _____

Time: _____

7. TESTING RESULTS

7.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OK
Trouble signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Local annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Power extender panels	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation modules	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

NFPA 72, Fig. 14.6.2.4 (p. 4 of 11)

7. TESTING RESULTS (continued)

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs ¹	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.5 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	<input type="checkbox"/>	<input type="checkbox"/>	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
UPS power test	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
CCU security mechanism	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message content	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message activation	<input type="checkbox"/>	<input type="checkbox"/>	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	
MNS to fire alarm interface	<input type="checkbox"/>	<input type="checkbox"/>	
In-building MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	

NFPA 72, Fig. 14.6.2.4 (p. 6 of 11)

7. TESTING RESULTS (continued)

7.5 Mass Notification Equipment (continued)

Description	Visual Inspection	Functional Test	Comments
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7.6 Two-Way Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	
Area of refuge communication system	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator emergency communications system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

NFPA 72, Fig. 14.6.2.4 (p. 7 of 11)

7. TESTING RESULTS (continued)

7.7 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Sprinkler System
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.8 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

7.9 Emergency Communications System

- Visual
- Functional
- Simulated operation
- Ensure pre-discharge notification appliances of special hazard systems are not overridden by the MNS.
See NFPA 72, 24.4.1.7.1.

7.10 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.11 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.12 Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.13 Supervisory Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.14 Alarm Notification Appliances

Appliance test results sheet attached listing all appliances tested and the results of the testing

7.15 Supervisory Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1250	OK
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1255	OK
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1300	OK
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1303	OK

NFPA 72, Fig. 14.6.2.4 (p. 9 of 11)

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: Control Control	Time: 1315
Building management	Contact: Will	Time: 1315
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact:	Time:
Other, if required	Contact:	Time:

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 2/07/2011 Time: 1315

10. CERTIFICATION

10.1 Inspector Certification:

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed: [Redacted] Printed name: [Redacted] Date: 2/07/2011
Organization: [Redacted] Title: [Redacted] Phone: [Redacted]

10.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: [Redacted] Printed name: [Redacted] Date: 2/07/2011
Organization: [Redacted] Title: [Redacted] Phone: [Redacted]

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

To be completed by the system inspector or tester at the time of the inspection or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.

Date of this inspection or test: 2/07/2011 Time of inspection or test: 1135

1. PROPERTY INFORMATION

Name of property: [REDACTED]
Address: [REDACTED]
Description of property: Correctional Center
Occupancy type: I-3
Name of property representative: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED] Fax: [REDACTED] E-mail: [REDACTED]
Authority having jurisdiction over this property: State Fire Marshall
Phone: [REDACTED] Fax: [REDACTED] E-mail: [REDACTED]

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED] Fax: [REDACTED] E-mail: [REDACTED]
Service technician or tester: Steve Roberts
Qualifications of technician or tester: Unlimited Fire Alarm Technician / State License [REDACTED]
A contract for test and inspection in accordance with NFPA standards is in effect as of:
The contract expires: [REDACTED] Contract number: [REDACTED] Frequency of tests and inspections: [REDACTED]
Monitoring organization for this equipment: Monitored by Central Control
Address: [REDACTED]
Phone: [REDACTED] Fax: [REDACTED] E-mail: [REDACTED]
Entity to which alarms are retransmitted: [REDACTED] Phone: [REDACTED]

3. TYPE OF SYSTEM OR SERVICE

- Fire alarm system (nonvoice)
- Fire alarm with in-building fire emergency voice alarm communication system (EVACS)
- Mass notification system (MNS)
- Combination system, with the following components:
 - Fire alarm
 - EVACS
 - MNS
 - Two-way, in-building, emergency communication system
- Other (specify): [REDACTED]

NFPA 72, Fig. 14.6.2.4 (p. 1 of 11)

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: 2010

Additional description of system(s):

3.1 Control Unit

Manufacturer: Siemens

Model number: FS-250

This system does not incorporate an MNS.

3.2 Mass Notification System

3.2.1 System Type:

- In-building MNS—combination
- In-building MNS—stand-alone
- Other (specify):
- Wide-area MNS
- Distributed recipient MNS

3.2.2 System Features:

- Combination fire alarm/MNS
- Local operating console (LOC)
- Wide-area MNS to high-power speaker array (HPSA) interface
- Other (specify):
- MNS ACU only
- Direct recipient MNS (DRMNS)
- In-building MNS to wide-area MNS interface
- Wide-area MNS to regional national alerting interface
- Wide-area MNS to DRMNS interface

3.3 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record drawings are stored on site. Location:

3.4 System Software

Software revision number:

This system does not have alterable site-specific software.
Software last updated on:

A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: 120 Vac

Control panel amps:

This system does not have a generator.

