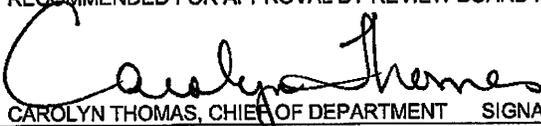
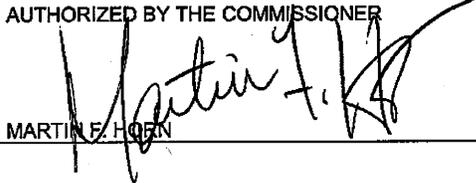


		THE CITY OF NEW YORK DEPARTMENT OF CORRECTION			
<b>DIRECTIVE</b>					
<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED		SUBJECT <b>HOUSEKEEPING PROCEDURES</b>			
EFFECTIVE DATE <b>03/27/08</b>		*TERMINATION DATE			
CLASSIFICATION # <b># 3901R-A</b>	SUPERSEDES <b>see below</b>	DATED	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DISTRIBUTION <b>A</b>	PAGE 1 OF 1 PAGES
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER  CAROLYN THOMAS, CHIEF OF DEPARTMENT    SIGNATURE			AUTHORIZED BY THE COMMISSIONER  MARTIN E. HOEN    SIGNATURE		

## REVISION NOTICE

- A. Directive #3901R-A, entitled HOUSEKEEPING PROCEDURES, dated 01/10/02, is hereby amended as follows:
1. Remove original pages 6 and 7 of Directive #3901R-A. Replace with new pages 6 and 7, dated 03/27/08.
  2. Remove attachment A (form #3901) of Directive #3901R-A. Replace with new form #3901R-A dated 03/27/08.
- B. All other provisions of Directive #3901R-A remain in full force and effect.

	EFFECTIVE DATE <b>03/27/08</b>	SUBJECT <b>HOUSEKEEPING PROCEDURES</b>	
	CLASSIFICATION <b>#3901R-A</b>		
	DISTRIBUTION <b>A</b>	PAGE 6 OF 11 PAGES	

#### IV. PROCEDURES (continued)

7. All such supplies shall be available in sufficient numbers and quantity so that each inmate can clean his/her cell daily and that the common areas can be cleaned according to the procedures outlined in this Directive.
8. All cleaning implements shall be thoroughly cleaned after each use and stored in the janitor's closet. Mops shall not be stored in pails or on the floor. They shall be placed on mop racks, or in the absence of racks, upside down with the mop head against the wall.

#### C. WEEKLY CLEANING

1. Each Sunday morning, the Correction Officer shall ensure that the following sanitation tasks are performed in all living areas (cell, dorm sleeping areas, bathrooms and dayrooms). These tasks are to be performed in addition to the daily sanitation tasks mandated in this Directive.
  - a. All bed frames, windowsills, and ledges in the living areas shall be dusted and cleaned with a sanitizing solution;
  - b. All ventilation registers shall be dusted with a short handled deck brush;
  - c. All walls shall be washed with a sanitizing solution up to a height of eight feet; and
  - d. All intact light shields shall be dusted with a clean dry mop. Under no circumstances shall a wet or damp mop be used.
2. Each inmate is responsible for cleaning their living area (cell or space around their bed in a dorm). The inmate work cadre shall perform the above mentioned tasks in the shower, bathroom, dayroom, pantry, vacant cells and janitor's closet.
  - a. The Correction Officer shall inspect each area at the completion of the cleaning tasks. The Correction Officer shall complete the Weekly Sanitation Inspection Form (Attachment A) attesting that the housing area was cleaned and all tasks were completed. The Correction Officer shall note any maintenance deficiencies on the inspection form. All torn mattresses and stained light shields must be listed on the inspection form. The Correction Officer shall prepare work orders for the replacement of all stained light shields and any other maintenance deficiencies observed during the sanitation inspection. An explanation must be included in the comment section for all negative findings on the Weekly Sanitation Inspection Form.

