 <p style="text-align: center;">ALLEGHENY COUNTY BUREAU OF CORRECTIONS</p>	APPLICABILITY: All Authorized Personnel	
	POLICY NUMBER: #308	EFFECTIVE: 2/12/15 REVISED: 7/25/17
	TITLE: Management of Pregnant Females	
	AUTHORIZED BY: ORLANDO L. HARPER	
SIGNATURE: <i>Orlando L. Harper</i>		

POLICY

It is the policy of the Allegheny County Bureau of Corrections (“BOC”) to provide a safe, secure and healthy environment for pregnant inmates and their unborn children, while they are incarcerated at the Allegheny County Jail (“ACJ”), and to limit the use of restrictive housing as a punishment for pregnant inmates except where it is necessary to protect the safety of BOC employees, the mother and unborn child, or other inmates at ACJ, and, even in that case, to provide special protections against harm to the pregnant inmate and her unborn child.

PURPOSE

To ensure the safe housing and care of all pregnant inmates and their unborn children with comprehensive care, including ongoing prenatal and postpartum follow-up medical services and linkages, to be provided in a confidential matter.

DEFINITIONS

Pregnant Inmates: Unless the context clearly provides otherwise, the term “pregnant inmates” shall include pregnant inmates, post-partum inmates, lactating inmates, and inmates who within the past 30 days are known to have miscarried or had their pregnancy terminated.

Qualified Healthcare Professional:

A “qualified healthcare professional” is a physician or other individual who is qualified by education, training, licensure/regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice and

independently reports that professional service. A qualified healthcare professional will provide services consistent with then-current standards in the medical community.

QHPs — depending on authorized Pennsylvania scope of practice, licensing includes, in addition to physicians:

- Nurse practitioner (NP)
- Certified nurse specialist (CNS)
- Physician assistant (PA)
- Registered Nurses (RN)
- Certified nurse mid-wife (CNM)
- Certified registered nurse anesthetist (CRNA)
- Clinical social worker (CSW)
- Physical therapist (PT)
- Dietician-Nutritionist (LDN)
- Licensed Practical Nurse (LPN)
- Medical Assistant (MA)

PROCEDURES

Detection, Confirmation, and Notification of Staff

- All female inmates, age 50 and under, shall be offered a pregnancy test during the intake medical assessment process. Refusals shall be documented by staff.
- All female inmates, age 50 and under, who decline a pregnancy test shall be assessed by a qualified healthcare professional for pregnancy if and when they appear to be pregnant.
- When an inmate is determined to be pregnant by a qualified healthcare professional, the facility Administration shall be notified.
- A list of all pregnant inmates must be presented to the Warden or designee weekly. This list is to include the trimester of the pregnancy and housing status.

Medical: Prenatal Care (Pregnancy Plan of Action)

- a. All pregnant inmates shall be offered a complete health assessment by a qualified healthcare professional within 14 days of confirmation of pregnancy unless a sooner assessment is warranted under the circumstances. Refusal to submit to the health assessment by an inmate shall be documented in writing and signed by the inmate or her refusal noted by the inmate in writing or witnessed by staff.

- b. After confirmation of pregnancy, the BOC shall provide examinations, prenatal vitamins, lab tests, and any medications as prescribed by a physician. A therapeutic/pregnancy diet and snack shall be issued for each pregnant inmate.
- c. Pregnant inmates shall be initially given professional counseling concerning such matters as proper nutrition, activity, hygiene and safety precautions; routine pregnancy and postpartum medical care; unusual health symptoms warranting emergency care; future family planning; breast-feeding and breast-pumping options; and visits/communication with family members on a schedule to be determined by qualified healthcare professionals.
- d. Qualified healthcare professionals shall provide prenatal care. High-risk pregnancies and chemically dependent pregnant inmates shall be identified by qualified healthcare professionals and referrals made, where appropriate, to outside specialists within a medically reasonable time.
- e. The medical department shall be responsible for providing services for the obstetrical care of the inmates. This shall include prenatal, delivery, routine postpartum care and continuing care for lactating inmates. In addition, lactating inmates shall be allowed to use a breast pump.
- f. Pregnant inmates shall be seen at a frequency as determined by a qualified healthcare professional. At a minimum, they shall be seen by a qualified healthcare professional once a month.
- g. The BOC will provide tests, including off-site tests, ordered by qualified healthcare professionals, within the time frame specified in the order.
- h. Medical care will be provided regardless of an inmate's disciplinary status.
- i. A pregnant inmate, who is released from the facility, shall be provided with a copy of her prenatal chart upon written demand, which will include an authorization to release the chart to the inmate or her designee.
- j. A pregnant inmate shall be placed in the Medical Housing Unit for observation when ordered by a qualified healthcare professional.