4.1.2 Engine-Driven Generator

Location of generator:

Location of fuel storage:

Type of fuel:

This system does not have a UPS.

4.1.3 Uninterruptible Power System

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

NFPA 72, Fig. 14.6.2.4 (p. 2 of 11)

4. SYSTEM POWER (continued)

4.1.4 Batteries

Location: FAP Type: SLA Nominal voltage: 24 Amp/hour rating: 14

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel:

EVACS or MNS panel amps:

This system does not have a generator.

4.2.2 Engine-Driven Generator

Location of generator:

Type of fuel:

Location of fuel storage:

This system does not have a UPS.

4.2.3 Uninterruptible Power System

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

4.2.4 Batteries

Location: Type:

Nominal voltage:

Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours):

In alarm mode (minutes):

Batteries are marked with date of manufacture.

This system does not have power extender panels.

4.3 Notification Appliance Power Extender Panels

4.3.1 Primary Power

Input voltage of power extender panel(s): 120 Vac

Power extender panel amps:

This system does not have a generator.

4.3.2 Engine-Driven Generator

Location of generator:

Type of fuel:

Location of fuel storage:

This system does not have a UPS.

4.3.3 Uninterruptible Power System

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

NI-FA 72, Fig. 14.6.2.4 (p. 3 of 11)

4. SYSTEM POWER (continued)

4.3.4 Batteries

Location: In Panel Type: SLA Nominal voltage: 24 Amp/hour rating: 14

Calculated capacity of batteries to drive the system:

In standby mode (hours): 24

In alarm mode (minutes): 5

Batteries are marked with date of manufacture.

This system does not have annunciators.

5. ANNUNCIATORS

5.1 Location and Description of Annunciators

Annunciator 1:

Annunciator 2:

Annunciator 3:

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: Central Control	Time: 1135
Building management	Contact: Will	Time: 1135
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact:	Time:
Other, if required	Contact: ..	Time:

7. TESTING RESULTS

7.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Lamps/LFDs/LCDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OK
Trouble signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Local annunciator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Power extender panels	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation modules	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

NFPA 72, Fig. 14.6.2.4 (p. 4 of 11)

7. TESTING RESULTS (continued)

7.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Checked Voltage OK OK
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	
Battery condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Load voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

NFPA 72, Fig. 14.6.2.4 (p. 5 of 11)

7. TESTING RESULTS (continued)

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7.5 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	<input type="checkbox"/>	<input type="checkbox"/>	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
UPS power test	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
CCU security mechanism	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message content	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message activation	<input type="checkbox"/>	<input type="checkbox"/>	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	
MNS to fire alarm interface	<input type="checkbox"/>	<input type="checkbox"/>	
In-building MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	

NFPA 72, Fig. 14.6.2.4 (p. 6 of 11)

7. TESTING RESULTS (continued)

7.5 Mass Notification Equipment (continued)

Description	Visual Inspection	Functional Test	Comments
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7.6 Two-Way Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	
Area of refuge communication system	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator emergency communications system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

NFPA 72, Fig. 14.6.2.4 (p. 7 of 11)

7. TESTING RESULTS (continued)

7.7 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Sprinkler System
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.8 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

7.9 Emergency Communications System

Visual

Functional

Simulated operation

Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.
See NFPA 72, 24.4.1.7.1.

7.10 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

NFPA 72, Fig. 14.6.2.4 (p. 8 of 11)

7. TESTING RESULTS (continued)

7.11 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.12 Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.13 Supervisory Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.14 Alarm Notification Appliances

Appliance test results sheet attached listing all appliances tested and the results of the testing

7.15 Supervisory Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1150	OK
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1200	OK
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1200	OK
Supervisory restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1215	OK

NFPA 72, Fig. 14.6.2.4 (p. 9 of 11)

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: Control Control	Time: 1215
Building management	Contact: Will	Time: 1215
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact:	Time:
Other, if required	Contact:	Time:

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 2/07/2011 Time: 1215

10. CERTIFICATION

10.1 Inspector Certification:

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed: [Redacted] Printed name: [Redacted] Date: 2/07/2011
Organization: [Redacted] Title: Unlimited Fire Alarm Technician [Redacted] Phone: [Redacted]

10.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: [Redacted] Printed name: [Redacted] Date: 2/07/2011
Organization: [Redacted] Title: [Redacted] Phone: [Redacted]

Pre-Engineered Restaurant Fire Suppression Systems Report

SERVICE COMPANY

[Redacted]

DATE OF SERVICE: 5-9-11 TIME: 0900 A.M. P.M.