	EFFECTIVE DATE <b>03/27/08</b>	SUBJECT  <b>HOUSEKEEPING PROCEDURES</b>	
	CLASSIFICATION <b>#3901R-A</b>		
	DISTRIBUTION <b>A</b>	PAGE 7 OF <b>11 PAGES</b>	

#### IV. PROCEDURES (continued)

- b. The Area Captain shall also sign the inspection form indicating that their tour confirmed that the housing area was cleaned and that the Correction Officer prepared work orders for all deficient conditions.
- c. The Area Captain shall submit the Weekly Sanitation Inspection Form to the Tour Commander for submission to the Deputy Warden for Administration.
- d. The Deputy Warden for Administration shall forward copies of the Weekly Sanitation Inspection Forms to the Environmental Health Officer (EHO) and the Supervisor of Mechanics (SOM).
- e. The EHO and the SOM shall write a response (including the abatement date or expected abatement date) for all conditions listed on the Weekly Sanitation Inspection Form and submit the completed form to the Deputy Warden of Administration.
- f. The Deputy Warden of Administration shall forward the completed Weekly Sanitation Inspection Forms to the Warden and the Assistant Commissioner of the Environmental Health Unit.
- g. The Assistant Commissioner of the Environmental Health Unit shall ensure that the Public Health Sanitarians spot check 20% of the deficiencies noted on the Weekly Sanitation Inspection Forms in their assigned facilities.

#### D. HOUSEKEEPING FOR COMMON AREAS

1. All common areas (outside of housing areas) that are accessible to the inmate population for the processing/program functions must be maintained in a clean condition. These areas include but are not limited to the following:
  - a. Visit House;
  - b. Law Library;
  - c. School;
  - d. Clinic;
  - e. Social Service;
  - f. Commissary; and
  - g. Religious Service Area.



**CORRECTION DEPARTMENT  
CITY OF NEW YORK**

**ENVIRONMENTAL  
HEALTH UNIT**

FORM: #3901R-A  
REV.: 03/27/08  
REF.: DIR. #3901R-A



**WEEKLY SANITATION INSPECTION FORM**

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FACILITY:		DATE:		AREA:	
AREA	TASK	COMPLETE (Circle One) (If no, state reason)		COMMENTS (Action taken)	
		Yes	No		
Janitor Closet	Is floor clean?	Yes	No		
	Are walls clean?	Yes	No		
	Are ledges, windowsills, and bars free of dust?	Yes	No		
	Is ceiling clean?	Yes	No		
	Is slop sink operable?	Yes	No		
	Is slop sink clean?	Yes	No		
	Is light operable?	Yes	No		
	Is light shield clean?	Yes	No		
	Is vent present?	Yes	No		
Mop/Broom Holder	Is holder installed?	Yes	No		
	Is holder clean?	Yes	No		
Dayroom	Is floor clean?	Yes	No		
	Are walls clean?	Yes	No		
	Are ledges, windowsills, and bars free of dust?	Yes	No		
	Is ceiling clean?	Yes	No		
	Are the tables clean?	Yes	No		
	Are the chairs clean?	Yes	No		
	Are lights operable?	Yes	No		
	Are light shields clean?	Yes	No		
	Are vents clean?	Yes	No		
	Are radiators covered/intact?	Yes	No		
	Are radiators clean?	Yes	No		
	Is dayroom toilet operable?	Yes	No		
	Is dayroom toilet clean?	Yes	No		
Shower / Bathroom	Is floor clean?	Yes	No		
	Is mildew on the floor?	Yes	No		
	Is mildew on the wall?	Yes	No		
	Is mildew on the ceiling?	Yes	No		
	Are walls clean?	Yes	No		
	Is ceiling clean?	Yes	No		
	Are lights operable?	Yes	No		
	Are light shields clean?	Yes	No		
	Is soap scum present?	Yes	No		
	Are vents clean?	Yes	No		
	Are sinks operable?	Yes	No		
	Are sinks clean?	Yes	No		
	Are toilets operable?	Yes	No		
	Are toilets clean?	Yes	No		
	Are showers operable?	Yes	No		
	Are showers clean?	Yes	No		
	Are floor drains clean?	Yes	No		
	Are urinals operable?	Yes	No		
	Are urinals clean?	Yes	No		
	Pantry	Are ledges, windowsills, and bars free of dust?	Yes	No	
Are radiators covered/intact?		Yes	No		
Are radiators clean?		Yes	No		
Is ceiling clean?		Yes	No		
Are walls clean?		Yes	No		
Are radiators covered/intact?		Yes	No		
Are radiators clean?		Yes	No		
Is hand washing sink operable/clean?	Yes	No			
Are the heated/refrigerated cafeteria carts operable/clean?	Yes	No			
Are ledges, windowsills, and bars free of dust?	Yes	No			
Exit Signs	Are the exit signs(s) operable?	Yes	No		
Supplies	Do you have mop buckets (2-on each side)?	Yes	No		
	Do you have mops (2-on each side)?	Yes	No		



