REQUEST FOR PROPOSAL
RFP #24-0001
NUTRITION AND COMMISSARY MANAGEMENT SERVICES

February 14, 2024

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Nutrition and Commissary Management Services. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal.

All contact concerning this solicitation shall be made through the Purchasing Department. Proposers shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Purchasing Department in writing. Failure to comply with these guidelines may disqualify the Proposer’s response.

This proposal contains two sections: Section A - Inmate Nutrition and Food Services, Section B - Commissary Management Services. Vendors may bid on Section A only, Section B only or both. Please review this document carefully.

A mandatory pre-proposal meeting will be held on Wednesday, February 21, 2024 at 9:00 am (CST) at:

Sedgwick County Adult Detention Facility
141 W. Elm
Wichita, Kansas 67203
Please meet in the lobby of the detention facility

There will be a brief discussion and a question and answer period following the site visit.

Responses to the Proposal will be acknowledged and read into record at Bid Opening, which will occur at 2:15 pm CST on March 12, 2024 in the 6th Floor Conference Room at 100 N. Broadway, Wichita, Kansas 67202. If you would like to listen in as these proposals are read into the record, please dial our Meet Me line @ (316) 660-7271 at 2:15 pm or you or your representatives are welcome to attend.

Sincerely,

Jaimee Witmer
Purchasing Agent

JW/ch
Table of Contents

I. About this Document

II. Background

III. Project Objectives

IV. Submittals

V. Scope of Work
   A. Inmate Nutrition and Food Services
   B. Commissary Management Services

VI. Sedgwick County's Responsibilities

VII. Proposal Terms
   A. Questions and Contact Information
   B. Minimum Firm Qualifications
   C. Evaluation Criteria
   D. Request for Proposal Timeline
   E. Contract Period and Payment Terms
   F. Insurance Requirements
   G. Indemnification
   H. Confidential Matters and Data Ownership
   I. Proposal Conditions

VIII. Required Response Content

IX. Response Form

X. Pricing

XI. Appendix Table of Contents
I. About this Document
This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the county is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 68, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor’s approach meets the desired requirements and needs of the county. Criteria that will be used and considered in evaluation for award are set forth in this document. The county will thoroughly review all proposals received. The county will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with vendors, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

II. Background
Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas’ 105 counties with a population estimated at more than 514,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas’ counties. Organizationally, the county is a Commission/Manager entity, employs nearly 2,500 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

Sedgwick County, Kansas (hereinafter referred to as “county”), desires to select a firm(s) to provide daily meal services and commissary management services for the Sedgwick County Adult Detention Facility (ADF) and Jail Annex. Service will begin upon expiration of the current contract on February 8, 2025 with the breakfast meal.

This proposal contains two (2) sections under the Scope of Work:
• Section A - Inmate Nutrition and Food Services
• Section B - Commissary Management Services

Vendors may submit a proposal on Section A only, Section B only, or both. Please review this document carefully.
Sedgwick County reserves the right to award to one (1) or more firms to obtain optimum cost and service.

III. Project Objectives
Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Nutrition and Commissary Management Services. The following objectives have been identified for this contract:
1. Acquire Nutrition and Commissary Management Services meeting the parameters, conditions and mandatory requirements presented in the document.
2. Acquire pricing with the firm(s) that has the best proven and verifiable record of providing Nutrition and Commissary Management Services with a comparable size agency and scope of operations.
3. Establish contract pricing with the vendor that has the best proven “track-record” in performance, service and customer satisfaction.
4. Acquire Nutrition and Commissary Management Services with the most advantageous overall cost to the county.
IV. **Submittals**
Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate with an electronic response, the RFP number must be entered in the subject line and email the entire document with supplementary materials to:

**Purchasing@sedgwick.gov**

Should you elect to participate with a physical response, the response must be sealed and marked on the lower left-hand corner with the firm name and address, bid number, and bid due date. Submit one (1) original **AND** one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Jaimee Witmer  
Sedgwick County Purchasing Department  
100 N. Broadway, Suite 610  
Wichita, KS 67202

SUBMITTALS are due **NO LATER THAN 1:45 pm CST, TUESDAY, March 12, 2024.** If there is any difficulty submitting a response electronically, please contact the Purchasing Technicians at purchasing@sedgwick.gov for assistance. Late or incomplete responses will not be accepted and will not receive consideration for final award. If you choose to send a hard copy of your proposal, Sedgwick County will not accept submissions that arrive late due to the fault of the U.S. Postal Service, United Parcel Service, DHL, FedEx, or any other delivery/courier service.

Proposal responses will be acknowledged and read into record at Bid Opening, **which will occur at 2:15 pm CST on the due date.** No information other than the respondent’s name will be disclosed at Bid Opening. We will continue to have Bid Openings for the items listed currently. If you would like to listen in as these proposals are read into the record, **please dial our Meet Me line @ (316) 660-7271 at 2:15 pm.**

V. **Scope of Work**
This proposal contains two sections:

- **Section A - Inmate Nutrition and Food Services**
- **Section B - Commissary Management Services**

Vendors may submit a proposal on **Section A only, Section B only, or both.** Please review this document carefully. Sedgwick County reserves the right to award to one (1) or more firms to obtain optimum cost and service.

A. **INMATE NUTRITION AND FOOD SERVICES** - Services include but are not limited to, food ordering, meal preparation, dish cleaning, and equipment maintenance.

1. **Requirements and Scope of Work**
   A full-service kitchen is provided for the Sedgwick County Adult Detention Facility for food preparation locations 1-2 listed below, which is located at 141 W. Elm Wichita, KS 67203.

   All equipment furnished by Sedgwick County in the kitchen is property of the county and may be used by the successful vendor for the operations specified herein. Vendor will provide all-inclusive food service operations.
Vendor shall be responsible for daily meal service to the following two (2) county locations:

1. **Sedgwick County Sheriff’s Office – Adult Detention Facility** – 141 W. Elm Wichita, KS 67203 Vendor will provide three (3) meals daily to this location, with an average daily meal count of 3,000. This number includes approximately 100-150 sack lunches that are provided to the booking area, prisoner transport, and hospital. Detention staff may choose to participate in identical meal service within the pod they are assigned to at the sole cost of the County. This number has been included as well. Meals will be served every day of each year.

2. **Sedgwick County Sheriff’s Office – Jail Annex Facility** – 701 W. Harry Wichita, KS 67213 Vendor will provide three (3) meals daily to this location, with an average daily meal count of 555. Detention staff may choose to participate in identical meal service at the sole cost of the county. Meals will be served every day of each year.

*All numbers provided are approximate based on current population. Vendor shall be responsible for providing meal service to a daily changing population.*

**II. Nutrition for ADF**

a) **Nutritional Guidelines**

1. Not less than 2,800 combined daily calories as averaged during a one week period from Breakfast Sunday to Dinner Saturday.
2. As guided by the USDA, each meal must contain approximately 45% of calories from carbohydrates, 30% from fat, and 25% from protein. Percentage can vary up to five (5) percent.
3. Utilize all food groups daily.
4. No less than six (6) ounces of protein per day. Six (6) ounce weight shall be achieved in cooked state, in a strained spoon and prior to any breading process. Bone-in products are not acceptable.
   i. The above protein requirement will be presented as part of the menu approval process with the county.
5. A drink that does not consist of water or any product that contains solely red dye for color.
6. Fresh whole fruits including those that have been peeled and cut are not allowed.
7. No pork products.

b) **Quality Guidelines**

1. Each meal shall utilize complimentary seasoning in the preparation process.
2. Lunch and dinner meals must contain at a minimum a single heated item. If there is only one (1) heated item during a specified meal period, which item must be the main course.
3. Breakfast meal is the preferred cold meal, but the county is open to options from vendors.
4. Vendor will not provide seasoning in individual packets; including salt, pepper, sugar, etc.
5. Each meal upon serving shall contain appropriate condiments packets; including ketchup, mustard, mayonnaise, etc.
6. All raw foods shall meet the following USDA standards, if the specific standard is not available, the next highest shall be utilized:
   i. Beef, Poultry, and Seafood – Inspected
   ii. Veal and Lamb – Choice
   iii. Milk, Eggs, and Cheese – Grade A
   iv. Fresh Vegetables – No. 1
   v. Canned Fruits – Choice
   vi. Canned Vegetables – Extra Standards or Comparable
   vii. Frozen Vegetables – Extra Standards or Comparable
   viii. Imitation Cheese – No. 3
7. No use of products in excess of their freshness pull date.
8. Vendor shall rotate protein choice, not utilizing the same protein twice in a six (6) meal period.
c) Sack lunch meals shall contain an equal number of servings of individual juice/milk cartons, or communal beverage containers and cups, according to the specifications as found below in Section III, Preparation.

d) Vendor shall be responsible for providing any, all, or like of the following items on an ad hoc and independent billing basis: condiments, fresh fruit, saltine crackers, individual milk cartons, and table service. No details of historical usage will be provided. Vendor shall be able to provide these items within three (3) business days of request and at a cost plus percentage as indicated in this solicitation response.

e) Vendor shall be responsible for providing a higher quality single meal to celebrate Thanksgiving and Christmas of each year. Vendor shall choose the specific meal for each holiday. The Detention and Jail Annex facilities will receive these meals on the nationally recognized holiday. Vendor shall be responsible for providing other meals for religious holidays if approved by division commander (ex: Passover, Ei dul-Fitr, etc.).

f) Vendor shall be responsible for providing special diet meals upon receipt of request from county staff located at each facility. There are currently approximately 153 special diet meals being served, 129 within the Detention Facility, and 24 for the Jail Annex. The following list of special diets shall be offered; this list has been agreed upon by county medical personnel and is not negotiable. Any questions regarding the content of a specific diet should be directed toward a registered dietician. Please reference Appendix A.

<table>
<thead>
<tr>
<th>Clear Liquid</th>
<th>Food Sensitivity</th>
<th>Low Fiber, Residue</th>
<th>Religious Diets (to include Kosher)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corn Allergy</td>
<td>Full Liquid</td>
<td>Malabsorption</td>
<td>Renal</td>
</tr>
<tr>
<td>Dental/Mechanical</td>
<td>Heart Healthy</td>
<td>Peanut/BHT and BHA Allergy</td>
<td>Soy Allergy</td>
</tr>
<tr>
<td>Diabetic Calorie Control</td>
<td>High Fiber</td>
<td>Pregnancy</td>
<td>Suicide Watch (Styrofoam Tray Only)</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>Long Term Full Liquid/ Straw for Broken Jaw</td>
<td>Protein Energy Malnutrition</td>
<td>Tyramine and Dopamine (MAO) Restricted</td>
</tr>
<tr>
<td>Egg Allergy</td>
<td>Low (No) Salt Added</td>
<td>Pureed</td>
<td>Wheat Allergy (Gluten Free)</td>
</tr>
<tr>
<td>Fluid Milk Free</td>
<td>Indigestion/Ulcer/ Esophagitis</td>
<td>Nutritional Support</td>
<td>Any Food Allergy Not Listed</td>
</tr>
</tbody>
</table>

g) The nutritional content of sack lunch meals may vary from the plated meal standards; however the menu must have a rotation that does not offer an identical main course within any four (4) day period.

h) Mandatory Specifications for Religious (Kosher/Halal) Meals:
1. Religious meals will meet the same daily calorie count as the regular tray.
2. Religious meals will be prepared and served to common Kosher/Halal standards.
3. Religious meals will be accomplished by use of one of the following methods:
   i. Common Fare
   ii. Pre-packaged, sealed meals
   iii. Preparation on location in kitchen using a separate area, cooking equipment, utensils, and trays. This area and equipment will be used strictly for the preparation of only religious meals. (See Appendix A)
III. Preparation for ADF

a) Vendor shall be responsible for preparation of each meal according to the following instructions:
   i. Sedgwick County Sheriff’s Office – Detention Facility – 141 W. Elm, Wichita, KS 67203. Vendor will provide three (3) meals daily to this location, with an average daily meal count of 3,000. This number includes approximately 100-150 sack lunches that are to be provided to the booking area, prisoner transport, and hospital. Meals for this facility will be ordered by county staff according to the following schedule:
      - Breakfast: 4:00 A.M.
      - Lunch: 10:00 A.M.
      - Dinner: 3:00 P.M.
   ii. All meals for this facility are to be prepared at this facility and distributed by inmate workers within the facility.
   iii. Approximately 100-150 meals will be prepared as individual sack lunches. These meals will be divided between the booking areas, out of county transport, and hospital. The meals prepared for the out of county transport shall contain an individual drink carton, not consisting of milk. These meals will not have a requirement to meet special diet meal plans.
   iv. All remaining meals are to be plated individually on a county provided tray then stacked neatly on county provided carts.
   v. Each meal shall contain a plastic spoon.
      - If a safety (paper) spoon is required it will be provided by the Vendor.
   vi. If Styrofoam containers are required for meal service and/or individual inmates, it will be provided by the Vendor.
   vii. Each meal shall contain a 6 oz. Styrofoam cup if a communal beverage is served.
   viii. Meals in this facility shall be ready for delivery on the following schedule (County will deliver):
         - Breakfast: 6:45 AM
         - Lunch: 11:30 AM
         - Dinner: 5:30 PM

1. Sedgwick County Sheriff’s Office – Jail Annex Facility – 701 W. Harry Wichita, KS 67213. Vendor will provide three (3) meals daily to this location, with an average daily meal count of 555.
   i. Meals for this facility will be ordered by county staff according to the following schedule:
      - Breakfast, Lunch, Dinner: 45 minutes prior to delivery.
      - All meals for this facility are to be prepared at the Detention Facility and delivered by Vendor staff in Vendor provided transportation.
   ii. Meals are to be plated individually on a county provided tray.
   iii. Each meal shall contain a plastic spoon.
   iv. If Styrofoam containers are required for meal service and/or individual inmates, it will be provided by the Vendor.
   v. Meals in this facility are to be delivered on the following schedule:
      - Breakfast: 6:30 AM
      - Lunch: 11:30 AM
      - Dinner: 5:30 PM

All out of facility meal delivery/pick up times listed, shall be made within 10 minutes of the stated time.

i. Meal contents shall reach USDA recommended temperatures for the recommended time period prior to serving.
ii. Meal plating shall not commence prior to:
      - 60 minutes of scheduled delivery time for Detention Facility
      - 15 minutes of scheduled delivery time for Jail Annex Facility
i. The Detention and Jail Annex facilities tray preparation shall be visually appealing, both in content and organization.
ii. Each food item shall be in separate compartments with no spillage, inside or out.
iii. A moisture barrier shall be placed between bread, cakes, and liquids on the tray.
iv. All portion sizes must be consistent.
v. All trays used in the plating of meals must be clear of leftover food or other unidentifiable particles.
vi. All special diet meals must be clearly marked as such with documentation as indicated in solicitation response.
vii. A single tray from each meal shall be kept frozen for a period of five (5) days subsequent to meal preparation.
viii. Vendor shall use serving utensils that clearly identify the actual size in the same form of measurement as identified on the daily menu for each particular dish and meal.