ANNUAL SEMI-ANNUAL RECHARGE INSTALLATION RENOVATION

LOCATION OF SYSTEM CYLINDERS: Beside hood

UL 300 YES NO

MANUFACTURER: Ansul MODEL NUMBER: R-102 WET DRY CHEMICAL

CYLINDER SIZE MASTER: 3-Gallon

FUSE LINKS 300° F: 3 FUSE LINKS 450° F: FUSE LINKS 500° F: OTHER:

FUEL SHUT-OFF: ELECTRIC GAS SIZE:

SERIAL NUMBER: LAST HYDRO TEST DATE: 2004 LAST RECHARGE DATE: 2004

MANUFACTURER'S MANUAL REFERENCE:

PAGE NUMBER: DRAWING NUMBER: DATE:

CUSTOMER

Name: [Redacted]

Address: [Redacted]

City: [Redacted] State: [Redacted] ZIP: [Redacted]

Telephone: [Redacted] Store No.:

Owner or Manager: [Redacted]

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. All appliances properly covered w/correct nozzles: ✓ 2. Duct and plenum covered w/correct nozzles ✓ 3. Check positioning of all nozzles. ✓ 4. System installed in accordance w/MFG-UL listing Hood/duct penetrations sealed w/weld or UL device. ✓ Check if seals intact, evidence of tampering ✓ 7. If system has been discharged, report same ✓ 8. Pressure gauge in proper range (if gauged). ✓ 9. Check cartridge weight (if applicable) ✓ 10. Hydrostatic test date ✓ 11. 6 year maintenance date. ✓ 12. Inspect cylinder and mount ✓ 13. Operate system from terminal link ✓ 14. Test slide proper operation from remote ✓ 15. Check operation of micro switch. ✓ 16. Check operation of gas valve ✓ 17. Clean nozzles. ✓ 18. Proper nozzle covers in place ✓ 19. Check fuse links and clean ✓ | <ol style="list-style-type: none"> 20. Replaced fuse links ✓ 21. Check travel of cable nuts/S-hooks ✓ 22. Piping & conduit securely bracketed ✓ 23. Proper separation between fryers & flame ✓ 24. Proper clearance-flame to-filters ✓ 25. Exhaust fan in operating order ✓ 26. All filters in place ✓ 27. Fuel shut-off in on position ✓ 28. Manual & remote set/seals in place ✓ 29. Replace systems covers ✓ 30. System operational & seals in place ✓ 31. Slave system operational ✓ 32. Clean cylinder & mount ✓ 33. Fan warning sign on hood ✓ 34. Personnel instructed in manual operation of system ✓ 35. Proper hand portable extinguishers ✓ 36. Portable extinguishers properly serviced ✓ 37. Service & Certification tag on system ✓ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

COMMENTS: System good

On this date, this pre-engineered fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA 17 or 17A, 96 and the manufacturer's manual with the results indicated above.

INSPECTOR: [Redacted] PERMIT NO.: DATE: 5-9-11 TIME: AM PM CUSTOMER'S AUTHORIZED AGENT: [Redacted]

DISTRIBUTOR:

Todd Anderson, Administrator

Phone: [REDACTED]

Fax: [REDACTED]

Memo

To: [REDACTED] Administrative Manager

From: [REDACTED], Administrator

Date: 05/16/11

Re: Health Department Inspection

On May 10, 2011 the Consumer Protection Division of the [REDACTED] Department of Health completed an inspection of the [REDACTED] Department at [REDACTED]. The Health Department Inspector found no violations. A copy of the inspection is attached to this memo.