**CORRECTION DEPARTMENT  
CITY OF NEW YORK**

**ENVIRONMENTAL  
HEALTH UNIT**

FORM: #3901R-A  
REV.: 03/27/08  
REF.: DIR. #3901R-A



**WEEKLY SANITATION INSPECTION FORM**

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PAGES

<b>FACILITY:</b>		<b>DATE:</b>		<b>AREA:</b>	
<b>AREA</b>	<b>TASK</b>	<b>COMPLETE (Circle One) (If no, state reason)</b>		<b>COMMENTS (Action taken)</b>	
<b>Supplies (cont.)</b>	Do you have floor brooms (2-on each side)?	Yes	No		
	Do you have deck brushes (2-on each side)?	Yes	No		
	Do you have utility brushes (2-on each side)?	Yes	No		
	Do you have sponges (4-on each side)?	Yes	No		
	Do you have dust pans (1-on each side)?	Yes	No		
	Do you have scouring pads (6-on each side)?	Yes	No		
	Do you have stainless steel cleaner?	Yes	No		
	Do you have mildew cleaner?	Yes	No		
	Do you have Liberty 671 sanitizer?	Yes	No		
	Do you have garbage cans (2-on each side)?	Yes	No		
<b>Pest Activity</b>	Did you observe any rodents?	Yes	No		
	Did you observe any insects?	Yes	No		
<b>Cells / Beds</b>  <b>Note:</b> Each individual cell/bed area must be individually inspected. All discrepancies shall be noted in the comments section of the task concerned or the remarks section below	Are the walls clean, free of graffiti?	Yes	No		
	Are ledges, windowsills, and bars free of dust?	Yes	No		
	Is toilet operable?	Yes	No		
	Is sink operable?	Yes	No		
	Is light shield covered?	Yes	No		
	Is light operable?	Yes	No		
	Are vents cleaned?	Yes	No		
	Is ceiling clean?	Yes	No		
	Are radiators intact?	Yes	No		
	White bucket?	Yes	No		
	Blue bucket w/ lid?	Yes	No		
	Is window screen intact?	Yes	No		
	Are mattresses clean and intact?	Yes	No		

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Completed By (Print Name)</b>	<b>Signature</b>	<b>Shield No.</b>
<b>Area Captain (Print Name)</b>	<b>Signature</b>	<b>Shield No.</b>

FROM: CHIEF'S ORDER  
TO :  
SUBJ:

MSG#: 2007-003115  
SENT: 04/13/07 1730 HRS

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TELETYPE ORDER NO. HQ -00942-0

DATE APRIL 13, 2007

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM VALERIE OLIVER, CHIEF OF CUSTODY MANAGEMENT & ENVIRONMENTAL HEALTH

SUBJECT VACANT CELL/BED INSPECTION AND SANITATION PROCEDURES

**\*\*\*\*\* I M M E D I A T E A T T E N T I O N \*\*\*\*\***

1. PENDING THE REVISION OF DIRECTIVES #3901R-A ENTITLED "HOUSEKEEPING PROCEDURES", DATED 01/10/02 AND #4013RR, ENTITLED "RESTITUTION FOR THE INTENTIONAL DAMAGE OR DESTRUCTION OF CITY PROPERTY", DATED 05/20/91, THE FOLLOWING PROCEDURES ARE REITERATED FOR YOUR STRICT COMPLIANCE.