IV. Staffing for ADF
a) Vendor shall be responsible for providing staffing as indicated and agreed upon in this solicitation process.

b) County would like the responding vendors to provide two different staffing plans and the cost of those staffing plans:
1. Kitchen staffed only by outside contracted Vendor employees.
2. Kitchen staffed by outside contract employees supplemented with inmate labor.

c) Vendor shall be responsible for providing an on staff or consultative nutritionist or dietician to provide oversight and approval as to the nutritional guidelines of both traditional and special diet meals for all menus. Individual chosen shall be registered with the American Dietetic Association. This person(s) must be available to return phone calls and e-mails within 24 hours during regular business hours.

d) Vendor shall be responsible for identifying a local management staff person that will be available during the business day and maintains authority to make decisions without delay. 24 hour response time is required.
1. Kitchen manager must possess a Food Storage License.

e) All staff shall possess Food Handler Certification through Sedgwick County Health Department, prior to conducting service under this contract.
1. All Vendor employees must maintain Food Handler Certification.

f) All staff shall utilize a hair and beard restraint at all times when in the kitchen facility.

g) All staff shall utilize gloves at all times when handling, preparing, or plating food.

h) All staff shall consume personal food items in designated break room, this is to include drink products.

i) All staff utilizing onsite parking shall do so in authorized location only.

j) Staff must enter and leave through front entrance of the Detention Facility during any hours deemed necessary by the Vendor to conduct the nutrition service operations as identified in this solicitation.

k) Staff are subject to search upon entering and exiting the Detention Facility.
l) Staff shall not maintain on their person at any time during service of this contract any contraband defined in (Appendix B)

m) Staff shall not pass through any meal contraband as defined by the Sheriff.

n) All staff will wear company uniform and ID badge for identification purposes.

o) All staff are required to attend initial and annual in-service training for vendors.

p) Background checks will be conducted on all employees by the Sedgwick County Sheriff’s Office.

q) Sheriff’s Office staff requests the resume of the onsite Food Manager to be provided to them prior to hiring.

V. Equipment for ADF

a) Sedgwick County will provide, in fit and proper working order, all equipment assets as indicated on Appendix C of this solicitation document. Additional information regarding the manufacturer, model, year of purchase, or functioning will not be provided during the solicitation process. A mandatory pre-proposal meeting has been scheduled for Wednesday, February 21, 2024 at 9:00 am that will allow vendors the opportunity to view and gather identifying information on all currently owned equipment.

b) The Vendor selected for contract award shall be responsible for all costs for the preventative maintenance, repair, and replacement of all equipment located within the ADF kitchen.
   1. Vendor shall immediately report failure of any equipment to the Facilities Manager and Director of Programs and Services by email.
   2. Vendor will be allowed a period of 48 hours to conduct repair.
   3. Subsequent to the initial 48 hour period, a follow up email shall be sent identifying: (1) repair has been made, or (2) part(s) is on order or (3) contact person and schedule of completion for alternative vendor hired to conduct repair. Vendor must provide an estimate time window for when repair will be completed.
   4. An amount of $100.00 will be deducted from the following month’s billing invoice for each additional 24 hour period that: (1) repair has not been made, or (2) part(s) has not been ordered or (3) contact and schedule information for the alternative vendor to conduct repair has not been provided.
   5. Invoice deductions, as identified in the previously identified process, will continue each 24 hour period until an email is sent to jailcontract@sedgwick.gov containing the following required information: (1) completed repair, or (2) part(s) on order or (3) alternative vendor has been hired to conduct repair.
   6. Sedgwick County reserves the right to identify failed equipment and notify Vendor through subsequent email. All further action will follow previously identified process.
   7. All communication must be documented and sent via email to jailcontract@sedgwick.gov

Sedgwick County does not have information available regarding past equipment failures and repairs.

c) In the event that equipment is deemed irreparable by Vendor, Facilities Manager, Sheriff’s Office staff, and/or third party vendor, the Vendor shall be responsible for replacing equipment with comparable capabilities (any modifications/alterations must be clearly identified) subsequent to written approval of Facilities Manager and Sheriff’s Office staff. Upon contract completion, county will retain ownership of said equipment.

d) Vendor shall take all reasonable steps to ensure Vendor’s staff is trained, to properly use and care for equipment, to prevent unnecessary wear and tear or abuse.

e) Vendor may at any time purchase, install, and use additional equipment, with prior approval from the Facilities Manager and Sheriff’s Office staff. Upon contract completion, county will retain ownership of said equipment.
f) Vendor shall be responsible for adhering to regular usage preventative maintenance as indicated necessary by the manufacturer and Facilities Manager.

g) Vendor shall complete Maintenance and Equipment Log.

h) Vendor shall be responsible for furnishing all small wares necessary to meet the scope of work herein. All small ware items currently owned by the County, will be provided for use; however, there is no inventory or guarantee of said items. Upon contract completion, county will retain ownership of said equipment.

1. All small wares will be Silicone and/or plastic products with exception of: whisks, large serving spoons, dough cutter, and ice cream scoops.

i) Infrastructure penetrating or residing within the walls, ceilings, and flooring, will be maintained by the county, only include: sinks, drains, and the tray washing machine ventilation hood. Ventilation hood inspections will be the responsibility of the county.

VI. Performance for ADF

Sedgwick County intends to utilize a performance measurement system to help ensure quality of service and food preparation. Please review the following and clearly note exception, with alternative in proposal response if deemed necessary.

a) The Vendor may be inspected weekly and given a cumulative score based on the health and safety review structure found below.

b) The inspection will be conducted by the Facilities Manager or designee and/or the Sheriff staff during normal business hours, but without announcement.

c) Scores of 90% and above will avoid penalty.

d) Scores below 90% occurring for three (3) consecutive occurrences or five (5) non-consecutive occurrences during any calendar year shall produce a contract deduction of 1% of the cumulative weekly invoice total. Scores below 90% occurring subsequent to the initial contract deduction shall result in a contract deduction of 2% of the cumulative weekly invoice total. This deduction will continue to compound (3% for the third occurrence, 4% for the 4th occurrence) for the remainder of the calendar year.

e) Facilities Manager or Sheriff staff will place the percentage value for each item next to the pass or fail column on the criteria form found below, during weekly inspection.

f) For any failed item, a picture will be taken and kept for the duration of the calendar year.

g) Upon completion of an inspection, if any item is marked as fail, the Vendor will be immediately provided a courtesy copy for remedy consideration.

h) If the total score is calculated to be less than 90%, the Facilities Manager and/or Sheriff staff, will provide written notification of the failure, a copy of the inspection report, supplemental photographs, and request a corrective action plan to be submitted no later than 30 days from receipt to jailcontract@sedgwick.gov
i) The Vendor will conduct mandatory quarterly meetings to be held with the Sheriff staff and/or Facilities Manager. The meeting shall be via conference call or in person. Vendor will be responsible for facilitating meeting dates, times, and applicable locations or conference call in numbers. Items to be discussed will be insurance requirements, certifications, medical and religious menus, and updates on equipment. This serves strictly as an example. The meetings will not be limited to the above mentioned topics.

j) Weekly inspection criteria

<table>
<thead>
<tr>
<th></th>
<th>Meal Quality</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Correct Menu/Preparation</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Serving Temperature</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Clean Tray</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Consistent Portion Sizes</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Facility Cleanliness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Insect/Vermin Present</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Food Stored Off Ground</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Restroom</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Correct Staffing Level</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. No Employee Food</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Certifications</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Gloves and Hair Net</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Completed Temperature Logs</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Broken/Misused</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Secured Areas Locked</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Contraband</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

RFP #24-0001
Sedgwick County...Working for you
k) Explanation of criteria:

<table>
<thead>
<tr>
<th>1. Meal Quality</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Correct Menu (Prepared per Appendix A)</td>
<td>Menu as proposed by vendor and approved by County.</td>
</tr>
<tr>
<td>b. Serving Temperature</td>
<td>Minimum temperature as guided by Health Department in pan immediately prior to serving.</td>
</tr>
<tr>
<td>c. Clean Tray</td>
<td>No leftover food or other unidentifiable particles.</td>
</tr>
<tr>
<td>d. Consistent Portion Sizes</td>
<td>Comparing two identically plated items by measurement, liquid by cup and dry by dimension.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Facility Cleanliness</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Insect/Vermin Present</td>
<td>Any insect or vermin as seen by County inspector.</td>
</tr>
<tr>
<td>b. Food stored Off Ground</td>
<td>No food items are to be stored on ground, including those in boxes.</td>
</tr>
<tr>
<td>c. Restroom</td>
<td>Soap, disposable towels, and toilet paper must be available.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Correct Staffing Level</td>
<td>Staffing level as proposed by vendor and approved by County.</td>
</tr>
<tr>
<td>b. No Employee Food</td>
<td>No employee food outside of designated break area.</td>
</tr>
<tr>
<td>c. Certifications</td>
<td>Must have food handlers card for each employee on shift immediately available.</td>
</tr>
<tr>
<td>d. Gloves and Hair Net</td>
<td>Any person in kitchen preparation area must have on gloves and a hair net.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Equipment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Completed Temperature Logs</td>
<td>Minimum/Maximum temperature as guided by Health Department logged as guided.</td>
</tr>
<tr>
<td>b. Broken/Misused</td>
<td>No broken equipment without verification of attempt to fix, no County equipment not being used appropriately.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Security</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Secured Areas Locked</td>
<td>No doors propped open, no doors unlocked.</td>
</tr>
<tr>
<td>b. Contraband</td>
<td>No contraband as defined by Sheriff.</td>
</tr>
</tbody>
</table>

l) Special Meals Criteria

Mandatory Specifications for Religious (Kosher/Halal) Meals:

1. Religious meals will meet the same daily calorie count as the regular tray.

2. Religious meals will be accomplished by use of one of the following methods:
   i. Common Fare
   ii. Pre-packaged, sealed meals
   iii. Preparation on location in kitchen using a separate area, cooking equipment, utensils, and trays.
   **This area and equipment will be used strictly for the preparation of only religious meals.**

3. Different colored trays will be used for the different types of meals served:
   i. Color A (For Example: Brown) - regular meals, approximately 1,230 trays.
   ii. Color B (For Example: Gray/Silver) - medical and vegetarian meals. Approximately 350 trays will be needed for these meals. ([See Appendix A for medical diet definitions](#))
iii. Color C (For Example: Blue) - religious meals. Approximately 190 trays will be needed for these meals. **In the event the inmate is authorized both a medical and religious meal, the meal will be served on a religious tray. The religious trays will not be used for any other meals at any time. They are to be strictly used for Kosher/Halal meals.**

**VII. Reporting for ADF**

a) Vendor shall be responsible for providing a six (6) week menu to jailcontract@sedgwick.gov for approval four (4) weeks in advance of menu implementation. This menu shall outline the content and recipe as well as how each meal meets the nutritional guidelines for this RFP. This menu shall outline both plated and sack lunch meals. Sack lunch meals do not need to meet the nutritional guidelines, but shall be approved by the Sheriff staff.

b) Vendor shall be responsible for providing a request to change the menu to the jailcontract@sedgwick.gov no later than 48 business hours prior to the requested change.

c) Vendor shall be responsible for retaining each daily, weekly, or rotational menu on file, and available for inspection by federal, state, and local authorities and accrediting agencies for a period of at least one (1) year after approval.

d) Vendor shall provide, at the request of the county, verification of actual food cost for items being purchased.

e) Vendor shall be responsible for maintaining temperature logs. Logs shall include all refrigerators, freezers, and served food. A separate log shall be maintained for food being transported to satellite locations.

f) Vendor shall provide, to the Sheriff staff, an electronic weekly invoice providing the total number of meals provided for each facility, for each week of the subsequent one (1) week period.

g) Vendor shall complete a written corrective action plan and submit electronically, as determined necessary by Facilities Manager and/or the Sheriff staff, during weekly inspection.

h) Vendor shall electronically submit a weekly invoice to jailcontract@sedgwick.gov outlining the number of meals and cost as indicated.

**VIII. Miscellaneous for ADF**

a) Vendor shall maintain responsibility for preparation of food as indicated in this solicitation in the event of a natural or other disaster that results in an inability to prepare food in the ADF kitchen. Vendor shall be responsible for notifying county of any changes to the Recovery Plan as submitted and agreed upon during this solicitation process.

b) Vendor shall be responsible for maintaining all licenses, permits, bonds, and insurance required for carrying out the work to be performed under this solicitation and subsequent contract. The Vendor is responsible for providing the Sheriff staff proof of all applicable insurance, permits, bonds a copy each calendar year.

c) Vendor shall be responsible for making available for inspection all food preparation and storage areas by appropriate authorities and by accreditation auditors.

d) Vendor shall ensure that all utensils, ad hoc items, condiments, etc. that is ordered shall be received within 72 hours.
 e) Vendor shall ensure that the kitchen facility is maintained in a clean, safe, healthy manner, and is suitable for satisfactory evaluation by the City of Wichita, Office of Environmental Health at any time.

 f) Cleared trays and containers will be received by the Vendor as follows:
   1. Detention Facility – Approximately one (1) hour subsequent to pick up
   2. Jail Annex – Upon delivery of next meal

 g) Vendor shall be responsible for providing meals to the Juvenile Corrections Department in the event of a community emergency or catastrophic event:
   1. The nutritional content of the meal shall be identical to that of the ADF traditional plate.
   2. The meals shall be served in Styrofoam three (3) compartment hinged trays which will be picked up from the ADF kitchen by an appointed person from the Juvenile Corrections Department, schedule to be determined upon commencement of service.
   3. Sedgwick County will provide the Vendor a request for such meals no less than three hours prior to expected meal delivery.
   4. Sedgwick County will provide the Vendor a request to terminate such service no less than three (3) days prior to expected termination.
   5. Sedgwick County will request no less than 25 meals and no greater than 550 meals per day under this provision.
   6. Meal price shall be identical to other contract meals and billed directly to Juvenile Corrections.

 h) Vendor shall be responsible for exterminating services as determined necessary by the County Contract Manager or Vendor, but no less than once in each 15 day period.

 i) Vendor shall be responsible for maintaining cleanliness and disposable supplies in the restroom facility with the ADF kitchen.

 j) Sedgwick County expects the Vendor chosen for contract award to provide the following items:
   1. Use of a food management software system that is capable of menu planning, need and purchase forecasting, inventory monitoring, and meal production.
   2. Ability to be accredited or other applicable certification through the American Correctional Association Performance Based Adult Local Detention Facility Standards – Fourth Edition and the 2014 Supplemental Standards.

 k) Vendor shall be responsible for the cost of all cleaning supplies.

 l) Vendor shall provide a no cost, a coffee station for Sheriff staff in breakroom. The coffee bar can be subcontracted by the Vendor or self op., but at minimum, should include brewing station(s), regular coffee dispenser, decaf coffee dispenser, cups, lids, stir sticks, sugar, and sugar substitute.

 m) Vendor shall provide to the Sheriff staff no cost or reduced meal options. (Ex: hot meals, salad bar, sandwiches, to-go orders, grab and go market, etc.).

 n) Vendor will be expected to present several options as part of the selection process.

 o) Kitchen sally port MUST be swept and mopped daily after each meal. Deep cleaned once a week.
IX. Questionnaire/Proposal Content

In your response document, respond to all questions and requests listed below. Please precede your answer with a copy of the question. A copy of the questionnaire will be provided in WORD format for ease of completion. Please note that in the case of a discrepancy this document will prevail. For all sections outlined in the Scope of Work, please indicate willingness to comply with requirements as listed in this document, or provide a detailed explanation of any unwillingness to comply with requirements. In addition, please include the required response content below.