Consumer Protection Division
Food Inspection Report

Telephone [REDACTED] Fax [REDACTED]

Reg. #	Month	Day	Year	Insp. Time	Mgr. Cert.	Compl. #	Establishment #	Date of Exp.	Type/Class	Priority
150	10	10	11	1:00		5	21102		15/15	1

Purpose of Inspection: 1-Routine 2-Compliance 3-Issue License Application 4-Complaint 5-Other 6-Out of Business 7-Follow-Up Activity

Establishment: [REDACTED] Owner: [REDACTED]

Physical Address: [REDACTED] City: [REDACTED] Zip: [REDACTED] Phone: () - [REDACTED]

++ Denotes CDC Risk Factor
* Denotes FDA - Identified Risk Factors and Food Code
OT - Out of Compliance
IN - In Compliance
NA - Not Applicable
NO - Not Observed

OAC 310:257	O T	I N	N A	N O	I. Food (PHF) Temperature/Time Requirements Violations Require Immediate Corrective Action (CDI) = corrected during inspection	Correct by Date
----------------	--------	--------	--------	--------	-----------------------------------------------------------------------------------------------------------------------------------	-----------------------

5-57					1. Proper Cooling for Cooked/Prepared Food (135° - 70°F in 2 hrs./70° - 41°F in 4 hrs.) ++	
5-9(a), 59(2), 62					2. Cold Hold (41°F)/Time Control ++	
5-9(b), 59(1), 62					3. Hot Hold (135°F)/Time Control ++	
5-25, 46, 47					4. Proper Cooking Temperature per PHF ++	
5-52					5. Rapid Reheating (165°F in 2 hrs) ++	

	O T	I N	N A	N O	II. Personnel/Handling/Source Requirements - Requires Immediate Corrective Action	Date
--	--------	--------	--------	--------	-----------------------------------------------------------------------------------	------

3-5, 7, 19					6. Personnel with Infections Restricted/Excluded ++	
3-9, 10, 12, 19, 21; 5-21					7. Proper Handwashing/Proper Handling of Ready-To-Eat ++	
3-8, 18					8. Good Hygienic Practices (Eating/Drinking/Smoking/Other) ++	
5-1-8, 9(c)(d), 10-12, 14, 16- 19, 49, 63, 64, 70					9. Approved Source/Sound Condition ++	
5-13, 22, 23(a)(4), 27, 29, 30, 41, 43(a), 44; 11-44; 15-5					10. Food Protected during Storage, Display, Transportation, Service	
5-23(a)(1)(b); 7-4, 5					11. Cross-Contamination of Raw/Cooked Foods/Other ++	
3-1-4					12. Demonstration of Knowledge / Person In Charge *	
9-8, 9					13. Hot and Cold Water Under Pressure / Sufficient Capacity	

	O T	I N	N A	N O	III. Facility and Equipment Requirements - Requires Corrective Action Within 10 Calendar days	Date
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7-36, 50, 56					14. Equipment Adequate to Maintain Product Temperature/Accurate Thermometers Provided	
9-18, 23, 26; 11- 23, 24, 25, 27; 11-35, 44					15. Handwash Facilities Adequate/Accessible with Soap and Towels	
11-15, 50, 54					16. Evidence of Rodent/Insect Contamination/Other Animals/Outer Openings Protected	
13-1-17, 19					17. Toxic Items Properly Used/Stored/Labeled	
7-72, 73, 75, 79, 93, 95; 13-7, 10					18. Manual/Mechanical Warewashing and Sanitizing at () ppm/temperature* 200	
9-1-5, 12, 13(a), 15, 19, 21, 22, 27; 5-64, 70; 13-9					19. Approved Water Supply/Sewage Disposal Systems/Cross-Connections	
7-1, 12, 14, 15, 63, 82(a)(b), 83 92, 94; 9-29, 41; 11-44					20. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair *	
5-20, 61, 69					21. Date Marking: Consumer Advisory (Raw, Undercooked Animal Foods); Shellstock tags	
15-12, 17, 21					22. Valid license to operate, non-renewal of license, and license not transferable	

Co. Health Pl. Phone #	Follow-up Required Yes ___ No ___	Based on an inspection this day, the items documented above identify the violations in operations or facilities, which must be corrected. Items 1-13 must be corrected immediately, items 14-21 must be corrected within 10 days, and all additional items must be corrected within 90 days or as noted. Failure to comply with any time limits for corrections specified in this notice may result in cessation of your Retail Food Establishment operations.	SEE NEXT PAGE(S)
	Date: _____		

OFFEROR'S STAFF QUALIFICATIONS

As required in Section L.1, Preparation of Staff Qualifications, the Offeror shall prepare and submit below, (attach pages as needed labeled as subsets of this attachment number), for all staff performing services under any resultant Agreement, including credentials (licenses and certification). Staff providing sex-offense specific evaluations must certify that the evaluator adheres to the established ethics, standards and practices of the Association for the Treatment of Sexual Abusers (ATSA). The offeror shall complete the certification section below.