Adequate Nutrition and Supplements

Pregnant and post-partum inmates shall receive adequate pregnancy/nursing diet as ordered by qualified healthcare professionals on a case by case basis.

Pregnant and lactating inmates shall receive their pregnancy/nursing diet regardless of where they are housed at ACJ.

Pregnant and lactating inmates shall receive prenatal vitamins and supplements as prescribed by their qualified healthcare professionals on a daily basis without any exceptions. Pregnant and lactating inmates will be advised that a dietary supplement will be made available to them upon their request and recommendation by their treating qualified healthcare professional.

ACJ Staff will track the disbursement of the pregnancy/nursing diet and prenatal supplements by the inmate signing for the meal and supplement or her refusal to sign noted by staff. The form shall be scanned and retained electronically by the BOC.

All complaints and grievances about pregnant and lactating inmates not receiving the appropriate diet and supplements shall be handled in accordance with Policy 505, except the investigation of this type of complaint shall be completed and returned to the Complaint Officer within five (5) days.

Housing Considerations

In accord with BOC policies stated above, the goal is to eliminate conditions of restrictive housing for pregnant inmates except in rare cases and to house pregnant inmates in general population according to their classification level.

Pregnant inmates shall be given sufficient out-of-cell time to meet their exercise needs as determined by the treating qualified healthcare professional. Pregnant inmates shall have daily access to recreation areas on their assigned Pod outside their cell for at least two hours of exercise per day between the hours of 6 a.m. and 10 p.m. The specific time when the exercise is allowed shall be determined by the qualified healthcare professionals with consultation with a Major or higher official of the jail.

Adequate Hygiene

Pregnant inmates will at all times be provided with hygiene supplies and granted access to showers as described by Policy 317.

Discipline and Solitary Confinement

Pregnant inmates who violate the rules and regulations of the ACJ shall be issued an informal resolution and or misconduct.

Except as outlined below, pregnant inmates are not permitted to be placed in any form of restrictive housing, including being secured in their cells on Pre-Segregation, DHU Status, Informal Resolutions, Investigative Status, Administrative Custody or in the Medical Holding Unit.

Forms of discipline of pregnant inmates will be limited, to the extent possible, as follows:

- The inmate may be sanctioned by restricting telephone, visiting privileges, and/or commissary privileges, but not by restricting out of cell time. If a pregnant inmate's commissary is restricted, supervisory staff shall ensure the inmate has enough hygiene items and is notified of their ability to request nutritional supplements.
- Pregnant inmates' access to visits or phone calls with family members may be restricted. This restriction will be reviewed every seven (7) days. ACJ will make an exception during the disciplinary period for the limited purpose of the inmate planning for the delivery, care and custody of the child and legal calls related to the child's care and custody.
- A pregnant inmate may be placed in restrictive housing only as a temporary response to behavior that poses a serious and immediate risk of physical harm. This decision to place the pregnant woman in restrictive housing must be approved by the Duty Officer and the rationale documented on the Administrative/Disciplinary/Protective Housing Placement Assessment Form. The form will then be submitted to the Deputy Warden's office for review. An example of this form is attached as an exhibit to this Policy. Periods of restrictive housing in excess of 7 days will require the approval of a major or higher and shall be reviewed not less than once per week.
- An informal hearing, with a meaningful opportunity for the inmate to be heard and conducted by a person selected by the Warden or by his designee, shall be held within twenty-four hours if a pregnant inmate's privileges are restricted. The person conducting the informal hearing shall not have been involved in the incident that is the subject of the hearing. This sub-paragraph shall not apply to

Informal Resolutions under Policy #176 nor shall it serve to waive any right of the inmate to a formal hearing.