**General/Meal Preparation Services**

1. Provide four (4) references verifying exemplary service. These references must have received services similar to those proposed under this RFP. Provide the business name, address, contact name, phone number, email address, and a brief description of products and services provided. The county expects all reference information to be current and accurate. Please verify that all contact information is correct.

2. Provide an alphabetized list of all nutrition service clients for the previous five (5) years. Include the following information; organization, address, contact person, phone, date of service, scope of service, and average number of daily meals served.

3. Provide a list of all previously held accounts that have been cancelled or not renewed for the previous ten (10) years. Provide an explanation of the reason those terminations occurred.

4. Attach a list of all management/supervisory personnel to be assigned to the county. Include the following information; name and title, years of experience with Vendor, total years of experience in nutrition service field, qualifications, training, and strengths.

5. List any active or pending litigation, fines, penalties or sanctions issued by any governmental or accreditation agency during the previous three (3) years.

**Preparation for ADF**

1. Indicate planned time period between first meal plating and final for Detention Facility. Indicate planned time period to begin plating delivery and pick up meals. Provide details on how this process will coincide with meal plating for the Detention Facility.

2. Provide a detailed plan of achieving meal delivery to the Jail Annex. Include description vehicle to be used, delivery departure time, and intent to deliver together or separate.

3. Provide a detailed plan to ensure USDA recommended temperatures will be met for the recommended time period prior to serving.

4. Indicate how trays will be kept visually appealing, both in content and organization.

5. Indicate plan to clearly identify and inventory serving utensils on a daily basis.

6. Provide a copy of the form or other process used to indicate a special diet.

**Staffing for ADF**

1. Provide a detailed staffing plan to include a backup plan when scheduled staff is unavailable.
   - Kitchen staffed only by outside contracted Vendor employees.
   - Kitchen staffed by outside contract employees supplemented with inmate labor.

2. Provide schedule of anticipated daily arrival and departure of staff; include any deliveries that may happen outside of these hours.

3. Provide a detailed plan for on staff or consultative nutritionist or dietician. Provide resume if individual is currently on staff.

4. Outline in detail the level of authority maintained by local management staff. Provide resume if individual is currently on staff or qualities sought if not.

5. Provide a detailed plan for ensuring all staff obtains Food Handler Certification through the City of Wichita, Office of Environmental Health.
6. Provide a detailed plan for ensuring the ADF kitchen stays secured.
7. Provide a description of staff attire and identification.
8. Provide a detailed plan for ensuring staff do not carry contraband while providing service under this contract. Provide a detailed plan for discipline in case of (1) allegation and (2) confirmation of staff carrying contraband while providing service under this contract.
9. Provide examples of inmate training programs, if applicable.

Equipment for ADF

1. Provide a list of local vendors that will be utilized to ensure proper working order of equipment.
2. Provide a detailed plan to address downtime of equipment.
3. Provide a detailed plan to ensure staff is trained to properly use and care for equipment.
4. Provide a detailed plan of how staff will adhere to regular usage preventative maintenance.
5. Provide a detailed list of anticipated small wares that will be provided by Vendor.
6. Provide a detailed list of additional equipment that will be brought on site.
7. Provide a financial statement that outlines anticipated repair and replacement costs.

Miscellaneous for ADF

1. Provide a detailed Recovery Plan should the ADF kitchen not be available due to disaster or other unforeseen emergency. Include location of alternative facility, approximate size and available equipment, staffing, and meal delivery. Also include any exceptions to the Scope of Work that will not be maintained during such disruption.
2. Provide a detailed plan for receipt and cleaning of meal trays and containers.
3. Provide a detailed plan to address the needs of Juvenile Corrections in case of an emergency or catastrophic event.
4. Provide a detailed plan to obtain exterminating services, include vendor name, location and qualifications, frequency, and methodology.
5. Provide a detailed plan to maintain cleanliness and disposable supplies in ADF kitchen restroom facility.
6. Provide a detailed summary of the food management software system that may be utilized if awarded contract.
7. Provide a copy of any appropriate accreditations/certifications. Include details of process to obtain and retain.
8. Provide detailed cost for service(s) proposed at a fixed per tray price regardless of type of meal i.e. main line meal, medical diet, religious diet, sack meals, etc., or fluctuation of ADP of Detention Facilities.
   - Option 1: Per tray price kitchen staffed only by outside contracted Vendor employees.
   - Option 2: Per tray price kitchen staffed by outside contract employees supplemented with inmate labor

END OF SECTION A
B. **COMMISARY MANAGEMENT SERVICES**

Vendor shall be responsible for Commissary Preparation and Management Services to the following two (2) County locations:

1. **Sedgwick County Sheriff’s Office – Adult Detention Facility** – 141 W. Elm Wichita, KS 67203.

2. **Sedgwick County Sheriff’s Office – Jail Annex Facility** – 701 W. Harry Wichita, KS 67213.

I. **Requirements and Scope of Work**

   This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this RFP. Firms must meet or exceed qualifications to be considered for award. Specific responses to each must be provided in the accompanying Response Form.

   Firms shall:

   a) Have proper certification(s) or license(s) for the services specified in this RFP to provide the service.

   b) Shall describe the Vendor's background and experience to demonstrate the Vendor's ability to operate an inmate commissary services as described in this RFP.

   c) Shall provide a list of current contracts or business facility name, city, state and type of correctional institutions (jail or prison) where Vendor is providing inmate commissary services and the length of time that each contract has been in effect.

   d) Shall provide a list of previous contracts or business facilities name, city, state and type of correctional institutions (jail or prison) where the Vendor has terminated inmate commissary services or been out-bid in the past 24 months. For each contract specify the contract start date and reason for termination.

   e) Shall include disclosure of any legal action pending or settled against the company or corporate principals within the company within the past 48 months.

   f) Shall provide audited financial statements for the most recent fiscal year and previous year to support the Vendor's financial capability to undertake and complete the performance of the contract. If the company is a subsidiary or division of a corporation, the relationship of the Vendor must be clearly delineated in the proposal.

   g) Shall include identification of the staff members of the project team, their duties, responsibilities, background, and experience.

   h) The Vendor shall supply funds to the Sedgwick County Detention Facility to continue the religious programming support currently on-going in the Sedgwick County Detention Facility. The funding will be used to fund Christian Ministries to Offenders (CMO) or to fund one full time staff chaplain (as determined by the Sheriff). The funding level shall be at 12% of net sales. The Sheriff’s Office reserves the right to raise the funding level up to 3% to fund inmate programs.
i) The Vendor shall supply for the use of the inmate population the following items at no charge to Sedgwick County: coffee pots, hair clippers, nail clippers, basketballs, televisions at least 42 inches in size including wall mounts for Detention Facility and Jail Annex. The items listed comfort/entertainment inmates will be requested on at most a quarterly basis from the Vendor as needed: forty (40) coffee pots, thirty (30) hair clippers, twenty-five (25) basketballs, twenty (20) televisions at least 42 inches in size, thirty (30) big and small nail clippers, or as needed. The Vendor will provide ten (10) cases quarterly of popcorn and oil for Sheriff’s Office breakrooms.

j) During the term of this contract Sedgwick County may request the following items or services be supplied by the Vendor at no additional charge.

k) Additional Optional Sales

1. With approval of Sedgwick County the Vendor may enter the facility at a negotiated time and day of the week to make additional direct sales in the housing pods. Items to be sold will be subject to approval by Sedgwick County, but may include items such as: packaged food, hygiene items, pre-ordered hot food, and cold prepared sandwiches. Sedgwick County may deny delivery to any housing pod or inmates at their discretion. The solution must include Kosher and Halal items.

2. Sedgwick County may allow on-line sales of hygiene, reading, writing, and clothing items purchased through the Vendor by outside individuals and delivered on the normal commissary day. Should such sales take place, the value of the purchased items will be deducted from the total sales available to the inmate for the week.

3. Hot cart service to all pods once a week at the Adult Detention Facility and Jail Annex.

4. Inmate vending options and how these options would be managed.

l) Vendor will make a mutually agreed upon quarterly payment, not exceed $3,000.00 a quarter, to CMO to enable them to purchase an inmate’s first paperback religious text of the inmate’s choice.

II. System Architecture and Design

a) The county requires that the Vendor system employ a relational database. Acceptable database is Microsoft SQL Server, Standard Edition, version 2019 or newer. The ability to integrate with a wide variety of third-party products, including browsers, word processing, office suite applications, photo, video, and audio imaging is also required.

b) The existing Sheriff Law Enforcement applications include many interfaces to existing in-house and third party Vendor applications. It is required that the Vendor ensure that none of the existing interfaces be lost when the new computerized commissary system is deployed.

c) The Vendor shall design, develop and implement interfaces to various systems in use by the jail and other vendors or in the future, and said work should be successfully completed prior to go-live.

d) Interfaces currently in place that new Vendor software will impact are as follows:
   - Tyler Technology’s Enterprise Corrections (formerly Odyssey Corrections)
e) The Vendor shall be responsible for providing adequate training for the Sedgwick County Sheriff’s Office employees as to the thorough and proper use of the Vendor’s software. On-going training will be required by the Vendor as needs arise. The Vendor shall submit, upon award, a training schedule. All training will be the sole responsibility of the Vendor.

f) All data, manuals, procedures, system descriptions and work flows developed, received or accumulated by Vendor shall remain the property of Sedgwick County. No data may be released without the written consent of Sedgwick County. Sedgwick County shall have full access to all data. The Vendor shall provide search and report capabilities necessary for day to day operations and investigative inquiries.

g) **System Diagram**
- Provide a diagram of the proposed system architecture. The diagram should include an overall representation of the servers, network, peripherals, workstations, mobiles, and interface points, as well as a representation of the system environments (Production, Test, Training, and Disaster Recovery).

h) **Proposed Hardware Configuration**
- Provide a listing or description of hardware configuration(s) recommendations based on use experience.

i) **Performance and Reliability**
- Describe any impact to systems (e.g. interference to normal operations, system shutdown) that will occur during server upgrades and/or expansions.

  How will the Vendor ensure concurrent operation of all system components without degradation?

  Describe the system response times that will be guaranteed during the lifetime of the system (both during original warranty period and lifetime support). This is specifically referring to the transaction times related to commands.

  Describe how the Vendor will measure and ensure system performance over the lifetime of the system.

  The county expects seven days a week, twenty-four-hour operation regarding the solution. Describe how the Vendor will guarantee 99.999% availability both initially and during the life of any license and maintenance contract.

  What level of system availability is recommended for the solution?

  Describe how the Vendor will guarantee this level of availability both initially and during the life of any license and maintenance contract?

j) **System Failover and Restoration**
- Provide a detailed description of the proposed backup environment.

  Do operations automatically failover to the backup environment in the event of a failure in the production environment? Describe any actions that must be taken by personnel to activate a backup environment.

  How much time is required until operations commence in the backup environment when operations in the production environment fail?

  What steps, degree of user intervention, and time is required to return operations to the primary environment?
k) **Network Compatibility**
   What is the minimum actual network throughput and latency?

   OR

   Describe how the system will work in an environment of intermittent mobile computer connectivity.

   What is the slowest wired network connection speed that is required to support the system?

   What is the slowest wireless network connection speed that is required to support the system?

l) **System Software Application and Utilities**
   Provide the name, company, and release level of any additional third-party software required to support the proposed solution.

m) **System Backup**
   Describe the recommended approach for system backup.

   How will the proposer’s recommended backup process affect live operation?

   Are all system functions (inquiry and update) available during backup? If not, explain the level of availability of system functions during backup and approximate time to perform backup.

   Will the recommended approach enable full backup of the system?

   Can the full backup be performed unattended?

   Can full backup be scheduled to occur automatically?

   Can the system perform incremental backup (i.e. only data/files updated since last backup)?

   How long (estimated) will it take and what steps are involved to restore from a backup?

n) **Data Conversion Plan**
   In this subsection, please provide a Conversion Plan and approach – Data from legacy systems must be converted to the new system. The Data Conversion Plan must describe the strategy, approach, processes and reference the appropriate specifications to convert data from the County’s legacy systems to the new system.

o) **Deployment/Implementation**
   In this subsection the Vendor must provide a detailed Deployment and Implementation plan which documents the activities that must be performed to deploy the application to the production environment and implement within the county. The plan must detail elements related to the critical activities that need to be performed prior to launch. The plan must contain the detailed installation procedures and consider the inter-application dependencies. The plan must include the step-by-step activities leading up to deployment as well as the post-deployment activities related to reporting and clean-up. Additionally, the plan must address the roles and responsibilities, Go/No-Go criteria and decision date, required resources, assumptions, and risks related to implementation and Go-live.
At a minimum, the deliverable must contain the following:

1. Deployment strategy and approach
2. Software installation procedures
3. Deployment/Conversion implementation detailed plan
4. Post deployment activities
5. Proposed scope, approach, schedule and team
6. Implementation phase entry and exit criteria
7. Implementation readiness approach (go/no-go criteria and checklist)

III. Project Management

Include the following information in this subsection: Describe the Vendor’s approach to managing the implementation of the proposed system, addressing at a minimum the following components of project management:

1. Project communications
2. Schedule management
3. Issue management
4. Scope management
5. Risk management
6. Quality assurance

Statement of Work that breaks down the system implementation by tasks and delineates Vendor and the County’s responsibilities within each task. Tasks should include configuration, testing and interface development and deployment. Address project management services including creating and maintaining a detailed deployment plan, along with a detailed task list.

Realistic and readable implementation project schedule that starts at contract signing. The schedule should describe tasks to be performed by the county as well as by the Vendor.

How will the Vendor help the county or other external customers who interface with the county information systems identify potential changes in business processes because of changes in application software?

IV. Training

In this subsection the Vendor should describe how they would provide the following types of training programs, along with appropriate documentation:

A training program for county’s project implementation team that includes the training necessary to understand the overall system architecture, interface configurations, data import/export capabilities, and workflow configuration options, etc.