NAME	TITLE	DUTIES	EDUCATION	EXPERIENCE	CREDENTIALS
[REDACTED]	President & COO	Oversight of 9 operations & personnel	16 Years	25 Years	
[REDACTED]	Vice President	Oversight of OK & WY operations	16 Years	14 Years	
[REDACTED]	Facility Director	Administers & Oversees all Carver Correctional & Treatment programs	16 Years	18 Years	
[REDACTED]	Assistant Administrator	Oversees day-to-day facility programs	16 Years	4 Years	
[REDACTED]	Operations Supervisor	Security & Client Accountability	14 Years	30 Years	
[REDACTED]	Treatment Program Manager	Oversees clinical programs in a correctional facility providing residential and outpatient substance Treatment	22 Years	16 Years	[REDACTED]
[REDACTED]	Federal Case Manager/ Employment Specialist	Case Management and Employment Assistance		16 Years	[REDACTED]

CERTIFICATIONS

I certify herein that no proposed staff members are under investigation for or charged with a criminal offense and/or under pretrial, probation, parole, mandatory release or supervised release (federal, state, or local).

I certify herein that no proposed staff members have been convicted of any sexual offense (including but not limited to child pornography offenses, child exploitation, sexual abuse, rape, or sexual assault) or are required under federal, state or local law to register on the Sexual Offender registry.

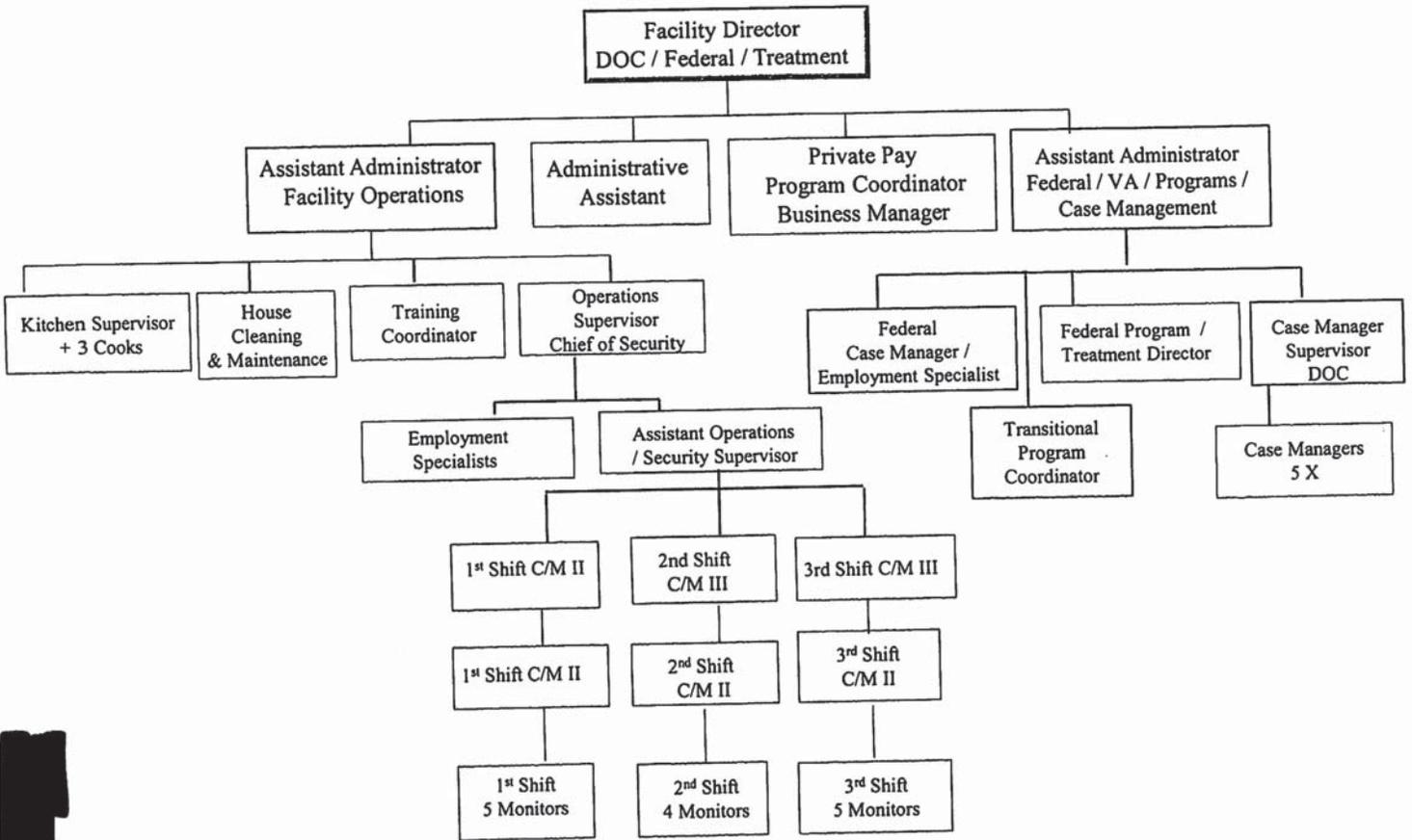
[Check box only if applicable] I certify herein that proposed staff conducting sex-offense specific evaluations will adhere to the established ethics, standards and practices of the Association for the Treatment of Sexual Abusers (ATSA).