All pregnant and postpartum inmates will be cleared by a qualified healthcare professional (a registered nurse, physician or certified nurse mid-wife) prior to placement in restricted housing. Medical clearance for placement in restricted housing will be documented in the medical file and the inmate's disciplinary file. An example of this form is attached as an exhibit to this Policy. Any placement of a pregnant inmate in restricted housing should be re-evaluated every seven days by the Program Review Committee and daily by medical personnel. The PRC review shall be noted in the Review Committee Action form. An example of this form is attached as an exhibit to this Policy.

Delivery and Transfer of Infant in Custody

Once a qualified healthcare professional has established true labor, the inmate shall be transported to the hospital.

Elective Termination of Pregnancy

Elective termination of pregnancy procedures will be provided at the inmate's request. Inmates shall not be denied services if indigent. The inmate shall be responsible for all costs related to the diagnostic work-up, assessment, treatment, surgical intervention, medical complications, Correctional officers, and transportation cost associated with the elective termination of pregnancy procedures. A hold for the total cost shall be placed on the inmate's account and shall be restored if incarcerated until payment is paid in full.

An elective termination procedure shall be performed by a physician, in compliance with all applicable laws, including the Abortion Control Act, 18Pa. C.S.A. 3201-3220, Chapter 2, Page 10, and Subsection II.E.3

These procedures shall not be performed in Department facilities. They shall be performed in a licensed offsite facility.

Inmate Notification:

Elective termination of pregnancy procedures will be provided at the inmate's request.

Inmates shall not be denied services if indigent. The inmate shall be responsible for all costs related to the diagnostic work-up, assessment, treatment, surgical intervention, medical complications, Correctional officers, and transportation cost associated with the elective termination of pregnancy procedures. A hold for the total cost shall be placed on the inmates account and shall be restored if incarcerated until payment is paid in full. Inmate shall receive a copy of the itemized invoice upon request.

An elective termination procedure shall be performed by a physician, in compliance with all applicable laws, including the Abortion Control Act, 18Pa. C.S.A. 3201-3220, Chapter 2, Page 10, and Subsection II.E.3

These procedures shall not be performed in Department facilities. They shall be performed in a licensed offsite facility.

Signature is notification of understanding the above

Inmate

Date

Deputy Warden of Administration

Date

FORMS

ALLEGHENY COUNTY BUREAU OF CORRECTIONS INCIDENT PACKAGE CHECKLIST

Sergeant Name: _____ Captain Name: _____ Incident Date: _____ Location(s): _____

Inmate Name:	DOC #	Inmate Name:	DOC #
Inmate Name:	DOC #	Inmate Name:	DOC #
Inmate Name:	DOC #	Inmate Name:	DOC #
Inmate Name:	DOC #	Inmate Name:	DOC #
Inmate Name:	DOC #	Inmate Name:	DOC #
Inmate Name:	DOC #	Inmate Name:	DOC #

CONTENTS OF PACKAGE	SERGEANT'S INITIALS	CAPTAIN'S INITIALS
Signed Officer's Report		
Misconduct Report		
Medical Report		
Labeled Video Disc		
Label Front of Photos		
E-mail Sent		
Internal Affairs Informed		
Chaplain Informed		
Duty Officer Informed		
Sergeant's Review		

	TYPE OF INCIDENT				SHIFT
	Suicide gown	Contraband - Sub.	Caustic materials	Other:	
Inmate fight		Attempted escape	Culinary equipment		
Inmate injury	Refusal to lock-in	Escape	Employee injury		
Inmate work injury	PREA incident	Bad release	Officer assaulted		Time of incident
Inmate assault	Medical emergency	Property damage			
Inmate death	Contraband:	Keys			
Inmate suicide	Contraband - weapon	Tools			
Inmate suicide attempt	Contraband - medication				