A training program for application administrators that includes the training necessary to configure, tailor, monitor, and administer the technical and functional aspects of system.

A training solution to support the training of end-users in the functionality of the various proposed system modules. To support the training of end users, the county envisions the use of a “train-the-trainer” approach. However, it is requested that all end users receive individual training.

Post implementation training.
Multimedia presentations of training made available following actual training (e.g., PowerPoint presentations, videos, etc.).

A training program that accounts for end users on shift work and may not be available during normal training hours.

V. Cost of Work

All costs for each item referred to in the proposal must be identified in this subsection. While overall costs may be dependent on the county purchasing all components of the proposal, costs should be broken out by system component and noted in the appropriate sectioned response.

Costs must be unbundled and separately listed. Proposals that do not detail specific costs will be considered non-responsive.

The Vendor shall bear the onus of any cost related errors.

All interface costs must be included. Note that the costs associated with interfaces shall include all costs associated with the development, testing, and deployment of the defined interface. List all systems and applications for which the system currently has interfaces in place.

The county reserves the right to conduct negotiations with Vendors on pricing and payment terms.

Costs proposals should include the following components:

Implementation Costs – Describe and list all costs that would be associated with implementation of the system, including but not limited to the following:

1. Installation of Hardware/Software
2. System Integration
3. Project Management
4. Training
5. Data Conversion
6. Travel
7. Any other costs (please describe)

Optional Costs – Describe and list all optional cost items associated with the system.

Total One-Time Costs – Present a summary of all one-time costs for the system.

Recurring Costs – Provide a 10 year cost schedule that presents the annual cost for maintenance and service warranty. Include options to renew after ten years.

Payment Schedule – Provide a proposed payment schedule.

VI. Architecture and IT Standards (Rev. 2.1.23)

If web based, preferably written in HTML 5, not requiring Java, Reader, or Flash needs (vulnerable 3rd party apps) - if any, always the latest version.

Vendor should provide a list of client requirements.
Vendor should indicate data requirements - data growth rate per year (database size, attachments, binaries, backup sizes, etc.) How does this impact costs and services?

Vendor should list client application deployment methods (please include how these applications will be updated).

Vendor should list any included backup and recovery capabilities, objectives and estimated timelines. Please include any known issues with backup and recovery systems on the market.

Vendor should provide secure connections to data and be compliant with any regulatory requirements such as HIPAA, CJIS, and PCI requirements.

Vendor should include interface diagram and security specifics.

If not answered in previous question please list authentication and security methods for access to the system and system data.

The software needs to be able to be supported on current technology standards and future / modern OS releases. Does this system stay up to date with modern software updates -- such as Windows OS or SQL versioning to the latest versions?

Vendor should list Server and Client resource requirements (CPU, Memory, and Disk Space)

Vendor should indicate server and application update practices (Include the answers to how to patch the application on the client and server).

Vendor should list network connection requirements.

If on premise, vendor should list system external interface requirements (Please include an interface diagram) – Is there any remote connection into the On-Premise system needed for support by the vendor?

If not addressed in previous response, vendor should list authentication and security methods for access to the system and system data.

Vendor should indicate backup methods recommended - any incompatibilities with backup systems on the market.

Software should be compatible with modern antivirus clients (list any needed exceptions or known problems).

For on premise solutions, Vendor should provide full instructions for configuring database connection strings.

For on premise solutions, Vendor should provide a list of supported and compatible database system versions.

The product should allow read only access to the system database or replicated database to facilitate the ability to bring data into SAP BI for ERP. In addition, the preference would also be to have access to the system’s data dictionary/schema. This may not be required.
VII. Project Status Reporting
Weekly written status reports shall be submitted to the Department Project Manager. These status reports should outline:

1. Overall summarization of the project progress;
2. Deliverables achieved;
3. Deliverables remaining, progress, and expected delivery on each; and
4. Issues and concerns affecting specific deliverables and the project schedule or any other aspect of the project.)

VIII. Acceptance Testing
The vendor will work with the department to create an acceptance testing plan. Both parties shall agree to the plan in writing and the plan must be completed prior to county acceptance of the solution.

IX. Documentation
The vendor shall provide system documentation (written or electronic) to the department.

X. User Training
Describe any training to be provided by the Vendor:

1. Identify who and how many resources require training.
2. Identify the timing of the training.
3. Indicate if training is to be provided at the Department’s site or off site.
   a. If on-site training is required indicate if the Vendor will be required to deliver training at multiple locations or at one central location.
4. Identify location of training facilities.
5. Describe the equipment and software to be provided at the training facility.
6. Identify any required content for training materials to be provided to trainees.
7. Identify any experience/skill requirements for the individual(s) delivering the training.)

XI. Quality Goods and Services
The Vendor shall deliver high quality commissary goods and services to the inmates of Sedgwick County. Items offered through the Commissary must meet the following specifications:

a) No products delivered to inmates shall have an expired “sell by” or “use by” date.

b) Food items shall be wrapped/packaged and dated for individual consumption.

c) Containers shall be made of clear (see-through), non-breakable materials.

d) Consumable products shall contain no alcohol.

e) Product shall not contain packages of sugar or sauces that Sedgwick County considers a safety risk such as hot pepper sauce.

f) No creams or ointments without approval of Sheriff’s Office.

g) All purchases delivered to inmates shall be free of contraband.

h) The Vendor shall not substitute items ordered by inmates.

i) The Vendor shall package the deliverable items in clear plastic bags.
j) Orders must be filled without inmate’s names or identifying number being visible or known by Vendor staff off-site.

k) The Vendor shall be responsible for monthly, or as needed, exterminating services as determined necessary.

XII. Type of Restriction Description, Example, Scope, Quantity per order

a) Any item may be restricted to any quantity. For instance, any inmate may be restricted to no more than two (2), 2-pack Tylenol per order.

b) In addition to the quantity per order restriction, any item may be restricted to any quantity over any time span in days. For instance, any inmate may be restricted to no more than four (4), 2-pack Tylenol over a 60-day period.

c) Any item may be restricted entirely from a given inmate. For instance, any inmate may have smoked sausage restricted entirely so that none may be ordered.

d) Any inmate may be restricted to a given quantity of a category of related items. For instance, any inmate may be restricted to ordering up to seven (7) candy items.

e) Spending Limit Restriction, any inmate may be restricted to a maximum dollar amount to be spent per order, for instance, any inmate may be limited to spending no more than $60.00 per order, per inmate or per order. Total order for one week shall not exceed $90.00 for all sales. Hot Cart order cannot exceed $30.00.

f) Spending Limit Override, any inmate may be granted a spending limit override by Sedgwick County supervisory staff to order a given item, for instance, any inmate may be allowed to spend up to $50.00 on tennis shoes, which amount does not contribute to the spending limit for the rest of the items ordered. One care package per month for each inmate.

g) Restriction by Gender, restrictions can be applied automatically during the order process based upon an inmate’s gender.
   • Ability to override gender based items when directed by Sedgwick County.

h) Commissary ordering system will allow for all restrictions in any quantity to any individual including, but not limited to, medical restrictions, for example candy bars restricted for diabetics.

i) The Vendor shall have the ability to provide a restricted commissary list for those on a Kosher, Halal or vegetarian diet. The restricted list must be able to be active and inactive as needed. A Division commander will approve these lists similar to the regular commissary list. These restricted items span over all services provided.

XIII. Prices

a) All prices, commissions, cost, terms and conditions outlined in the proposal shall not be subject to change without agreement in writing by the Vendor and Sedgwick County.
b) The Vendor represents and warrants that all prices set forth in this contract and all prices which the Vendor may charge under the terms of this contract do not and will not violate any existing federal, state or municipal law, or regulation concerning price discrimination, and/or price fixing. The Vendor agrees to indemnify, exonerate, and hold Sedgwick County harmless from any such violation now and throughout the term of this agreement.

c) The Vendor shall maintain a competitive retail pricing philosophy with regard to the retail selling price of the commissary items to inmates.

d) If the Vendor wishes to raise the price of an item sold to Sedgwick County inmates, the Vendor shall demonstrate that the following points are met for price increases/decreases:
   1. Shall be justified in writing by the Vendor.
   2. Are subject to Sedgwick County approval.
   3. Shall be reflected on the commissary menu and the commissary menu shall be available to inmates before implemented.
   4. Must have been at least one (1) year since last price increase.

XIV. Inventory Management

a) The Vendor shall maintain sufficient inventory levels at the Vendor’s location in order to limit shortages and/or backorders. The Vendor’s qualifications to meet this requirement will be evaluated based on the ability of the Vendor to handle the demands of commissary products ordered by inmates.

b) The vendor shall maintain an average order fill rate of 98% or better. After the initial two (2) month startup period, failure to maintain a minimum of 98% average fill rate during any six (6) month period, could be cause for cancellation of the contract.

c) Vendor will implement a money management system to replace the current system that is utilized by the current vendor. Vendor will provide a complete inmate banking system that will consist of:
   1. Order processing
   2. Complete accounting package
   3. Detailed reports
   4. Check writing and reconciliation
   5. Inventory
   6. Cash bonds
   7. Debit cards for releases
   8. Provide a detailed implementation plan to transfer current accounts to the new proposed system.
   9. Include copy of fee schedules.

XV. Commissary Menu

a) The Vendor shall offer for sale through the inmate commissary a wide-variety of items including: hygiene products, stationary materials, games, snacks, food, personal care items, and clothing items as approved by Sedgwick County.

b) The Vendor and Sedgwick County will mutually agree upon the items to be carried on the commissary menu. After the initial menu is established, no additional items are to be offered for sale to inmates without the written permission of Sedgwick County. Commissary menus are subject to change, at the request of Sedgwick County, on a quarterly basis.
c) The Vendor shall provide menus for inmates based on gender, dietary, disciplinary and medical restrictions established by Sedgwick County as referenced in jail management system.

d) The Vendor shall have the ability to limit or prevent delivery of certain items based on medical, religious or security restrictions.

e) Sedgwick County is also interested in making certain magazines and religious texts available through the Commissary. The first text is given for free to the inmate; however any additional texts may be purchased through the inmates commissary account. How does the Vendor propose accomplishing this?

XVI. Purchase Priorities

The Vendor shall establish procedures for prioritizing commissary purchases based on product categories and the amount of money available on the inmates' account. The order in which items appear on the commissary menu shall dictate the order in which they are purchased. Following are the categories of products that must be offered for sale on the inmate commissary and the order in which items shall appear on the commissary menu:

1. Hygiene and NP Medication items (combs, soap, Tylenol, etc.)
2. Stationary materials (paper, pencils, etc.)
3. Clothing and linen items (long underwear, shoes, pillows, etc.)
4. Food (packaged soups, oatmeal, etc.)
5. Snacks and drink mixes
6. Entertainment & other misc.

XVII. Care packages available to purchase for inmates from outside individuals.

XVIII. Inmate Order System

a. The Vendor shall interface with Inmate Communication Vendor to enable inmates to order Commissary on inmate communication devices i.e. kiosks, tablets, phone, etc. Commissary order system should provide a means of identifying the inmate, the inmate's housing unit, available funds, the unit price of each product, and the quantity to be ordered.

b. The order system shall allow inmates to order any time of day or week, up until a designated cutoff time prior to the delivery date. The system shall notify the inmate of the next delivery date.

c. Provide product images for reading impaired.

d. All announcements and ordering must be available in English and Spanish along with any other language as requested. Along with being ADA compliant.

e. Commissary order system shall cancel any order for an inmate that is released prior to the delivery of the items to the inmate, and have space for the signatures of the inmate and the individual reviewing and delivering the inmate's order. If an inmate is released prior to commissary delivery, a process will be identified so that the inmate can be refunded or pick up his/her order.

XIX. Equipment and Software Provided by the Vendor

a) The Vendor shall provide, at the Vendor's expense, all equipment and software that is needed to process inmate money deposits and releases. This shall include but not be limited to Wi-Fi, money management devices, kiosks, modems, telephone lines, computer lines, electrical connections, computer hardware, computer software, storage space for the records (server of storage device), etc.
b) The Vendor shall provide on-site repair and/or replacement of all equipment supplied by the Vendor under the terms of this agreement. The Vendor must repair or replace failed equipment within twenty-four (24) hours of notification of failed equipment. The Vendor shall have procedures in place to manually enter an order if equipment should fail during the order process. The manual method shall not interfere with the normal delivery schedule.

c) The Vendor will upgrade and replace money management devices and kiosks at least on an annual basis. The Vendor shall be responsible for the cost of installation, maintenance, repair, and replacement of equipment provided by the Vendor.

d) Vendor must have the capability of real-time sales in the inmate housing units without interfering with the operations of the facility.

XX. Money Management Devices and Software

Vendor must provide and maintain to Sedgwick County at no cost:

a) Vendor must add and maintain at the sole cost of the Vendor, up to (7) seven cash receiving machines with the ability to receive cash for inmates accounts and or bond. Vendor must replace equipment annually, which includes but not limited to kiosks, bill acceptors, change collector and most recent financial software, as approved by county.

b) Vendor must provide onsite technician or repair person for all Vendor owned equipment.

c) Vendor will maintain one backup device onsite of each money management device used.

d) Vendor will provide and maintain software for the money management system.

XXI. Receipts

The Vendor shall provide one (1) copy of the order receipt sealed within the bag containing the inmate purchase. The order receipt should contain as a minimum:

a) Date order was placed.

b) Inmate's full name, data number, housing unit identity.

c) Beginning balance of inmate's account.

d) A listing of all items included in the order. Listing shall include product ID, product description, quantity, unit price, and total price.

e) The Vendor shall identify, on the inmate order receipt, items that are subject to state and local sales tax.

f) The Vendor shall list, on the inmate order receipt as a separate line item entry, the total state and local sales tax charged to the inmate.

g) Grand Total (sum of all purchases).

h) Ending balance of inmate's account.
i) A listing of all items ordered but not received. Listing shall include product description, quantities ordered, and reason for non-delivery (out of stock, discontinued, diet restrictions, housing restrictions, etc.).

j) A space where the inmate can sign and date to acknowledge receipt of the order.

k) A space where the deliverer can sign and date to acknowledge the inmate's receipt of the order.

l) An electronic system to maintain receipt of order acceptance forms.

XXII. Invoices

a) The Vendor shall electronically submit an invoice within three (3) business days after each commissary delivery.

b) Invoices for both locations shall be emailed to jailcontract@sedgwick.gov

c) Invoices shall include but not be limited to the following: Vendor's unique invoice number, order date, delivery date, invoice date, order fill rate, and invoice amount.

d) Along with the weekly invoice, the Vendor shall furnish a statement that itemizes all sales for the respective week. The Vendor shall furnish monthly reports on gross sales, line item sales amounts and number of indigent transactions.