SIGNATURE: [REDACTED] DATE: 9/1/11

Outpatient Treatment Staff Roster

Post	Regular Day Off	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Dayshift (0800-1600)								
Check Monitor Supervisor	TW				Off	Off		
Assistant Client Monitor Supervisor	ThF						Off	Off
Client Monitor	MT			Off	Off			
Client Monitor	WTh					Off	Off	
Swingshift (1600-0000)								
Client Monitor Supervisor	MT			Off	Off			
Assistant Client Monitor Supervisor	ThF						Off	Off
Client Monitor	MT			Off	Off			
Client Monitor	FS	Off						Off
Client Monitor	WTh					Off	Off	
Client Monitor	TW				Off	Off		
Client Monitor	SS	Off	Off					
Midshift (0000-0800)								
Client Monitor Supervisor	TW				Off	Off		
Assistant Client Monitor Supervisor	ThF						Off	Off
Client Monitor	WTh					Off	Off	
Client Monitor	MT			Off	Off			
Client Monitor	FS	Off						Off
Client Monitor	SS	Off	Off					
Administration (0800-1700)								
Administrator	SS	Off	Off					
Assistant Administrator	SS	Off	Off					
Assistant Administrator	SS	Off	Off					
Treatment Provider	SS	Off	Off					
Operations Supervisor	SS	Off	Off					
Assistant Operator's Supervisor	SS	Off	Off					
Federal Case Manager	SS	Off	Off		1200-2000	1200-2000		

ORGANIZATIONAL CHART



OFFEROR'S REFERENCES

As required in Section L.1, the Offeror shall provide the name and address for each reference including a contact person and the telephone number.

1. [REDACTED]
Deputy Director Community Corrections
[REDACTED]
[REDACTED]
[REDACTED]

2. [REDACTED]
Chairman Adult Community Corrections Board
[REDACTED]
[REDACTED]

3. [REDACTED]
Deputy Division Director
Private Facility Oversight Division
[REDACTED]
[REDACTED]
[REDACTED]

We do not currently have a Federal Probation/Pretrial Outpatient treatment Program at the [REDACTED] [REDACTED] so we have included information on are other Federal Pretrial Residential Treatment, Federal Post Conviction Residential Treatment, Private Pay Residential Treatment, Private Pay Halfway House, and our Private Pay Residential Outpatient Treatment programs