Allegheny County Bureau of Corrections

Use of Force Review

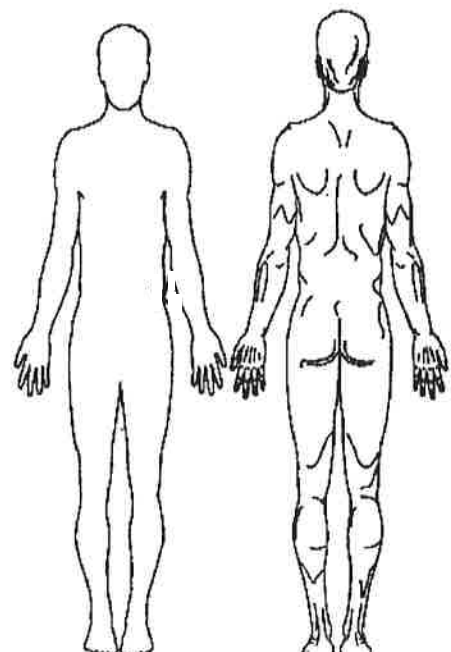
Type of Incident			
Planned:		If planned, which handheld camera was used?	
			Unplanned:
Personnel Section			
Name of Officer reporting a use of force to Shift Commander:			Title: Captain
Date of incident:		Time of incident:	
Location of incident:		Type of incident:	
CCTV camera number(s):		Incident report number:	
Inmate/New Arrest Involved		DOC # (if applicable)	
Facility Staff Reviewing the Videotape and Documentation Section			
Shift Commander:		Signature:	
Major:		Signature:	
Major:		Signature:	
Deputy Warden:		Signature:	
Warden:		Signature:	
Shift Commander Summation of Review Section			Yes/No
Staff actions are in accordance with ACJ policies and procedures? If no, explain below. (Type directly below this box)			
Follow-up action recommended or required? If yes, explain below. (Type directly below this box)			
Other comments: (Type directly below this box)			
Printed name of Captain filing the Use of Force Review:			
Signature of Captain filing the Use of Force Review:			Date:

Allegheny County Bureau of Corrections Use of Force Occurrence Report

Type of Incident			
Planned:		If planned, which hand-held video camera was used?	Unplanned:
Personnel Section			
To:		Title:	Signature:
From:		Title:	Signature:
Date of Incident:		Time of Incident:	
Location(s) of Incident:		Method of Force:	
Inmate(s) Name(s) Involved	DOC #	Staff Involved (Name + Title)	Witness (Name + Title)

TASER/OC Details	
TASER used?	
TASER serial number	
Number of TASER cycles used	
Serial number of cartridge(s) deployed	
Duration of cartridge(s) deployed	
Type of cartridge(s) deployed	
Drive-stun(s) used?	
Duration of drive-stun(s) used	
Did probes make contact with the skin?	
Were probes removed by medical?	
E.B.I.D. shield used?	
Oleoresin Capsicum used?	
Type of Oleoresin Capsicum used?	
Number of Oleoresin Capsicum bursts administered?	
Duration of Oleoresin Capsicum bursts	

APPLICATION AREAS
Place "X's" where probes hit suspect AND "O's" where stunned.



Restraint Chair used?

Detailed description of the Use of Force Occurrence:

(Type directly below this grey box)

Description of any weapon(s) used by the inmates(s)/new arrest(s) or found in the area. If any, attach a photograph of the weapon(s).

(Type directly below this grey box)

Detailed description of any injuries sustained by Staff and/or inmate(s)/new arrest(s) and any medical attention provided.

(Type directly below this grey box)

FORM 115 REVSD

ALLEGHENY COUNTY JAIL

MISCONDUCT NUMBER #

MISCONDUCT REPORT OTHER

POD #		Misconduct Time 24 Hr. Base	Misconduct Date
Cell #	D.O.C.	Place of Misconduct	

OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)

Name	I	W	Name	I	W

MISCONDUCT

STAFF MEMBER'S VERSION

IMMEDIATE ACTION TAKEN AND REASON

STAFF MEMBER REPORTING MISCONDUCT
SIGNATURE AND TITLE

ACTION APPROVED BY RANKING C.O. ON DUTY
SIGNATURE AND TITLE

DATE AND TIME INMATE GIVEN COPY
DATE TIME 24 HOUR BASE

Hearing Date

Hearing Time

Location of Hearing

Misconduct Category

Signature of Person Serving Notice

CLASS 1 CLASS 2

NOTICE TO INMATE

You will be scheduled for a hearing within 7 business days (not including weekends or holidays) from the date of the misconduct. You may remain silent, if you wish, and anything you say will be used against you both at the hearing and in a court of law if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee may hold your silence against you, but they must have some other evidence besides your silence in order to find you guilty. If you indicate that you wish to remain silent, you will be asked no further questions.