XXIII. Holiday Schedule

Sedgwick County observes 11 holidays each year. The Vendor and Jail shall adjust commissary order and delivery schedules to accommodate Sedgwick County's holiday schedule. Holiday order and delivery schedules are subject to negotiation and shall be expressed in the final contract. Holidays observed by Sedgwick County include:

- New Year’s Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Thanksgiving Friday (day after)
- Christmas Day

XXIV. Damages and Refunds

The Vendor shall establish an efficient method of handling damages and refunds. The Vendor shall issue a refund to the inmate's account within 48 hours of delivery for items that are damaged, spoiled, or missing prior to items being delivered to the inmate.
XXV. **Minimum and Limited Vendor Service Requirements**  
The following provisions describe unique roles of Sedgwick County and the Vendor for providing commissary services. For the purpose of discussion and to describe the flow of commissary operations this RFP describes activities to be completed on specific days each week. Actual commissary delivery days and times are subject to negotiation and shall be approved in writing by the Vendor and Sedgwick County.

a) **Vendor Responsibilities**

1. **Receive Commissary Orders:** Receive commissary orders submitted by Sedgwick County.
2. **Package Commissary Orders:** The Vendor shall package commissary orders in clear plastic bags with tamperproof seals.
3. **When possible,** the Vendor will mark non-consumable products with the order number.
4. **Deliver Commissary Orders:** The Vendor shall deliver Commissary to the inmates under escort from Sedgwick County. The day of the week and delivery times shall be negotiated with Vendor; however Sedgwick County would prefer deliveries be made on Saturday.
5. **Will provide on-site Vendor employees** for commissary deliveries and daily operations.

b) **Information Systems and Equipment Provided by Sedgwick County**

1. **Vendor will create an interface** that connects to Sedgwick County jail management software. Correspond with correctional staff via Sedgwick County e-mail to address commissary issues.
2. **Coordinate quarterly meetings** with management and staff.
3. **The Vendor shall be responsible for communicating with Sedgwick County's representative** frequently throughout the week and respond to management and staff regarding commissary issues.

c) **No inmate labor may be used for commissary purposes.**

d) **Commissary Delivery**

1. **The Vendor shall provide commissary delivery** a minimum of once per week, for inmates at the Adult Detention Facility and the Annex.
2. **The Vendor shall provide a hot cart service** every Sunday at the Adult Detention Facility and every Friday at the Annex Facility.
3. **County would like Vendor to present an inmate vending option and present security features** of their inmate vending product.
4. **Establish Commissary Delivery Schedule:** Sedgwick County desires that commissary is to be delivered to the entire inmate population at a minimum of once per week. The commissary delivery schedule is subject to approval by the Sheriff's Office.
5. **Commissary Order:** The Vendor shall have a commissary order system that will provide a means of identifying the inmate, the inmate's housing unit, available funds, the unit price of each product, and the quantity to be ordered. The order system shall allow inmates to order any time of day or week, up until a designated cutoff time prior to the delivery date. The system shall notify the inmate the next delivery date for the inmate's current housing location.

6. **Receive Commissary Orders:** The Vendor shall receive commissary order submitted through the system established by the Vendor.

7. **Prepare Commissary Orders:** The Vendor shall process commissary orders, prepare order receipts, and pick and package the commissary order for delivery to the inmates.

8. **Deliver Commissary Orders:** The following describes the process of delivering commissary to inmates in their housing units:
   - The Vendor shall deliver commissary orders to the housing pods.
   - After the inventory is complete, the inmate and the Vendor will sign the commissary delivery receipts. One copy of the signed receipt will be provided to the inmate and one copy will remain with the Vendor.
   - The Vendor shall remove from the housing unit and properly dispose of all commissary trash.

9. **When a discrepancy exists with a commissary order,** the Vendor shall resolve the discrepancy on the day of delivery of the commissary order or a refund should be issued to the inmate.

10. **When an inmate changes housing pods between the time the commissary order is placed and delivered,** the Vendor shall determine the new housing location and deliver the commissary to the inmate in the inmate's new housing pod within 24 hours. For out of County returns, 48 hours.

11. **When an inmate is released from custody between the time the commissary order is placed and delivered,** the Vendor shall delete the order and return the inmate's fund to their account, before release.

12. **When an inmate is placed in a special housing unit between the time the commissary order is placed and delivered and is not authorized to receive commissary,** the Vendor shall route the order as follows:
   - Orders for indigent or hygiene items only may be delivered to the special management area as a normal delivery.
   - Orders for non-indigent and non-hygiene other items must be returned to Vendor and a credit applied to the inmates account.
e) Manage Indigent Store

Items and quantities of goods provided to indigent inmates are subject to change at the discretion of Sedgwick County. Sedgwick County requests that contact lens solution is made available for indigent inmates upon request. Any inmate that is indigent for six (6) weeks may request underwear, white t-shirt and ankle socks. The Vendor shall package and provide on a weekly basis, at the request of indigent inmates, indigent store items listed below. Indigent store shall be delivered to inmates at the time of the weekly commissary delivery.

1. Indigent store is a package of supplies provided to inmates who have little or no money on their inmate accounts. The indigent store package includes writing materials, pre-stamped envelopes, and hygiene items.

2. Indigent inmates are those inmates who have $5.00 or less on their inmate account for fourteen (14) consecutive days.

3. The following items shall be included in indigent store packages at no cost to the inmate or Sedgwick County:
   - Toothbrush, short (@ 3-3/8"), quantity one each.
   - Flex-Pencil, writing, short (@ 4"").
   - Toothpaste, fluoride 2.75 oz., quantity one tube.
   - Solid clear stick deodorant, 1.5 oz., clear bottle, quantity one each.
   - Shampoo, 4.0 oz., clear bottle, quantity one each.
   - Paper, writing, quantity 5 sheets.
   - Envelope, stamped, quantity three each.

4. Vendor shall provide in their proposal the delivered cost of each item in the indigent store list and the cost of the entire indigent store package.

5. Vendor shall deliver with their proposal two (2) starter kits packaged in the manner they will be provided to inmates.

6. Vendor shall cover the cost of indigent supplies.

7. The Vendor shall establish, and describe in the Vendor's proposal, procedures to administer indigent store. As a minimum, Vendor shall address:
   - Procedures for inmates to request indigent store
   - Procedures for verifying indigence
   - Procedures for packaging, delivering, and receipting for indigent store
   - Procedure for maintaining a record of indigent requests and delivery
   - No funds shall be deducted from accounts of inmates who qualify for indigent goods and who order those goods from the indigent section of the commissary order form.

8. The Vendor may set up the indigent ordering system to allow for inmates to order individual items or a pre-set package of items.
f) Provide Commissary Services to Special Management Inmates

1. Medical - Inmates are often on restricted commissary for special diets. The Vendor will need to follow the special diet restriction policies of Sedgwick County.

2. Restrictive Housing and Disciplinary - Some inmates in administrative confinement and disciplinary inmates may order commissary using the commissary order system used by inmates in general population housing units. They may only order commissary items listed on a restricted commissary menu. The order system shall allow inmates to order any time of day or week, up until a designation cutoff time prior to the delivery day. The system shall notify the inmate the next delivery date.

3. Religious Diets- Inmates due to their religious preferences are on a restricted commissary. The Vendor will need to adhere to the special restrictions policies of Sedgwick County.

g) Address Inmate Requests

Inmate requests are available to inmates in their housing pods and are used by inmates to express their needs and concerns to detention staff, including commissary staff. Inmates complete inmate requests electronically on kiosk.

h) Address Inmate Grievances

The Vendor shall work cooperatively with Sedgwick County in the administration of the inmate grievance procedures to ensure systematic review of and response to inmate complaints, concerns or inquiries. The Vendor shall review, and respond in writing to inmate requests within three (3) business days of receipt. Completed responses are to be made through the kiosk system.

i) Remove Trash

The Vendor shall be responsible for removal and proper disposal of all trash generated by commissary operations. Sedgwick County shall provide a dumpster at the loading dock area that the Vendor may use for that purpose.

j) Manage Starter Kits for New Inmate Arrivals

1. The Vendor shall package and provide to jail staff sufficient quantities of starter kits to ensure the availability of one starter kit for each new inmate arrival.

2. The following items shall be included in starter kits:
   - Toothbrush, short (@ 3-3/8"), quantity one each.
   - Flex-Pencil, writing, short
   - Toothpaste 0.85 oz., quantity one each.
   - Solid clear stick deodorant, 1.5 oz., clear bottle, quantity one each.
   - Shampoo, 2.0 oz., clear bottle, quantity one each.
   - Bar soap 3.0 oz., quantity one each.
   - Comb, small, pocket, plastic, unbreakable, quantity one each.

3. Vendor will maintain an inventory of at least 500 starter kits on premise.

4. Vendor shall provide in their proposal the delivered cost of each item in the starter kit list at no cost to Sedgwick County.
5. Vendor shall deliver with their proposal (6) six starter kits packaged in the manner they will be provided to inmates.

XXVI. Minimum Staffing and Personnel Requirements

a) Dress Code - The Vendor shall establish and enforce a uniform dress code for all commissary staff that requires access to Sedgwick County facilities, which is consistent with the requirements established for Sedgwick County employees and appropriate to a correctional environment with regard to safety and appearance. Each employee shall be required to wear company logo apparel which is visible. Each employee of the Vendor shall wear a picture ID supplied by Sedgwick County while in the facility.

b) Personnel Security Requirements - The Vendor shall ensure Vendor employees including employees of its sub-vendor(s) and agents who require access to Sedgwick County facilities shall cooperate and comply with Sedgwick County security criminal history checks and clearances, substance abuse screening, photo identification, vehicle registration procedures, and searches of their person and possessions while on or in Jail property.

c) Criminal History Check - Vendor employees who require access to Sedgwick County shall be subject to criminal history check. Each Vendor employee shall complete and sign a release authorizing Sedgwick County staff to conduct a criminal history check. Vendor employees shall not be permitted to work pending results of the criminal history check. The Vendor shall replace employee(s) whose criminal history check indicates the employee(s) may be a risk as determined by Sedgwick County.

d) Photo Identification

1. Vendor employees who require access to Sedgwick County shall be issued photo identification badges provided by Sedgwick County staff.

2. Vendor employees shall wear the photo identification badges prominently displayed on the outer layer of clothing at all times while inside Sedgwick County facilities.

3. The vendor shall be accountable for all photo identification badges issued to vendor employees. The vendor shall retrieve and return to Sedgwick County, photo identification badges of persons who are no longer in the vendor's employ.

e) Searches

Vendor employees who require access to Sedgwick County shall submit to searches of their person and possessions including their vehicle while on or in Jail property. At Sedgwick County's sole discretion, Sedgwick County may deny access to Sedgwick County facilities, any Vendor employees who refuse to consent to such searches. Such denial of access shall in no way impact the cost of the contract nor relieve the vendor of its responsibilities therefore.

f) Access to Facilities

Although the vendor has authority for all hiring and termination, Sedgwick County may deny access to individuals whose criminal history check indicates the individual could be a threat to the good order and security of the facility or on the basis of security violations validated through Sedgwick County investigation. Such denial of access shall in no way impact the cost of the contract nor relieve the Vendor of its responsibilities therefore. Sedgwick County will communicate promptly with the Vendor regarding any such situations and provide a written summary of the investigation to the Vendor. Vendor employees, independent vendor(s) and sub vendor(s) shall cooperate with Sedgwick County in any investigation involving inmate or staff conduct.
g) Jail Orientation
   The Vendor shall ensure that all commissary staff who require access to Sedgwick County attend
   Sedgwick County's orientation program. Jail orientation is designed to provide a basic
   familiarization with aspects of security unique to the correctional environment such as
   fraternization, tool control, key control, sharps management, controlled medication management,
   PREA (Prison Rape Elimination Act), inmate manipulation, etc.

h) Sheriff's Office staff requests the resume of the onsite manager be provided to them prior to hiring.

XXVII. Security Requirements

   The Vendor shall develop procedures to ensure facilities, supplies, furnishings, and equipment entrusted to
   the Vendor are not abused or misused, are properly maintained, and secure at all times.

a) Contraband
   The Vendor shall establish procedures to ensure Vendor employees who require access to
   Sedgwick County understand which items constitute contraband and that Vendor employees do not
   introduce contraband into the Correctional Facilities.

   The Vendor shall not give any item to an inmate except in the presence of correctional staff.
   Please reference Appendix B.

b) Personal Security
   The Vendor shall develop procedures, consistent with Jail policies, to ensure the safety and
   wellbeing of vendor personnel who require access to Sedgwick County while providing services
   under the terms of the contract.

c) Inmate Security
   The Vendor shall establish procedures to ensure Vendor personnel who require access to Sedgwick
   County facilities are familiar and comply with Sedgwick County security procedures pertaining to
   inmate control and security. In addition, the Vendor shall:

   1. Inform Sedgwick County, in writing, any time a personal friend or relative of any
      Vendor employee is confined to any facility.
   2. Ensure Vendor employees do not fraternize or grant special favors for any inmate
      confined to any facility.
   3. Ensure Vendor personnel do not provide to any inmate, information regarding any
      other inmate confined to any facility.

XXVIII. Special Terms and Conditions

   a) AUDIT: The Vendor hereby agrees to retain all books, records, and other documents relative to this
      contract for five (5) years after the date of expiration or termination of the contract.
   b) Sedgwick County Authority, its authorized agents, and/or State auditors shall have full access to, and
      the right to examine any of said materials during said period.
XXIX. Questionnaire/Proposal Content

Proposal(s) should be organized in the following format and information sequence:

a) Company complete name and address
   1. The Vendor shall identify the geographic scope of the firm, whether local, within Kansas, regional, national or international. If the company is not local, it must identify the location of the closest office and warehouse designated to provide project support, supervision and oversight.
   2. Vendor must provide details regarding off-site (from Sedgwick County) resources dedicated to this contract.
   3. Each submission must include a list of 10 client references providing information described.
   4. References must be from contracts with jails/prisons with average daily inmate population greater than 500.
   5. Contracts with reference jails/prisons must have been in effect for at least one (1) year and at least five (5) of the references must be from current contracts.

