



United States Marshals Service

IGA Number: 97-02-0015

FACILITY ADMIN DATA

Facility: FRESNO COUNTY JAIL

Address: 1220 M Street

City: Fresno

County: Fresno

State: CA

Zip Code: 93717

Time Zone: PST

District Code: CA/E

Facility Code:

Tax ID No.: 94-6000512

DUNS No.: 613665769

REQUESTOR/ADMINISTRATOR/NEGOTIATOR INFORMATION

Requestor contact information (person completing the eIGA application):

Title: Supervising Accountant

Requestor: First June

Last: Mayeda

Phone No.: 559-600-8575

e-Mail: June.Mayeda@fresnosheriff.org

Administror contact information (facility administrator):

Title: Administrative Services Director

Requestor: First Tom

Last: Trester

Phone No.: (559) 600-3348

e-Mail: thomas.trester@fresnosheriff.org

Authorized Negotiator contact information (person negotiating the agreement):

Title: Captain

Requestor: First Jennifer

Last: Horton

Phone No.: (559) 470-4914

e-Mail: jennifer.horton@fresnosheriff.org

Authorized Representative contact information (person signing the agreement):

Title: Chairman of the Board

Requestor: First Brian

Last: Pacheco

Phone No.: (559) 600-1000

e-Mail: brian.pacheco@fresnosheriff.org

FACILITY JURISDICTION

Facility Jurisdiction: County/Municipal

Jurisdiction Name: County/MunicipalName

Facility Operated By: Owner

Operator Jurisdiction:

Facility Operator:

TOTAL RATED CAPACITY

Facility Total Rated Capacity

Available Beds for Federal Use (Daily)

Adult Male: 2943

Adult Male: 130

Adult Female: 348

Adult Female: 15

Juvenile: 0

Juvenile: 0

Total Rated Capacity: 3291

Average Daily Population

Operational Capacity: 3291

Current ADP: 2700

Projected ADP: 2500

CURRENT AND PROPOSED PER DIEM RATES

Current Rate: \$104

Effective Date: 07/01/2017

Proposed Per Diem Rate: \$130

The proposed Per-Diem rate, if accepted, will be considered a firm-fixed-price and will not be subject to adjustment on the basis of the actual cost in providing the service. The Per-Diem rate shall be fixed for a period from the effective date of the Agreement for a minimum term of thirty six (36) months. After 36 months, if a rate increase is desired, the local

of the Agreement for a minimum term of thirty-six (36) months. After 36 months, if a rate increase is desired, the Local Government shall submit a request through the eIGA area of the Detention Services Network (DSNet). All information pertaining to the jail on DSNet will be required and a new rate negotiated.

OTHER JURISDICTION RATE(S) PAID

| Rate | Date Est | Jurisdiction | Name of Jurisdiction |
|----------|------------|------------------|--|
| \$104.00 | 11/01/2013 | County/Municipal | Fresno Police Department - City of Fresno (CA) |
| \$104.00 | 06/02/2015 | Federal | United States Custom and Border Protection |

Central Service Cost Allocation Plan (CSCAP)

CSCAP means the documentation identifying, accumulating, and allocating or developing billing rates based on the costs of services provided by a governmental unit on a centralized basis to its departments and agencies. The costs of these services may be allocated or billed to users.

Does your jurisdiction have an approved CSCAP? No

What is the percentage applied to Direct Expenses? 0

What Federal Agency is the CSCAP on file with?

(Please ensure any expense reported under the CSCAP is not included as a direct expense under the JOEI. The Federal Government reserves the right to request a copy of the CSCAP at any time.)

STAFFING

The full-time equivalent (FTE) per job category presented are based on the JOEI worksheets:

| | | | |
|-----------------------------------|-----|---------------------------------|--------------|
| a. Administration Staff | 3.5 | d. Clerical & Maintenance Staff | 14 |
| b. Detention Officer Staff | 491 | e. Other Staff, describe | 0 |
| c. Professional & Technical Staff | 19 | 0Desc | |
| Total FTEs: | | | 527.5 |

NOTE: If fields are blank - please complete the JOEI data sheets in the section above.