You may be represented by another inmate of general population status or a member of the institutional staff at your hearing.

You may request witnesses who will be permitted to testify at the hearing provided that they are willing, relevant and do not create a security hazard, relevancy and security will be determined by the chairman of the hearing committee.

If you wish to take advantage of either or both of these choices, please notify the chairman of the hearing committee in writing immediately on the form provided.

If this block is checked and you are found guilty of the above misconduct, the hearing committee may suspend or revoke your work-release status.

WHITE-HEARING COMMITTEE

YELLOW-HEARING COMMITTEE

PINK-HEARING COMMITTEE

GOLDENROD-HEARING COMMITTEE

ALLEGHENY COUNTY BUREAU OF CORRECTIONS ADMINISTRATIVE/DISCIPLINARY/PROTECTIVE HOUSING PLACEMENT/ASSESSMENT FORM

Inmate/New Arrest Name:		DOC #:	
Previous Housing Unit:		New Housing Unit:	
TYPE OF SEGREGATION			
<input type="checkbox"/>	Protective Custody (PC)	<input type="checkbox"/>	Administrative Custody (AC)
<input type="checkbox"/>	Investigative Status	<input type="checkbox"/>	Administrative Protective Custody (ACPC)
<input type="checkbox"/>	Pre-hearing Status (DHU)		

SERGEANT'S SIGNATURE + PRINTED LAST NAME _____

DATE _____

SHIFT COMMANDER'S SIGNATURE + PRINTED LAST NAME _____

DATE _____

STATUS CHANGE				
From:	To:	Date:	Time:	
Reason(s):				
<input type="checkbox"/> Inmate's conduct poses serious threat to security of facility <input type="checkbox"/> Inmate's response(s) during Booking Observation Question Interview warrants segregation <input type="checkbox"/> To prevent imminent injury to inmate(s) or personnel <input type="checkbox"/> To contain, prevent, or quell a riot <input type="checkbox"/> Inmate is an escape risk <input type="checkbox"/> Inmate has been designated as high risk <input type="checkbox"/> Inmate is pending investigation for a criminal act committed within the facility <input type="checkbox"/> Inmate is pending investigation for possible placement in Administrative Custody or Protective Custody <input type="checkbox"/> Other (please describe below)				

Brief explanation for placement: _____

Special Instructions: _____

Inmate Signature: _____

Date: _____

Captain/Designee 72 hour review and signature	TIME	DATE	RECOMMENDATION
			<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED



ALLEGHENY COUNTY
BUREAU OF CORRECTIONS
Jail Healthcare Services

MEDICAL AND MENTAL HEALTH SEGREGATION CLEARANCE PLACEMENT FORM

Name: _____ Allergies: _____ DOB: _____ DOC: _____
Date/Time: _____

MEDICAL HEALTH SECTION

Medical: Does the inmate have any injuries? Yes _____ No _____ (If Yes, explain): _____

Medical: Does the inmate have any medical restrictions? Yes _____ No _____
(If Yes, mention the restrictions, do not list the diagnosis)

Medical: Is the inmate on detox protocols? Yes _____ No _____ (If yes, inmate cannot be cleared for segregation)

Medical: Is inmate pregnant? Yes _____ No _____ (If yes, she cannot be cleared for segregation)

Medical: Inmate _____ for Segregation: (Signature/Print Name/Date/Time)

MENTAL HEALTH SECTION

Mental Health: Is inmate suicidal or self-injurious at this time? Yes _____ No _____

Mental Health: Is inmate demonstrating psychotic behavior at this time? Yes _____ No _____

Mental Health: Does inmate need admission to acute mental health unit at this time? Yes _____ No _____

If all answers are "No," then housing placement to be determined by custody. Any "Yes" answers, inmate will be admitted to acute mental health unit for further assessment.