   **This information must be provided or the submission may be disqualified.**

b) Acknowledge and address in sequential order each mandatory firm requirement listed in the Scope of Work.

c) Describe in detail the Vendor's work plan and proposal for satisfying all RFP requirements:
   1. Actions the Vendor will take to start up and provide ongoing Inmate Commissary Services for Sedgwick County Detention facility and Jail Annex facility. The work plan shall include a detailed project schedule identifying all tasks to be accomplished, the Vendor's approach to task accomplishment, adhere to a timeline for completion of tasks, and implementation of Inmate Commissary Services.
   2. Delivery procedures for Inmate Commissary Services include a description of warehouse operations and the address of warehouse facility(s) that will be used to provide Inmate Commissary Services for Sedgwick County.
   3. Quality and inventory control methods and standards.
   4. Procedures for providing safe, sanitary and secure inventory, including supervision and control to insure that contraband does not enter the Sedgwick County Detention Facility. For the purpose of this contract, contraband is any item or substance that is not included in the list of products approved for sale to inmates of Sedgwick County Detention Facility or standard documents and packaging materials needed to prepare the order.
   5. Procedures for dealing with staff/inmate complaints and methods for minimizing the potential for inmate litigation regarding commissary related issues.
   6. Detailed description of inmate banking system, which includes implementation.

d) Provide information about the Vendor's product line and include a product price listing.

e) The Vendor shall provide a complete list of items offered for sale to inmates through commissary services.
f) The Vendor's list shall include as a minimum:
   - Product description, including product size, weight, etc.
   - Brand name of the product.
   - Price, expressed in terms of dollars and cents, at which the Vendor agrees to sell the item to Sedgwick County Detention facility inmates.
   - The price listed shall be for the price of the product only and not include any adjustment for commission to Sedgwick County; the price shall not include state and local sales tax.
   - The Vendor shall include a similar but separate listing of products that use a sugar substitute, diabetic and kosher items.
   - The Vendor shall also include sample inmate commissary menus, receipts, invoices, and forms that may be used in performance of the contact.

g) Include any topics not covered in the Request for Proposal that you wish to disclose to the county that further describes your firm's level of qualifications to provide the outlined service(s) and/or products(s).

h) Provide a completed Proposal Response Form below.

i) Provide a fee schedule for all services provided to County, inmates, and citizens.

j) Provide detailed cost for service(s) proposed.

END OF SECTION B

VI. Sedgwick County’s Responsibilities
   - Provide information, as legally allowed, in possession of the county, which relates to the county’s requirements or which is relevant to this project.
   - Designate a person to act as the County Contract Manager with respect to the work to be performed under this contract.
   - County reserves the right to make inspections at various points of the project. Contractor agrees to openly participate in said inspections and provide information to the county on the progress, expected completion date and any unforeseen or unexpected complications in the project.

VII. Proposal Terms
   A. Questions and Contact Information
   Any questions regarding this document must be submitted via email to Jaimee Witmer at Jaimee.Witmer@Sedgwick.gov by 5:00 pm CST, February 28, 2024. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at https://www.sedgwickcounty.org/finance/purchasing/requests-for-bid-and-proposal/ under the Documents column associated with this RFP number by 5:00 pm CST, March 6, 2024. Firms are responsible for checking the website and acknowledging any addenda on their proposal response form.
B. **Minimum Firm Qualifications**
This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer’s response. Proposers shall:

1. Have a minimum of five (5) years’ experience in providing services similar to those specified in this RFP.
2. Have proper certification(s) or license(s) for the services specified in this RFP as required by local, state, and federal authorities and licensing agencies.
3. Have sufficient working capital and labor resources necessary to accomplish specified in this RFP.
4. Keep legible and detailed documentation on all work performed under this RFP.
5. Have an understanding of industry standards and best practices.
6. Have experience in managing projects of comparable size and complexity to that being proposed.
7. Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.
8. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
9. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.
10. Provide project supervision (as required) and quality control procedures.
11. Have appropriate material, equipment and labor to perform specified services.
12. Park only in designated areas and display parking permit (if provided).
13. Wear company uniform or ID badge for identification purposes.

C. **Evaluation Criteria**
The selection process will be based on the responses to this RFP. County staff will judge each response as determined by the scoring criteria below. Purchasing staff are not a part of the evaluation committee.

<table>
<thead>
<tr>
<th>Component</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Meeting or exceeding all solicitation conditions and instructions as outlined herein to include clarity, completeness, and comprehensiveness of the response.</td>
<td>20</td>
</tr>
<tr>
<td>b. Ability to meet or exceed all requirements and scope of work.</td>
<td>5</td>
</tr>
<tr>
<td>c. Demonstrate the experience and knowledge in providing Nutrition and Commissary Management Services in jails with an average daily inmate population of 500 or more</td>
<td>10</td>
</tr>
<tr>
<td>d. Proven ability to provide high quality service.</td>
<td>15</td>
</tr>
<tr>
<td>e. Qualifications and expertise.</td>
<td>10</td>
</tr>
<tr>
<td>f. Demonstrate financial stability.</td>
<td>5</td>
</tr>
<tr>
<td>g. Have the corporate staffing and organizational structure required to support the contract.</td>
<td>10</td>
</tr>
<tr>
<td>h. Ability to furnish non-required items.</td>
<td>5</td>
</tr>
<tr>
<td>i. The most advantageous and prudent methodology and costs as determined by the County.</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td>100</td>
</tr>
</tbody>
</table>

Assume the following cost proposals (examples only)

A. $50,000.00  
B. $38,000.00  
C. $49,000.00

Company B with a total price of $38,000.00 is the low offer. Take the low offer and divide each of the other offers into the low offer to calculate a percentage. This percentage is then multiplied by the number of points available for the cost. In this case, 10 points are allocated to cost.
A. $38,000.00 divided by $50,000.00 = .76 .76*10 7.6 points  
B. $38,000.00 divided by $38,000.00 = 1.00 1.00*10 10 points  
C. $38,000.00 divided by $49,000.00 = .77 .77*10 7.7 points

Any final negotiations for services, terms and conditions will be based, in part, on the firm’s method of providing the service and the fee schedule achieved through discussions and agreement with the county’s review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.

D. Request for Proposal Timeline

The following dates are provided for information purposes and are subject to change without notice. Contact the Purchasing Department at (316) 660-7255 to confirm any and all dates.

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution of Request for Proposal to interested parties</td>
<td>February 14, 2024</td>
</tr>
<tr>
<td>Mandatory Pre-Proposal Walk Through at 9:00 at Adult Detention Facility</td>
<td>February 21, 2024</td>
</tr>
<tr>
<td>Questions and clarifications submitted via email by 5:00 pm CST</td>
<td>February 28, 2024</td>
</tr>
<tr>
<td>Addendum Issued by 5:00 pm CST</td>
<td>March 6, 2024</td>
</tr>
<tr>
<td>Proposal due before 1:45 pm CST</td>
<td>March 12, 2024</td>
</tr>
<tr>
<td>Evaluation Period</td>
<td>March 13, 2024 - April 3, 2024</td>
</tr>
<tr>
<td>Board of Bids and Contracts Recommendation</td>
<td>April 4, 2024</td>
</tr>
<tr>
<td>Board of County Commission Award</td>
<td>April 10, 2024</td>
</tr>
</tbody>
</table>

E. Contract Period and Payment Terms

A contractual period will begin following Board of County Commissioners (BoCC) approval of the successful firm(s) and continue for a period of three (3) years with two (2) one (1) year options to renew.

County may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions  
https://www.sedgwickcounty.org/media/55477/payment-and-invoice-provisions.pdf

F. Insurance Requirements

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. If required, contractor’s professional liability/errors and omissions insurance shall (i) have a policy retroactive date prior to the date any professional services are provided for this project, and (ii) be maintained for a minimum of three (3) years past completion of the project. Contractor shall furnish a certificate evidencing such coverage, with county listed as an additional insured including both ongoing and completed operations, except for professional liability, workers’ compensation and employer’s liability. Certificate shall be provided prior to award of contract. Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after county receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas (must be acknowledged on the bid/proposal response form).
NOTE: If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance. It is the responsibility of contractor to require that any and all approved subcontractors meet the minimum insurance requirements.

<table>
<thead>
<tr>
<th>Workers’ Compensation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable coverage per State Statutes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer’s Liability Insurance:</th>
<th>$500,000.00</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Commercial General Liability Insurance (on form CG 00 01 04 13 or its equivalent):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Occurrence</td>
<td>$1,000,000.00</td>
</tr>
<tr>
<td>General Aggregate, per project</td>
<td>$2,000,000.00</td>
</tr>
<tr>
<td>Personal Injury</td>
<td>$1,000,000.00</td>
</tr>
<tr>
<td>Products and Completed Operations Aggregate</td>
<td>$2,000,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Automobile Liability:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined single limit</td>
<td>$500,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Umbrella Liability:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Following form for both the general liability and automobile</td>
<td></td>
</tr>
<tr>
<td><strong>X</strong> Required / ____ Not Required</td>
<td></td>
</tr>
<tr>
<td>Each Claim</td>
<td></td>
</tr>
<tr>
<td>Aggregate</td>
<td>$1,000,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Liability/ Errors &amp; Omissions Insurance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Required / __<strong>X</strong> Not Required</td>
<td></td>
</tr>
<tr>
<td>Each Claim</td>
<td></td>
</tr>
<tr>
<td>Aggregate</td>
<td>$1,000,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pollution Liability Insurance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Required / __<strong>X</strong> Not Required</td>
<td></td>
</tr>
<tr>
<td>Each Claim</td>
<td></td>
</tr>
<tr>
<td>Aggregate</td>
<td>$1,000,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cyber/Network Security and Privacy Liability Insurance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single limit to cover civil, regulatory and statutory damages, contractual damage, as well as data breach management exposure, and any loss of income or extra expense as a result of actual or alleged breach, violation or infringement of right to privacy, consumer data protection law, confidentiality or other legal protection for personal information.</td>
<td>$1,000,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commercial Crime coverage:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single limit to cover a loss arising out of or in connection with any fraudulent or dishonest act committed by employees of the Vendor. Commercial Crime Coverage shall include third party liability coverage.</td>
<td>$1,000,000.00</td>
</tr>
</tbody>
</table>

**Special Risks or Circumstances:**

Entity reserves the right to modify, by written contract, these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

**IF CONTRACTOR IS PROVIDING CONSTRUCTION SERVICES:**

*In addition to the above coverages, contractor shall also provide the following:*

<table>
<thead>
<tr>
<th>Builder’s Risk Insurance:</th>
<th></th>
</tr>
</thead>
</table>
| In the amount of the initial Contract Sum, plus the value of subsequent modifications and cost of materials supplied and installed by others, comprising the total value for the entire Project on a replacement cost basis without optional deductibles. Entity, contractor, and all Subcontractors shall be included as named insured’s. | }
G. **Indemnification**
To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider’s performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney’s fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. **Confidential Matters and Data Ownership**
The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.

I. **Proposal Conditions**
https://www.sedgwickcounty.org/media/31338/proposal-terms-conditions.pdf

General Contract Provisions
https://www.sedgwickcounty.org/media/31337/general-contractual-provisions.pdf

Mandatory Contract Provisions
https://www.sedgwickcounty.org/media/31336/mandatory-contractual-provisions.pdf

Independent Contractor
https://www.sedgwickcounty.org/media/54780/independent-contractor-addendum.pdf

Sample Contract
https://www.sedgwickcounty.org/media/39236/sample-contract.pdf

Federal Certifications Addendum Sedgwick County

Suspension and Debarment
https://www.sedgwickcounty.org/finance/purchasing/suspension-and-debarment/
VIII. **Required Response Content**

All proposal submissions shall include the following:

