



**New Mexico Local Government Accreditation Program  
Adult Detention Professional Standards Council**

**Headquarters: New Mexico Counties  
444 Galisteo St., Santa Fe, NM 87501**

**Facility Questionnaire**

This questionnaire is designed to provide the Adult Detention Professional Standards Council with general information about your facility and will be used in its assessment of your facility. The data will also be used by the Council to develop an overview of adult detention centers statewide and for planning and problem solving purposes.

**Facility Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Detention Administrator:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Detention Accreditation Manager:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Please indicate by checking the appropriate box whether your facility performs any of the following functions or activities:

**Functional Profile**

1. What is the designed capacity of the facility? \_\_\_\_\_

1-1 What is the current inmate population? \_\_\_\_\_

1-2 What is the annual average inmate population? \_\_\_\_\_

1- 3 Do you house inmates (regardless of age) with juvenile charges in your adult facility? (Y) (N)

**Agency Profile**

2. Does your facility have an organizational chart? (If yes, please submit a copy.) (Y) (N)

3. Detention Operations:

Please provide the total number of personnel:

a. Detention officers \_\_\_\_\_

b. Detention supervisors \_\_\_\_\_

c. Health care staff by classification/hours per week:

MD \_\_\_\_\_ RN \_\_\_\_\_ NP \_\_\_\_\_

LPN \_\_\_\_\_ EMT \_\_\_\_\_ Dentist \_\_\_\_\_

PA \_\_\_\_\_ MH Counselor \_\_\_\_\_

Other (Specify) \_\_\_\_\_

d. Case managers \_\_\_\_\_

e. Civilian staff/Specify \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Food service staff \_\_\_\_\_

g. List which facility services are provided by contract:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3-1 Describe how the security function is staffed by schedule and number of personnel.

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3-2 Briefly describe the “formula” used to determine security manpower needs and assignments or posts:

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### Administration

#### 4. Policies, Procedures and Post Orders

4-1 Does your facility have a manual of policies and procedures? (Y) (N)

4-2 Does your facility have post orders? (Y) (N)

4-3 Does your facility have a written directive system? (Y) (N)

If yes, describe tracking methods.

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#### 4-4 Administrative Units

Does your facility have a formal unit (i.e., one or more persons assigned to the following activities):

a. Fire, safety, sanitation officer	(Y)	(N)
b. Work release programs	(Y)	(N)
c. Administrative investigations	(Y)	(N)
d. Electronic monitoring	(Y)	(N)
e. Other community custody programs	(Y)	(N)

Please describe:

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f. Special response team (Y) (N)

**Housing Contracts**

5-1 Has your agency entered into a contractual agreement to provide detention housing? (Y) (N)

Services to another jurisdiction? (Y) (N)

5-2 Has your agency entered into a contractual agreement to receive detention-housing services from another jurisdiction? (Y) (N)

5-3 Is there a collective bargaining agreement in effect? (Y) (N)

*(If yes on question 5-1, 5-2, or 5-3, please provide a copy of any agreement.)*

**Fire Suppression**

6-1 Are annual fire safety inspections of the facility conducted by an outside agency? (Y) (N)

6-2 Does your facility have a written fire/safety plan? (Y) (N)

**Compliance Issues**

7. Please describe any unique characteristics of your facility that causes compliance issues, e.g., inmate transportation, physical plant, out of county housing, inmate health services, budget, or any unique compliance issues in need of solution at your facility.

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