

Sight and Sound Separation Inspection Checklist

(Copy to Facility Contact)

Name of Facility: _____ Date of Inspection: _____

Mailing Address: _____

Contact Name: _____ Phone: _____ Fax: _____

Use the following codes to describe the level of separation. Walk through facility as if you were a juvenile being processed and detained. Obtain a facility layout for future reference.

- (1) Adult inmates and juveniles can have physical, visual and aural contact with each other (NO SEPARATION)
- (2) Adult inmates and juveniles can not have physical contact with each other, but they can see or hear each other (PHYSICAL SEPARATION)
- (3) Conversation possible between adult inmates and juveniles although they can not see each other or have physical contact with each other (SIGHT SEPARATION)
- (4) Adult inmates can see each other but no conversation is possible and they can not have physical contact with each other (SOUND SEPARATION)
- (5) Adult inmates and juveniles within the same facility can not see each other, can not have physical contact with each other and no conversation is possible (SIGHT AND SOUND SEPARATION)
- (6) Adult inmates and juveniles are not placed in the same facility (ENVIRONMENTAL SEPARATION)
- (7) Juveniles are not held securely in the facility (DO NOT HOLD)

Facility Area	Level of Separation	Narrative (Describe why you have coded it as such)
Booking/Admission		
Housing		
Dining		
Recreation		
Vocation/Work		
Visiting		
Transportation		
Medical/Dental		
Segregation		
Hallways		

Does the facility utilize adult trustees for any juvenile services? (Ex., serving meals) _____ Yes _____ No
 (If so, this might change the level of separation, explore more fully with contact)

DCJ Compliance Monitor _____