1. Indicate willingness to comply with requirements as listed in this document.
2. Provide detailed explanation of any unwillingness to comply with requirements.
3. Firm profile: the name of the firm, address, telephone number(s), contact person, year the firm was established, and the names of the principals of the firm.
4. The firm’s relevant experience, notably experience working with government agencies.
5. At minimum, four (4) professional references verifying exemplary service. These references must have received services similar to those proposed under this RFP, besides Sedgwick County, with email addresses, telephone numbers, and contact persons where work has been completed within the last three (3) years.
6. Provide an alphabetized list of all nutrition service clients for the previous five (5) years. Include the following information; organization, address, contact person, phone, date of service, scope of service, and average number of daily meals served.
7. Provide a six (6) week sample menu that includes nutritional, recipe, and preparation information for each meal. Menu must include plated and sack meals.
8. Provide a description of product ordering process.
9. Provide a list of major suppliers, types of products purchased, and location.
10. Provide a plan to maintain appropriate nutrition guidelines. Explain how menus are developed and approved.
11. Indicate how appropriate quality in meals is ensured.
12. Indicate how adequate rotation of meals is ensured, both plated and sack.
13. Explain previous experience in providing special diet meals. Clearly indicate any special diet meals requested by the County that have not previously been provided to other vendors.
14. List options for providing religious diets.
15. Indicate planned time period between first meal plating and final for Detention Facility.
16. Indicate planned time period to begin plating delivery and pick up meals. Provide details on how this process will coincide with meal plating for the Detention Facility.
17. Provide a detailed plan of achieving meal delivery to the Jail Annex. Include description vehicle to be used, delivery departure time, and intent to deliver together or separate.
18. Provide a detailed plan to ensure USDA recommended temperatures will be met for the recommended time period prior to serving.
19. Indicate how trays will be kept visually appealing, both in content and organization.
20. Indicate plan to clearly identify and inventory serving utensils on a daily basis.
21. Provide a copy of the form or other process used to indicate a special diet.
22. Provide a detailed staffing plan to include a backup plan when scheduled staff is unavailable.
23. Kitchen staffed only by outside contracted Vendor employees.
24. Kitchen staffed by outside contract employees supplemented with inmate labor.
25. Provide schedule of anticipated daily arrival and departure of staff; include any deliveries that may happen outside of these hours.
26. Provide a detailed plan for on staff or consultative nutritionist or dietician. Provide resume if individual is currently on staff.
27. Outline in detail the level of authority maintained by local management staff. Provide resume if individual is currently on staff or qualities sought if not.
28. Provide a detailed plan for ensuring all staff obtains Food Handler Certification through the City of Wichita, Office of Environmental Health.
29. Provide a detailed plan for ensuring the ADF kitchen stays secured.
30. Provide a description of staff attire and identification.
31. Provide a detailed plan for ensuring staff do not carry contraband while providing service under this contract. Provide a detailed plan for discipline in case of (1) allegation and (2) confirmation of staff carrying contraband while providing service under this contract.
32. Use of standardized uniforms to include company logo polo tops, and slacks.
33. Provide examples of inmate training programs, if applicable.
34. Provide a detailed staffing plan to include a backup plan when scheduled staff is unavailable.
   - Kitchen staffed only by outside contracted Vendor employees.
   - Kitchen staffed by outside contract employees supplemented with inmate labor.
35. Provide schedule of anticipated daily arrival and departure of staff; include any deliveries that may happen outside of these hours.
36. Provide a detailed plan for on staff or consultative nutritionist or dietician. Provide resume if individual is currently on staff.
37. Outline in detail the level of authority maintained by local management staff. Provide resume if individual is currently on staff or qualities sought if not.
38. Provide a detailed plan for ensuring all staff obtains Food Handler Certification through the City of Wichita, Office of Environmental Health.
39. Provide a list of local vendors that will be utilized to ensure proper working order of equipment.
40. Provide a detailed plan to address downtime of equipment.
41. Provide a detailed plan to ensure staff is trained to properly use and care for equipment.
42. Provide a detailed plan of how staff will adhere to regular usage preventative maintenance.
43. Provide a detailed list of anticipated small wares that will be provided by Vendor.
44. Provide a detailed list of additional equipment that will be brought on site.
45. Provide a financial statement that outlines anticipated repair and replacement costs.
46. Provide a detailed Recovery Plan should the ADF kitchen not be available due to disaster or other unforeseen emergency. Include location of alternative facility, approximate size and available equipment, staffing, and meal delivery. Also include any exceptions to the Scope of Work that will not be maintained during such disruption.
47. Provide a detailed plan for receipt and cleaning of meal trays and containers.
48. Provide a detailed plan to address the needs of Juvenile Corrections in case of an emergency or catastrophic event.
49. Provide a detailed plan to obtain exterminating services, include vendor name, location and qualifications, frequency, and methodology.
50. Provide a detailed plan to maintain cleanliness and disposable supplies in ADF kitchen restroom facility.
51. Provide a detailed summary of the food management software system that may be utilized if awarded contract.
52. Provide a copy of any appropriate accreditations/certifications. Include details of process to obtain and retain.
53. Provide detailed cost for service(s) proposed at a fixed per tray price regardless of type of meal i.e. main line meal, medical diet, religious diet, sack meals, etc. or fluctuation of ADP of Detention Facilities.
   - Option 1: Per tray price kitchen staffed only by outside contracted Vendor employees.
   - Option 2: Per tray price kitchen staffed by outside contract employees supplemented with inmate labor
54. Shall describe the Vendor's background and experience to demonstrate the Vendor's ability to operate an inmate commissary services as described in this RFP.
55. Shall provide a list of current contracts or business facility name, city, state and type of correctional institutions (jail or prison) where Vendor is providing inmate commissary services and the length of time that each contract has been in effect.
56. Shall provide a list of previous contracts or business facilities name, city, state and type of correctional institutions (jail or prison) where the Vendor has terminated inmate commissary services or been out-bid in the past 24 months. For each contract specify the contract start date and reason for termination.
57. Shall include disclosure of any legal action pending or settled against the company or corporate principals within the company within the past 48 months.
58. Shall provide audited financial statements for the most recent fiscal year and previous year to support the Vendor's financial capability to undertake and complete the performance of the contract. If the company is a subsidiary or division of a corporation, the relationship of the Vendor must be clearly delineated in the proposal.
59. Shall include identification of the staff members of the project team, their duties, responsibilities, background and experience.
60. Vendor should provide a list of client requirements for Commissary Management Services.
61. Vendor should indicate data requirements - data growth rate per year (database size, attachments, binaries, backup sizes, etc.) for Commissary Management Services. How does this impact costs and services?
62. Vendor should list client application deployment methods (please include how these applications will be updated) for Commissary Management Services.
63. Vendor should list any included backup and recovery capabilities, objectives and estimated timelines for Commissary Management Services. Please include any known issues with backup and recovery systems on the market.
64. Vendor should list Server and Client resource requirements (CPU, Memory, and Disk Space).
65. Vendor should include interface diagram and security specifics for Commissary Management Services.
66. If not answered in previous question, please list authentication and security methods for access to the system and system data for Commissary Management Services.
67. For on premise solutions, provide full instructions for configuring database connection strings.
68. For on premise solutions, provide a list of supported and compatible database system versions.
69. For Commissary Management Services, Vendor shall deliver with their proposal, (6) six starter kits for new inmate arrival, packaged in the manner they will be provided to inmates.
70. For Commissary Management Services, Vendor shall identify the geographic scope of the firm, whether local, within Kansas, regional, national or international. If the company is not local, it must identify the location of the closest office and warehouse designated to provide project support, supervision and oversight.
71. For Commissary Management Services, Vendor must provide details regarding off-site (from Sedgwick County) resources dedicated to this contract.
72. For Commissary Management Services, references must be from contracts with jails/prisons with average daily inmate population greater than 500.
73. For Commissary Management Services, contracts with reference jails/prisons must have been in effect for at least one year and at least five of the references must be from current contracts.
74. Provide a list of all previously held accounts that have been cancelled or not renewed for the previous 10 years. Provide an explanation of the reason those terminations occurred.
75. Attach a list of all management/supervisory personnel to be assigned to the county. Include the following information; name and title, years of experience with Vendor, total years of experience in nutrition service field, qualifications, training, and strengths.
76. List any active or pending litigation, fines, penalties or sanctions issued by any governmental or accreditation agency during the previous three (3) years.
77. A disclosure of any personal or financial interest in any properties in the project area, or any real or potential conflicts of interest with members of the Sedgwick County Board of County Commissioners or county staff.
78. A description of the type of assistance that will be sought from county staff, including assistance required from the county to lessen the costs of this project.
79. Proof of insurance meeting minimum insurance requirements as designated herein.
80. Those responses that do not include all required forms/items may be deemed non-responsive.
IX. **Response Form**

**REQUEST FOR PROPOSAL**  
**RFP #24-0001**  
**NUTRITION AND COMMISSARY MANAGEMENT SERVICES**

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

**NAME**  
_______________________________________________________________________________________________

**DBA/SAME**  
___________________________________________________________________________________________

**CONTACT**  
__________________________________________________________________________________________

**ADDRESS** ___________________________________ **CITY/STATE**_____________________________ **ZIP**___________

**PHONE**____________________________________ **FAX**________________________ **HOURS**____________

**STATE OF INCORPORATION or ORGANIZATION** _________________________________

**COMPANY WEBSITE ADDRESS** __________________________________________ **EMAIL**________________

**NUMBER OF LOCATIONS** __________ **NUMBER OF PERSONS EMPLOYED** ________________

**TYPE OF ORGANIZATION:** Public Corporation ________ Private Corporation ________ Sole Proprietorship ________

Partnership ________ Other (Describe): ____________________________________________________________________

**BUSINESS MODEL:** Small Business ________ Manufacturer ________ Distributor ________ Retail ________

Dealer ________ Other (Describe): _______________________________________________________________________

**Not a Minority-Owned Business:** ______ **Minority-Owned Business:** ____________________________ (Specify Below)

____ African American (05) _____ Asian Pacific (10) _____ Subcontinent Asian (15) _____ Hispanic (20)

____ Native American (25) _____ Other (30) - Please specify_______________________________

**Not a Woman-Owned Business:** ______ **Woman-Owned Business:** __________ (Specify Below)

____ Not Minority -Woman Owned (50) _____ African American-Woman Owned (55) _____ Asian Pacific-Woman Owned (60)

_____ Subcontinent Asian-Woman Owned (65) _____ Hispanic Woman Owned (70) _____ Native American-Woman Owned (75)

_____ Other – Woman Owned (80) – Please specify___________________________________________

**ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS:** _____Yes _____No

**UEI (UNIQUE ENTITY IDENTIFIER) NO.**___________________________________________________________

**INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII:** _____Yes_____No

**ACKNOWLEDGE RECEIPT OF ADDENDA** : All addendum(s) are posted to our RFB/RFP web page and it is the vendor’s responsibility to check and confirm all addendum(s) related to this document by going to  
www.sedgwickcounty.org/finance/purchasing.asp.

NO.______ DATED ______________; NO._____ DATED ______________; NO._____ DATED ______________

In submitting a proposal, vendor acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in proposer’s response. **Exceptions to any part of this document should be clearly delineated and detailed.**

Signature ____________________________________________________________ **Title**________________

Print Name ____________________________ **Dated**__________________________

---

*RFP #24-0001*

*Sedgwick County...Working for you*
1. Non-employee personnel have no expectation of privacy in any electronic communications, use of Sedgwick County property, or Internet access. Sedgwick County reserves the right to review, audit, or monitor any information technology used by non-employee personnel.
2. Non-employee personnel shall use only accounts authorized by the Sedgwick County Chief Information Officer (CIO).
3. Non-employee personnel may access only those resources for which they are specifically authorized.
4. Non-employee personnel are personally responsible for safeguarding their account and log-on information. Passwords shall adhere to the following:
   a. Passwords shall remain confidential.
   b. Passwords shall be changed at least every 90 days.
   c. Passwords shall be at least eight characters long.
   d. Passwords shall contain characters from at least three of the following four classes: (i) English upper case letters, A, B, (ii) English lower case letters, a, b, (iii) Westernized Arabic numerals, 0,1,2, and (iv) Non-alphanumeric (special characters) such as punctuation symbols.
   e. Passwords shall not contain your user name or any part of your full name.
   f. Passwords shall never be displayed, printed, or otherwise recorded in an unsecured manner.
5. Non-employee personnel are not permitted to script their user IDs and/or passwords for log-on access.
6. Non-employee personnel are not permitted to allow another person to log-on to any computer utilizing their, if provided, personal account, nor are they permitted to utilize someone else's account to log-on to a computer. Authorized system or service accounts may be used by multiple authorized people.
7. Non-employee personnel may not leave their workstation logged onto the network while away from their area. Non-employee personnel may elect to lock the workstation rather than logging off when leaving for very short time periods.
8. Non-employee personnel shall maintain a log, left with the computer, of all software loaded onto any Sedgwick County computer. The software must have been approved in writing in advance by the CIO.
9. Non-employee personnel shall execute only applications that pertain to their specific contract work.
10. Non-employee personnel shall promptly report log-on problems or any other computer errors to the Helpdesk (316-660-9811).
11. Non-employee personnel shall promptly notify the County Helpdesk if they have any reason to suspect a breach of security or potential breach of security.
12. Non-employee personnel shall promptly report anything that they deem to be a security loophole or weakness in the computer network to the County Helpdesk.
13. Non-employee personnel shall not install or use any type of encryption device or software on any Sedgwick County hardware, which has not been approved in writing in advance by the CIO.
14. Non-employee personnel shall not attach any device to the Sedgwick County network without prior written approval in advance from the CIO.
15. Non-employee personnel may not remove any computer hardware, data or software from a Sedgwick County building for any reason, without prior written approval from the CIO.
16. Non-employee personnel shall not delete, disable, or bypass any authorized encryption device, or anti-virus or other software program, installed on Sedgwick County hardware.
17. Non-employee personnel shall not attach any network or phone cables to any Sedgwick County device without written approval from the CIO.
18. Non-employee personnel may not copy any data and/or software from any Sedgwick County resource for personal use.
19. Non-employee personnel may not utilize Sedgwick County computer systems or networks for any of the following reasons:
   a. Game playing;
   b. Internet surfing not required for their work activity;
   c. Non-work related activity.
   d. Any illegal activity.
   e. Downloading of files from non-County resources. If files are needed for your work, contact Sedgwick County IT personnel.
20. Non-employee personnel are prohibited from intercepting or monitoring network traffic by any means, including the use of network sniffers, unless authorized in writing in advance by the CIO.
21. Non-employee personnel may not give out any Sedgwick County computer information to anyone. Exception: other non-employee personnel needing the information to complete authorized tasks and who have signed this agreement. Information includes but is not limited to: IP addresses, security configurations, etc.
22. All data storage media shall be erased or destroyed prior to disposal.
23. All portable media used must be FIPS 140-2 compliant media encrypted with hardware encryption using AES 256 algorithm.
24. Non-employee personnel may not remove, modify, erase, destroy or delete any computer software without the written approval in advance of the CIO.
25. Non-employee personnel shall not attempt to obtain or distribute Sedgwick County system or user passwords.
26. Non-employee personnel shall not attempt to obtain or distribute door passcodes/passkeys to secured rooms at any Sedgwick County facility for which they are not authorized.
27. All equipment issued to non-employee personnel will be returned in good condition to Sedgwick County upon termination of the Sedgwick County/non-employee Personnel relationship.
28. Non-employee personnel may not use Sedgwick County information technology to send or receive threatening, obscene, abusive, sexually explicit language or pictures.
29. Non-employee personnel are prohibited from causing Sedgwick County to break copyright laws.
30. Use by non-employee personnel of any Sedgwick County information technology will acknowledge acceptance of the above-referenced policies. Any non-employee who violates any of these policies shall be subject to disciplinary action, including total removal from the Sedgwick County project as well as being subject to Kansas civil and criminal liability. Disciplinary action may include Sedgwick County requesting the non-employee be considered for demotion, suspension and termination.

---

Non-employee personnel’s signature  Date  Company’s/Agency’s name, printed
Non-employee personnel’s name, printed  Purpose – reason you are signing the form
Revision Date: 12/13/2018  Sedgwick County Sponsor – employee and department

RFP #24-0001

Sedgwick County…Working for you
X. **Pricing**

REQUEST FOR PROPOSAL  
RFP #24-0001  
INMATE NUTRITION AND FOOD SERVICES

<table>
<thead>
<tr>
<th>Section A. Cost Proposal</th>
<th>Price Per Meal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option #1 - With Inmate Labor</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Option #2 - Without Inmate Labor</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

**COMMISSARY MANAGEMENT SERVICES**

<table>
<thead>
<tr>
<th>Section B. Cost Proposal</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery Fees</td>
<td>$</td>
</tr>
<tr>
<td>Credit Card Fees</td>
<td>$</td>
</tr>
<tr>
<td>Additional Fees</td>
<td>$</td>
</tr>
</tbody>
</table>
### Appendix Table of Contents

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Special Diets</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Contraband/Application for Access</td>
</tr>
<tr>
<td>Appendix C</td>
<td>ADF – Kitchen Equipment Inventory</td>
</tr>
</tbody>
</table>
Appendix A

Special Diets

DIET FOR THE MANAGEMENT OF INDIGESTION, PEPTIC ULCER DISEASE OR ESOPHAGITIS

USE: In the past, the traditional bland diet has been used to treat disorders associated with excess stomach acid secretion. However, current medical practice now states something different. According to Dr. Isadore Rosenfeld, M.D., "Diet has nothing to do with causing ulcers. If you harbor H. Pylori, a bland diet won't protect you. All you need to avoid - and only when the ulcer is "hot" - are tobacco, alcohol, caffeine and aspirin-like drugs. Conventional drug therapy heals - but doesn't cure - an ulcer. It is likely to recur unless H. Pylori is eradicated."

RESTRICTIONS/MODIFICATIONS:

The general recommendations for management of indigestion, peptic ulcer disease or esophagitis are:

1. Provide three well-balanced meals per day. Eat small meals to prevent stomach distention. Eat meals in a relaxed atmosphere, if possible.

2. Avoid providing bedtime snack that stimulates acid production at night.

3. Eliminate alcohol, caffeine-containing beverages (coffee, tea, cocoa, colas, and some other carbonated beverages), decaffeinated coffee, cigarette smoking, aspirin, ibuprofen and other drugs to treat arthritis.

4. Avoid spices that cause discomfort. If spices are used in standard amounts, tolerance should be acceptable.

5. Reduce the fat in the diet.

6. Try over-the-counter antacids 1 and 3 hours after meals and before bedtime.

7. Regular exercise in the form of walking for 20 to 30 minutes at a fast pace each day. This will stimulate the digestive process.