Treatment Program Discharge Summary Profile¹

1. Number of defendants² enrolled in program during the past 12 months? 13
2. Number of offenders³ enrolled in program during the past 12 months? 32
3. Number of defendants successfully discharged from program during the past 12 month period? 10
4. Number of offenders successfully discharged from program during the past 12 month period? 25
5. Number of defendants unsuccessfully discharged during the past 12 month period? 3
6. Number of offenders unsuccessfully discharged during the past 12 month period? 4
7. Number of defendants that were discharged due to failure to attend as required during the past 12 month period? 0
8. Number of offenders that were discharged due to failure to attend as required during the past 12 month period? 0
9. Other types of discharge during the past 12 month period, please explain in short narrative paragraph below (e.g. numbers of defendants, number of defendants and reason): 5 Offenders discharges due to violations and non-compliance and 3 Defendants discharged because of violation of conditions of release and [REDACTED] rules.
10. Average treatment duration per client over the past 12 month period? 60 days
11. Average frequency of treatment per client over the past 12 month period? Daily
12. Average staff to client ratio over the past 12 month period? 1 per 5 clients

¹ Shall include entire clientele (federal, state, and local). Shall not be limited to only federal probation and pretrial services referrals.

²Defendant – An individual who has been charged with a crime, but not yet convicted. These individuals may or may not have been under pretrial supervision.

³Offender – An individual who has been convicted of a crime. These individuals are typically serving a period of probation or other form of post-conviction supervision.

Program Discharge Summary Profile¹ for our [REDACTED] Federal U.S. Probation Outpatient
Treatment

1. Number of defendants² enrolled in program during the past 12 months? 14
2. Number of offenders³ enrolled in program during the past 12 months? 195
3. Number of defendants successfully discharged from program during the past 12 month period? 6
4. Number of offenders successfully discharged from program during the past 12 month period? 48
5. Number of defendants unsuccessfully discharged during the past 12 month period? 4
6. Number of offenders unsuccessfully discharged during the past 12 month period? 24
7. Number of defendants that were discharged due to failure to attend as required during the past 12 month period? 0
8. Number of offenders that were discharged due to failure to attend as required during the past 12 month period? 0
9. Other types of discharge during the past 12 month period, please explain in short narrative paragraph below (e.g. numbers of defendants, number of defendants and reason): Unsuccessful discharge due to frequent relapses or absconding from supervision.
10. Average treatment duration per client over the past 12 month period? 6-7 months
11. Average frequency of treatment per client over the past 12 month period? 1 individual and 1 group per month
12. Average staff to client ratio over the past 12 month period? An average would range from 1-40 – 1-50 to include UA's only

¹ Shall include entire clientele (federal, state, and local). Shall not be limited to only federal probation and pretrial services referrals.

²Defendant – An individual who has been charged with a crime, but not yet convicted. These individuals may or may not have been under pretrial supervision.

³Offender – An individual who has been convicted of a crime. These individuals are typically serving a period of probation or other form of post-conviction supervision.

Price Evaluation Worksheet

Year #1

Project Code	EMQ	X12 =	Annual Quantities	X Unit Price =	Annual Price
1010	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
1504	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2000	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2011	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2022	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2010	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2020	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2090	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
6015	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
6026	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
			Annual	\$	[REDACTED]

Year #2

Project Code	EMQ	X12 =	Annual Quantities	X Unit Price =	Annual Price
1010	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
1504	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2000	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2011	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2022	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2010	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2020	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
2090	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
6015	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]
6026	[REDACTED]	12	[REDACTED]	[REDACTED] \$	[REDACTED]

Annual \$ [REDACTED]

Project Code	EMQ	X12 =	Year #3 Annual Quantities	X Unit Price =	Annual Price
1010	[REDACTED]	12	[REDACTED]	\$ [REDACTED]	\$ [REDACTED]
1504	[REDACTED]	12	[REDACTED]	\$ [REDACTED]	\$ [REDACTED]
2000	[REDACTED]	12	[REDACTED]	\$ [REDACTED]	\$ [REDACTED]
2011	[REDACTED]	12	[REDACTED]	\$ [REDACTED]	\$ [REDACTED]
2022	[REDACTED]	12	[REDACTED]	\$ [REDACTED]	\$ [REDACTED]
2010	[REDACTED]	12	[REDACTED]	\$ [REDACTED]	\$ [REDACTED]
2020	[REDACTED]	12	[REDACTED]	\$ [REDACTED]	\$ [REDACTED]
2090	[REDACTED]	12	[REDACTED]	\$ [REDACTED]	\$ [REDACTED]
6015	[REDACTED]	12	[REDACTED]	\$ [REDACTED]	\$ [REDACTED]
6026	[REDACTED]	12	[REDACTED]	\$ [REDACTED]	\$ [REDACTED]

Annual \$ [REDACTED]

3 Year Total \$ [REDACTED]