TYPE OF SERVICES

| | | |
|--|---|---|
| Do you Offer Guard/Transportation Services? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Indicate the type of guard/transportation services provided: | <input checked="" type="checkbox"/> Medical | <input checked="" type="checkbox"/> Court <input type="checkbox"/> Othere |
| Is the hourly guard rate a separate charge from the per diem rate? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Current Hourly Guard Rate: \$0 | Proposed Guard Hour Rate: \$0 | |

INCIDENTS INVOLVING PRISONERS

Indicate if any of these incidents have occurred in the last 12 months.

| | | | |
|---|------|-----------------------------------|-----|
| Prisoner-on-prisoner assaults Req Med attention: | 1006 | Disturbances 4 or more prisoners: | 281 |
| Prisoner-on-prisoner assaults resulting in death: | 0 | Attempted prisoner escapes: | 0 |
| Staff-on-prisoner assaults req medical attention: | 43 | Actual prisoner escapes: | 3 |
| Staff-on-prisoner assaults resulting in death: | 0 | Prisoner suicides: | 3 |

JUDICIAL OVERSIGHT

| Disciplinary Procedures | Food Services | Life Safety | Medical Services | Population | Religious Practices |
|-------------------------|---------------|-------------|------------------|------------|---------------------|
| 02/23/1994 | | | 10/30/2015 | 10/30/2015 | |

HEALTH CARE POLICIES

| Category | Policies |
|----------|----------|
|----------|----------|

| | |
|------------------------------|---|
| Suicide Prevention Screening | Facility has established prisoner suicide prevention teams. |
| Suicide Prevention Screening | Facility houses high risk prisoners in special locations to facilitate monitoring. |
| Suicide Prevention Screening | Facility monitors high risk prisoners. |
| Mental Health Screening | Facility provides 24-hour mental health care to prisoners. |
| Suicide Prevention Screening | Facility provides special prisoner counseling or psychiatric services. |
| Mental Health Screening | Facility provides therapy/counseling by trained mental health professionals on a routine basis. |
| Suicide Prevention Screening | Facility regularly sponsors staff training in suicide risk assessment and prevention. |
| Health Care Service Provider | Fee-for-Service: medical services billed on a per visit basis. |
| Health Care Service Provider | Managed care system: medical services billed on a per inmate or retainer basis. |
| Mental Health Screening | Mental health professionals conduct psychiatric or psychological evaluations to determine the prisoner's mental health or emotional status. |
| Mental Health Screening | Mental health professionals prescribe, distribute, monitor the use of psychotropic medications to prisoners. |
| Health Care Service Provider | On-site medical staff: medical staff are employed directly by the facility. |
| Tuberculosis Screening | Other, describe. |
| Suicide Prevention Screening | Other, describe. |
| Mental Health Screening | Other, describe. |
| Health Care Service Provider | Other, describe. |
| Tuberculosis Screening | Persons with no history of vaccinations. |
| Tuberculosis Screening | Prisoners are screened after possible exposure to active TB disease. |
| Tuberculosis Screening | Prisoners are screened at the time of admission. |
| Mental Health Screening | Prisoners are screened for mental health disorders at intake. |
| Suicide Prevention Screening | Suicide risk assessment is conducted at intake. |

INSPECTION OVERSIGHT

| Inspection Agency | Inspection Date | Frequency |
|--|-----------------|----------------------------|
| PREA - Lumicore Training | 08/12/2016 | Other - describe |
| BSCC - Board of State and Community Corrections | 04/01/2016 | Biennially (Every 2 years) |
| Federal Bureau of Prisons | 10/21/2015 | Biennially (Every 2 years) |
| State Fire Marshal | 09/01/2016 | Biennially (Every 2 years) |
| Fresno County Health Department - Health Inspectio | 09/21/2015 | Annually |
| Institute of Medical Quality - IMQ | 11/07/2016 | Other - describe |
| California Department of Public Health - Medical W | 01/07/2016 | Annually |
| U.S. Marshals Office | 08/01/2016 | Annually |

PROFESSIONAL ACCREDITATIONS

| Organization | Date | Score |
|--------------|------|-------|
|--------------|------|-------|

REMARKS

I need to submit an attachment regarding State bonds. We are in the process of building a new West Annex Jail (same city block) that will be paid for utilizing the these bonds (15 year bonds).

This is to certify that, to the best of my knowledge, these costs are accurate, complete and current. The records of this agency are available for review and audit by the authorized representative of the U.S. Government to verify any jail per diem rate negotiated.

Verified By and Date: June.Mayeda1 - 3/30/2017 7:07:20 PM