Mental Health Professional should document details on separate progress note for chart including recommendations for continued care/follow up.

Mental Health Professional: (Signature/Print Name/Date/Time)

FORM 116 RVSb				ALLEGHENY COUNTY JAIL		MISCONDUCT NUMBER #	
<input checked="" type="checkbox"/> MISCONDUCT REPORT				<input type="checkbox"/> OTHER			
POD #		Misconduct Time 24 Hr. Base		Misconduct Date			
Cell #		D.O.C.		Place of Misconduct			
OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)							
Name		I	W	Name		I	
MISCONDUCT							
STAFF MEMBER'S VERSION							
IMMEDIATE ACTION TAKEN AND REASON							
STAFF MEMBER REPORTING MISCONDUCT SIGNATURE AND TITLE			ACTION APPROVED BY RANKING C.O. ON DUTY SIGNATURE AND TITLE			DATE AND TIME INMATE GIVEN CC	
						DATE	TIME 24 HOUR
Hearing Date	Hearing Time	Location of Hearing		Misconduct Category		Signature of Person Serving Notice	
				<input checked="" type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2			
NOTICE TO INMATE							
<p>You will be scheduled for a hearing within 7 business-days (not including weekends or holidays) from the date of the misconduct. You may remain silent, and anything you say will be used against you both at the hearing and in a court of law if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee may hold your silence against you, but they must have some other evidence besides your silence in order to find you guilty. If you indicate that you wish to remain silent, you will be asked no further questions.</p> <p>You may be represented by another inmate of general population status or a member of the institutional staff at your hearing.</p> <p>You may request witnesses who will be permitted to testify at the hearing provided that they are willing, relevant and do not create a security hazard, and security will be determined by the chairman of the hearing committee.</p> <p>If you wish to take advantage of either or both of these choices, please notify the chairman of the hearing committee in writing immediately on the form provided.</p>							
<input type="checkbox"/> If this block is checked and you are found guilty of the above misconduct, the hearing committee may suspend or revoke your work-release status.							

COUNTY BUREAU OF CORRECTIONS ADMINISTRATIVE/DISCIPLINARY/PROTECTIVE HOUSING PLACEMENT/ASSESSMENT FORM

First Name:		DOC #:	
Rooming Unit:		New Housing Unit:	
TYPE OF SEGREGATION			
<input type="checkbox"/> Protective Custody (PC)		Administrative Custody (AC)	
<input type="checkbox"/> Investigative Status		Administrative Protective Custody (ACPC)	
<input type="checkbox"/> Pre-hearing Status (DHU)			

Sgt. Jesse Andrascik

SERGEANT'S SIGNATURE + PRINTED LAST NAME	DATE
--	------

SHIFT COMMANDER'S SIGNATURE + PRINTED LAST NAME	DATE
---	------

STATUS CHANGE				
From:	To:	Date:	Time:	
Reason(s):				
<input type="checkbox"/> Inmate's conduct poses serious threat to security of facility				
<input type="checkbox"/> Inmate's response(s) during Booking Observation Question Interview warrants segregation				
<input type="checkbox"/> To prevent imminent injury to inmate(s) or personnel				
<input type="checkbox"/> To contain, prevent, or quell a riot				
<input type="checkbox"/> Inmate is an escape risk				
<input type="checkbox"/> Inmate has been designated as high risk				
<input type="checkbox"/> Inmate is pending investigation for a criminal act committed within the facility				
<input type="checkbox"/> Inmate is pending investigation for possible placement in Administrative Custody or Protective Custody				
<input type="checkbox"/> Other (please describe below)				

Brief explanation for placement:	
Special Instructions:	

Inmate Signature: _____ Date: _____

Captain/Designee 72-hour review and signature	TIME	DATE	RECOMMENDATION
			<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

Who is involved?

When did it happen?

Where did it happen?

What happened?

Witnesses:

Reported by:

Date:

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

Incident Report

Who was involved?