- A) EVERY CELL/BED AREA SHALL BE THOROUGHLY CLEANED UPON BECOMING VACANT AND SHALL BE MAINTAINED IN THAT CONDITION UNTIL IT IS AGAIN OCCUPIED. THE TOILET, SINK, FLOORS AND WALLS SHALL BE CLEANED AND SANITIZED AND ALL GARBAGE, LINEN AND ITEMS LEFT BY THE PREVIOUS INMATE MUST BE REMOVED.
- B) PROPER SANITIZING OF VACANT CELLS SHALL BE MADE WITH THE APPROVED SANITIZING SOLUTION, LIBERTY #671.
- C) THE SANITIZING PROCEDURE SHALL INCLUDE WIPING DOWN BOTH SIDES OF THE MATTRESS WITH THE PROPER SANITIZING SOLUTION, FOLDING THE MATTRESS IN HALF PLACING IT ON THE BEDFRAME AND PLACING THE WHITE LAUNDRY BUCKET AND TWO BLUE COMMISSARY BUCKETS WITH LIDS UNDER THE BED FRAME. ANY MATTRESS WITH VISIBLE RIPS, TEARS, PERFORATED SEAMS OR STAINS SHALL BE IMMEDIATELY REMOVED AND REPLACED UPON INSPECTION. THE LIGHT SHIELDS SHALL BE FREE OF ANY OBSTRUCTIONS AND SHALL BE SANITIZED AND/OR REPLACED IMMEDIATELY.
- D) PRIOR TO ASSIGNING OR PLACING AN INMATE IN A CELL OR BED, THE CORRECTION OFFICER ASSIGNED TO THE HOUSING AREA POST SHALL CONDUCT AN INSPECTION OF SAID CELL OR HOUSING UNIT IN ORDER TO DETERMINE THE CONDITION OF THE MATTRESS, LIGHT FIXTURES, FURNITURE AND EQUIPMENT. EACH CELL/BED SHALL CONTAIN ONE WHITE LAUNDRY BUCKET AND TWO BLUE COMMISSARY BUCKETS WITH LIDS.
- E) THE CORRECTION OFFICER CONDUCTING THE INSPECTION SHALL MAKE A CHECK MARK IN THE APPROPRIATE PLACE TO INDICATE WHETHER THE ITEMS LISTED ON FORM # 428R ARE IN A "SATISFACTORY" OR "DAMAGED" CONDITION.

- F) UPON COMPLETION OF THE CELL INSPECTION REPORT, THE CORRECTION OFFICER SHALL ALLOW THE INMATE TO VERIFY THE ITEMS CHECKED IN ORDER TO CERTIFY THAT THE OFFICER ACCURATELY REPRESENTED THE CONDITION OF THE CELL. AFTER VERIFYING THE ITEMS, THE INMATE SHALL SIGN THE COMPLETED REPORT AND RETURN IT TO THE OFFICER. IF THE INMATE REFUSES TO VERIFY THE ITEMS OR SIGN THE REPORT, THE OFFICER SHALL RECORD THIS INFORMATION IN THE REMARKS SECTION.
- G) THE OFFICER SHALL SUBMIT THE ORIGINAL TO THE HOUSING AREA CAPTAIN, WHO SHALL COUNTERSIGN THE REPORT AND FORWARD SAID REPORT TO THE GENERAL OFFICE TO BE FILED IN THE INMATE'S LEGAL FOLDER.
- H) WHEN AN EMPLOYEE OF THE DEPARTMENT WITNESSES AN INMATE DAMAGING OR DESTROYING CITY PROPERTY OR THE EVIDENCE EXCLUDES THE POSSIBILITY THAT ANOTHER INMATE IS RESPONSIBLE FOR THE DAMAGE OR DESTRUCTION, THE EMPLOYEE SHALL COMMENCE DISCIPLINARY ACTION AGAINST SAID INMATE BY COMPLETING A "REPORT AND NOTICE OF INFRACTION", FORM# 6500A.

2. DURING EACH TOUR OF INSPECTION, THE HOUSING AREA CAPTAIN SHALL ENSURE THAT EACH VACANT CELL/BED AREA IS PROPERLY SANITIZED AS DELINEATED IN THIS TELETYPE ORDER.

3. EACH COMMANDING OFFICER SHALL ENSURE THAT THE CONTENTS OF THIS TELETYPE ORDER ARE READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.

4. EACH COMMANDING OFFICER SHALL ALSO ENSURE THE APPROPRIATE COMMAND LEVEL ORDERS ARE REVISED TO INCLUDE THIS INFORMATION AND THE COPY OF THE COMMAND LEVEL ORDERS ARE FORWARDED TO THEIR RESPECTIVE DIVISION ASSISTANT CHIEF BY WEDNESDAY, APRIL 25, 2007.

