

Correctional Facility Designation Worksheet

Facility Name _____

Address _____

County _____

What type of facility is it? State
Federal
Youth Detention

What is the security level of the facility? Minimum
Medium
Maximum
Youth Detention

What is the average number of inmates per year?

What is the average length of stay for inmates?

What routine intake exams are performed? Primary Care
Dental
Mental

What is the average number of new inmates per year?

Please provide information on every health professional administering care at the facility. Please include their name, title and amount of hours that they work at the facility weekly.