When did the Incident Occur?

Where did it Happen?

REPORT

Officer _____

Date & Time _____

ORLANDO L. HARPER, WARDEN
ALLEGHENY COUNTY JAIL
950 SECOND AVENUE • PITTSBURGH, PA 15219
PHONE (412) 350-2000 • (412) 350-2032
WWW.ALLEGHENYCOUNTY.US



ALLEGHENY COUNTY
BUREAU OF CORRECTIONS
Jail Healthcare Services

MEDICAL AND MENTAL HEALTH SEGREGATION CLEARANCE PLACEMENT FORM	
Name: _____	DOB: _____
Allergies: _____	DOC: _____
Date/Time: _____	
MEDICAL HEALTH SECTION	
Medical: Does the inmate have any injuries? Yes _____ No _____	(If Yes, explain): _____

Medical: Does the inmate have any medical restrictions? Yes _____ No _____	(If Yes, mention the restrictions, do not list the diagnosis)

Medical: Is the inmate on detox protocols? Yes _____ No _____	(If yes, inmate cannot be cleared for segregation)

Medical: Is inmate pregnant? Yes _____ No _____	(If yes, she cannot be cleared for segregation)

Medical: Inmate IS CLEARED for Segregation: (Signature/Print Name/Date/Time)	

MENTAL HEALTH SECTION	
Mental Health: Is inmate suicidal or self-injurious at this time? Yes _____ No _____	_____

Mental Health: Is inmate demonstrating psychotic behavior at this time? Yes _____ No _____	_____

Mental Health: Does inmate need admission to acute mental health unit at this time? Yes _____ No _____	_____

<i>If all answers are "No," then housing placement to be determined by custody. Any "Yes" answers, inmate will be admitted to acute mental health unit for further assessment.</i>	
<i>Mental Health Professional should document details on separate progress note for chart including recommendations for continued care/follow up.</i>	
Mental Health Professional: (Signature/Print Name/Date/Time)	

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

Allegheny County Jail Pregnant Inmate Receipt for Meal

Print Inmate Name: _____	Date: _____	Time: _____
Inmate Signature: _____		DOC# _____

This memorandum shall serve as a receipt indicating you received your pregnancy diet meal at the Allegheny County Jail on the following dates and times.

Breakfast Meal

Officer Name Print: _____ Date: _____ Time: _____

Officer Signature: _____

Captain Print Name: _____ Date: _____ Time: _____

Captain Signature: _____

Lunch Meal

Officer Name Print: _____ Date: _____ Time: _____

Officer Signature: _____

Captain Print Name: _____ Date: _____ Time: _____

Captain Signature: _____

Dinner Meal

Officer Name Print: _____ Date: _____ Time: _____

Officer Signature: _____

Captain Print Name: _____ Date: _____ Time: _____

Captain Signature: _____

* The officer shall sign his/her name and write "Refuse to Sign" on this document, when the diet meal is offered and refused by the inmate.

ORLANDO L. HARPER, WARDEN
ALLEGHENY COUNTY JAIL

950 SECOND AVENUE • PITTSBURGH, PA 15219
PHONE (412) 350-2000 • (412) 350-2032
WWW.ALLEGHENYCOUNTY.US

FORM ACI-141 D PART III 11/09

ALLEGHENY COUNTY JAIL

PROGRAM REVIEW COMMITTEE ACTION

950 SECOND AVENUE
PITTSBURGH, PA 15219

Misconduct Periodic Review Other

BC Number	NAME	Institution	Misconduct Time 24 Hr. Base	Misconduct Date	No. from Part 1
INMATE PLEA	Not Applicable	Guilty			Date of Review
	No Plea	Not Guilty			

PROGRAM REVIEW COMMITTEE'S DECISION AND ITS RATIONALE

(This area is intentionally left blank for the committee's decision and rationale.)

DECISION RELATIVE TO HEARING COMMITTEE'S VERDICT

Not Applicable Sustain Sustain-Amend Refer Back For Further Study Exonerate Inmate

Names of Program Review Committee Members

Hearing Committee and Program Review Committee action was completed.

DATE

SUPERINTENDENT'S SIGNATURE