AUTHORITY:  
OFFICE OF THE CHIEF OF DEPARTMENT  
RMG/FM

FROM: CHIEF'S ORDER  
TO :  
SUBJ:

MSG#: 2007-008904  
SENT: 11/07/07 1846 HRS

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TELETYPE ORDER NO. HQ -02795-0

DATE NOVEMBER 07, 2007

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM VALERIE OLIVER, CHIEF OF CUSTODY MANAGEMENT & ENVIRONMENTAL HEALTH

SUBJECT DAILY SANITATION

IN ACCORDANCE WITH DIRECTIVE #3901RA ENTITLED, "HOUSEKEEPING PROCEDURES" DATED JANUARY 10, 2002 ALL COMMANDING OFFICES ARE TO ENSURE COMPLIANCE WITH THE FOLLOWING MEASURES:

1. ALL ENVIRONMENTAL HEALTH CAPTAINS ARE REQUIRED TO ENSURE THAT A SUFFICIENT AMOUNT OF SANITATION SUPPLIES ARE AVAILABLE IN EVERY HOUSING AREA, CLINIC, INTAKE, AND ALL OTHER SUPPORT AREAS.
2. THE REQUIRED AMOUNT OF SANITATION SUPPLIES FOR EACH SIDE OF A HOUSING AREA AND SUPPORT AREA ARE TWO (2) MOP HEADS AND MOP STICKS, TWO (2) PUSH BROOMS, TWO (2) MOP BUCKETS, TWO (2) SHORT HANDLE SCRUB BRUSHES, TWO (2) DUST PANS, TWO (2) GARBAGE CANS, SIX (6) SCOURING PADS, AND GARBAGE BAGS.
3. ALL HOUSING AREAS AND SUPPORT AREAS MUST HAVE A SUPPLY OF LIBERTY 671 (BLUE SOAP BALLS), GENERAL CLEANER (CITRUS OR GREEN MEADOW), MOLD AND MILDEW CLEANER, AND GENTLE SCRUB.
4. ALL COMMON AREAS SHALL BE CLEANED AND SANITIZED AT LEAST ONCE DAILY AND MORE OFTEN IF NECESSARY PER DIRECTIVE #3901RA: ENTITLED, "HOUSEKEEPING PROCEDURES".
5. THE MOLD AND MILDEW CLEANER SHALL BE APPLIED TO ALL SHOWER AND BATHROOM FLOORS, WALLS AND CEILINGS AND REMAIN ON THE SURFACE FOR FIFTEEN MINUTES. THESE AREAS SHALL THEN BE SCRUBBED WITH A UTILITY DECK BRUSH OR SHORT HANDLED SCRUB BRUSH PRIOR TO COMPLETELY RINSING ALL SURFACES.
6. ALL COMMON SURFACES (TOILET, SINKS, SHOWERS, DOOR KNOBS, LOCKER ROOM BENCHES, TABLES, CHAIRS, ETC.) SHALL BE CLEANED FIRST WITH THE GENERAL CLEANER TO REMOVE ALL VISIBLE DIRT AND COMPLETELY RINSED. IF NECESSARY, THE GENTLE SCRUB SHALL BE UTILIZED TO REMOVE DIRT THAT IS NOT REMOVED BY THE GENERAL CLEANER AND COMPLETELY RINSED. THE LIBERTY 671 (BLUE SOAP BALL) SHALL BE USED TO DISINFECT THE SURFACES AT A CONCENTRATION OF ONE SOAP BALL TO THREE (3) GALLONS OF WATER AND APPLIED TO ALL COMMON SURFACES. **THE**

**LIBERTY 671 SHALL AIR DRY TO DISINFECT THE SURFACE. LIBERTY 671 SHALL NOT BE RINSED FROM THE SURFACE.**

7. CONTACT ASSISTANT COMMISSIONER PATRICIA FEENEY AT 718-546-3090 OR THROUGH COD FOR ANY QUESTIONS REGARDING THIS TELETYPE.

8. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE TO ENSURE THAT THE CONTENTS OF THIS TELETYPE ORDER ARE READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS AND POSTED IN THE APPROPRIATE EMPLOYEE AREAS.

AUTHORITY:  
OFFICE OF THE CHIEF OF DEPARTMENT  
RMG/BJ