Inmates should choose whether or not to eat items such as salsa, and to avoid coffee or caffeine containing soft drinks. Eliminating these foods will not significantly impact the overall nutritional value of the menu. Smoking should be eliminated due to the stimulation of the gastric fluids. But it is the personal responsibility of the inmate, not something that is dictated by the doctor, to end personal habits causing stomach irritation. Stress of a correctional environment can lead to flair-ups of this problem. Time and change of life style habits may decrease discomfort.

PHYSICIAN'S ORDER:

The diet plan "Heart Healthy" may be ordered. It was not developed for use as a "detox" plan but tends itself to this type of physical condition. The plan calls for bland, low fat foods high in starches and complex carbohydrates with no added salt. After 30 days, inmates placed on this diet should be re-evaluated. They may be “stable” enough to be progressed to a regular diet.
FOOD SENSITIVITY

Unfortunately, the current requirement for booking a person in some facilities is to ask the inmate/detainee what he/she is "allergic" to. Experience proves those repeat offenders knowing the system for ordering medical diets will more than likely have "allergy diets" for all foods he/she does not - This situation dilutes the efforts to identify the true allergies to food products. The diet order, when written from this information, becomes a legal order for the food service to fill. All too often, no medical basis is established for a diet order. IT JS THE RECOMMENDATION OF THIS FOOD SERVICE MANAGEMENT COMPANY that the inmate/detainee be required to give the name of a civilian physician who can furnish legal documentation for all "food allergies" claimed by the offender.

Caution must be practiced with writing food sensitivity diet orders. A correct diet order can only be written after documentation is placed in the medical chart. The documentation required is a first person notation from the attending physician observing the reaction symptoms or lab results ("Medically Indicated" treatment). Adverse responses to food may be either a food allergy or a food intolerance. It is important for the medical staff to know the difference between the two terms in order to write a correct diet order.

A. FOOD INTOLERANCE

An individual having an abnormal response to foods that normally are tolerated by most people DOES NOT necessarily mean he/she is allergic to the food. Food allergy is many times confused with food Intolerance. Responses to pharmacological agents in foods and lactose deficiency are food intolerances frequently confused with food allergy. Food intolerance may be caused by chemical idiosyncrasies, contamination, gastrointestinal disorders, enzyme deficiencies or psychological factors. Food Intolerances can produce abdominal pain, diarrhea, asthma, urticaria and headaches and often mimic symptoms of food allergy.

A common food intolerance is to lactose milk sugar. Lactose intolerance may be easily confused with cow's milk protein allergy. Common in Blacks, Asians and Middle Eastern populations, lactose intolerance develops with increasing age. Symptoms of diarrhea and abdominal pain are common to both and resolve with elimination of milk from the diet. Lactose intolerance is caused by a deficiency of lactase in the small intestines. Persons with lactose intolerance may be able to tolerate small portions of milk and milk products such as cheese or yogurt. Lactose in milk with a meal, is better tolerated than alone. There do not appear to be any great nutritional consequences in healthy lactose-intolerant adults. Yogurt is tolerated by some patients because the lactose in yogurt may be degraded by the culture so it is lower in lactose content.

A side effect of alcoholic abuse is lactose intolerance. Alcohol damages the linings of the small intestine where the lactase enzyme is produced. Thus, milk sugars can no longer be broken down and used by the body. The problem can be corrected if alcohol abuse is stopped and the linings of the intestine have a chance to heal.

Other food intolerances thought to affect a SMALL portion of the population include: Histamine (fermented foods); tyramine (cheddar cheese, brewer’s yeast); phenylethylamine (chocolate, aged cheese, red wine); monosodium glutamate, sodium nitrate (cooked pork products); and tartrazine (yellow food dye number 5); and reactions to toxins in foods (shellfish, mushrooms, tropical fish, aflatoxin). Enzyme deficiencies such as lactose deficiency (mentioned above) and maltose deficiency, as well as rare inborn errors of metabolism (i.e. phenylketonuria, galactosemia, etc.) can produce food intolerance as well.

A study conducted by the National Academy of Sciences concluded that nitrite levels in cured meat have not been linked to the development of human cancers and noted the beneficial antimicrobial activity of nitrite to inhibit spore-forming bacteria, particularly C. Botulinum. The human body generates much greater nitrite levels than are added to food. When water and foods such as carrots and green vegetables are consumed, we ingest nitrate, which our body...
converts to nitrite during digestion. More than 85 percent of average daily intake of nitrate (and thus nitrite) comes from these sources. Nitrite, the end product of a biological process, is instrumental in promoting blood clotting, healing wounds and burns and boosting immune function to kill tumor cells. Scientific studies have shown that during the healing process there is as much nitrite in a wound as in processed meats. Nitrite is the very ingredient that makes cured meats safe from the risk of botulism and ready-to-eat.

B. FOOD ALLERGY

Food Allergy is an immunologic reaction to food involving the immune system. The body's reaction to the food substance usually produces an anaphylactic response which can be mild or severe. Sever anaphylactic reactions can result in shock, respiratory failure or death. Allergic responses to food can appear in the skin, the gastrointestinal tract or the respiratory system and may include the following: anaphylaxis, abdominal pain, diarrhea, vomiting, angioedema, urticaria, rhinitis and asthma. A reaction is usually evident within minutes to hours after food is ingested and is associated with specific antibodies. This reaction is known as a reaginic reaction. Sometimes a non-reaginic reaction occurs. Non-reaginic reactions are often gastrointestinal and include vomiting, diarrhea, occult blood loss and protein-losing enteropathy. Symptoms are often evident from 4 to 24 hours after the ingestion of food but may appear after 2 to 72 hours. The non-reaginic reaction is also known as a delayed response. Gastroenteropathies such as gluten-sensitive enteropathy (CMSE) are non-reaginic reactions. These enteropathies should not be confused with lactose intolerance which is a food intolerance.

Although foods that cause severe allergic reaction with immediate onset of symptoms are usually readily identified, objective diagnosis of food allergy is required by a physician specializing in this area.

Psychological components or firmly held beliefs may strongly influence the clinical response demonstrated and it may be difficult to separate physiological from psychosomatic responses. Additionally, the effects of non-specific irritants such as tobacco smoke, stress, exercise and cold also appear to be additive and to enhance the clinical response to allergens.

The most common food allergies include those to milk (casein, whey, lactalbumin, lactose), eggs (albumin), wheat (gluten), soy (soy protein, textured vegetable protein), corn, chocolate, beef and pork.** Therefore, careful consideration should be made to food labels and food ingredients containing these substances. "Due to large variety of foods which one or more residents may be unable to tolerate providing therapeutically modified diets for all possible offending substances is not feasible."*

A Milk Free Diet may be ordered. If diets for other food sensitivities are indicated, the physician is requested to contact the Dietitian prior to initiating the order. These sensitivities should be verified by the resident's recent and past medical history, including lab tests available from medical records.

NOTE:

It is suggested to the medical staff that all unsubstantiated allergy diets are personal preference diets and therefore not part of the treatment regime. Consequently, in cases where an inmate's protein allergy (i.e. allergic to meats/meat alternates) is not documented by a medical test in the inmates chart, the meat/meat alternates will be replaced with either 1 oz. cheese per 1 oz. meat or 1 cup legumes (i.e. beans). Other undocumented allergies to fruits and vegetables will result in the item being omitted from the meal to the best of our ability and NOT replaced.
**How To Recognize An Allergic Reaction**

The most common type of food allergy is triggered anywhere from a few seconds to two hours after eating the offending food. Sometimes even smelling the food can set off an allergic reaction. Delayed reactions may appear anywhere from a few hours to 48 hours after eating the food. In general, the symptoms of a delayed allergic reaction are less severe and more difficult to diagnose.

**Respiratory Symptoms:**
Watery discharge from the nose (rhinitis), nasal congestion, sneezing, tearing eyes, breathing difficulty, wheezing.

**Skin Symptoms:**
Hives, (urticaria), skin rash (eczema or dermatitis) and flushing of the skin.

**Gastrointestinal Symptoms:**
Nausea, vomiting, cramping, diarrhea.

**Other Symptoms:**
Swelling on the skin (especially around the mouth and inside the throat), headache, severe collapse of the respiratory system and blood vessels (anaphylactic shock).

**How to Know If It Is a True Food Allergy**

Determining whether a person is experiencing a true allergy, a "pseudo-allergy" or a food intolerance requires careful observation on the part of both the patient and the doctor.

Detection should begin with a complete physical, including a detailed diet history. A skin prick test or a RAST test (a test that combines a patient's blood with the possible allergen) can be helpful in detecting allergies, but neither should be used alone to make a definitive diagnosis.

Getting an accurate diagnosis is crucial. Some people may think they have a food allergy when they have Lyme disease, lupus, or a thyroid disorder. Symptoms like fatigue, tingling sensations or sleeping problems, often reported as signs of food allergies, are actually classical signs of depression. Misconceptions about food allergies are likely to be reinforced by clinical ecologists, who blame almost any unpleasant sensation on food allergies.

Individuals who have "detoxed" and need a recovery diet (50-55% carbohydrates, 30% fat, and 15% protein) will experience symptoms of food allergies or hypoglycemia. This situation may last for several months. It is the body's method of asking for more drug of choice to make it feel better.

These foods more frequently cause a range of allergies - anaphylaxis, hives and asthma:

- Shellfish (shrimp, crab and lobster)
- Nuts
- Peanuts (not a true nut) and peanut products
- Fruits (melons, strawberries, pineapple and other tropical fruits)
- Tomatoes
- Food additives including dyes, thickeners and preservative
Foods that more frequently cause malabsorption or other food intolerance syndromes include:

- Wheat and other gluten-containing grains (celiac disease)
- Cow's milk (milk/lactose intolerance and intolerance of dairy products)

Approximately 40% of Americans believe they have food allergies, while in reality, less than 1% have true allergies. Most of the others involve symptoms caused by food intolerances or other disorders. Children more often have food allergies that most will outgrow.


** For a complete list of food allergies/intolerances and foods to avoid, please refer to Krause and Mahan, Food Nutrition and Diet Therapy. 8th Edition.
SPECIFIC ALLERGY AND FOOD SENSITIVITY DIETS

EGG ALLERGY/SENSITIVITY

Avoid foods containing egg. These may include:

**Breads** - Any breads and rolls with glazed crust, sweet rolls, pancakes, waffles, doughnuts, French toast, etc.

**Cookies and Cakes** - Check labels of all commercial mixes and products

**Desserts** - Cream pies, custards, puddings, ice cream sherbets

**Noodles** - Egg noodles

**Meats** - Any meats containing eggs such as meat loaf, meatballs, breaded meats, or batter-dipped foods, many egg substitutes

**Dressings** - Salad dressing, tartar sauce, mayonnaise (unless egg free)

**EGGS may be listed on a label as:**
- Albumin
- Powdered Egg
- Egg White
- Dried Egg
- Egg White Solids
- Yolk

<table>
<thead>
<tr>
<th>Foods likely to contain EGG (check the label)</th>
<th>Substitutes for EGGS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egg nog, root beer</td>
<td>Egg free baked goods and specialty items</td>
</tr>
<tr>
<td>Many baked goods</td>
<td>Pasta, rice, potatoes</td>
</tr>
<tr>
<td>Pancakes, waffles, French toast</td>
<td>Egg-free egg substitutes (check the label!!)</td>
</tr>
<tr>
<td>Egg noodles</td>
<td>Prepared meats and imitation seafood without egg products (check the label)</td>
</tr>
<tr>
<td>Eggs</td>
<td>Soups without egg products</td>
</tr>
<tr>
<td>Most egg substitutes</td>
<td>Imitations mayonnaise, sauces and salad dressings prepared without egg products (check the label!!)</td>
</tr>
<tr>
<td>Many prepared meats (hot dogs, luncheon meats, imitation seafood)</td>
<td>Cornstarch and tapioca puddings made without eggs</td>
</tr>
<tr>
<td>Many batter-dinned foods</td>
<td>Baked goods prepared without eggs</td>
</tr>
<tr>
<td>Noodle soups</td>
<td>Imitations mayonnaise, sauces and salad dressings prepared without egg products (check the label!!)</td>
</tr>
<tr>
<td>Mayonnaise, hollandaise, tartar sauce, many salad dressings</td>
<td>Soups without egg products</td>
</tr>
<tr>
<td>Custards, pudding boiled frostings, meringue</td>
<td></td>
</tr>
<tr>
<td>Macaroons, marshmallow products</td>
<td></td>
</tr>
</tbody>
</table>

RFP #24-0001

Sedgwick County...Working for you
WHEAT ALLERGY/SENSITIVITY

Avoid foods containing gluten. These may include:

**Beverages** - Flavored milk drinks (malted, chocolate, etc.), instant coffee (unless 100% coffee), coffee substitutes, instant breakfast

**Bread** - Commercial breads, including rye, soy, cracked wheat, graham, whole wheat, cornbread, pretzels, Melba toast, zwieback, flour tortillas, etc.

**Cereals** - All dry or cooked wheat cereals

**Crackers and Cookies** - All commercial products, pretzels, flavored potato chips

**Desserts** - Cakes, doughnuts, pastries, commercial ice cream, prepared cake and cookie mixes, commercial pie fillings, custards and puddings thickened with wheat flour.

**Gravies, Sauces, and Cream Soups** - Commercially prepared products are usually thickened with wheat flour

**Macaroni, Noodles, Spaghetti, and Pastas** - Avoid all, except specially made gluten-free products

**Meats** - Breaded or prepared with wheat flour, cold cuts such as hot dogs, sausage and bologna

**Miscellaneous** - Soy sauce

**WHEAT may be listed on the label as:**

- Wheat
- Wheat Flour
- Bran
- Graham Flour
- Modified Food Starch
- Semolina
- Flour
- Wheat Starch
- Buckwheat
- Durum Flour
- Vegetable Starches
- Hydrolyzed Vegetable Protein
- Wheat Bran
- Gluten
- Farina
- Vegetable Gums
- Malted Cereal
- Syrup

**Substitutes for WHEAT:**

- Breads and other wheat-free products
- Corn, corn tortillas
- Gravies and sauces thickened with cornstarch, etc.
- Wheat-free cereals
- Rice, corn, or oatmeal
- Meat products without potatoes
- Wheat added
- Sliced turkey
- Tuna
CORN ALLERGY/SENSITIVITY

Avoid foods containing **corn** (This includes corn syrup and corn starch)

**Beverages** - Coffee whitener, grape juice, instant tea, milk substitutes, carbonated beverages, instant breakfast

**Breads** - Cornbread, muffins or rolls, enchiladas, English Muffins, corn chips, tacos, corn tortillas, graham crackers, polenta

**Cereals** - Commercial hominy, many ready-to-eat cereals, such as corn flakes

**Desserts** - Cakes, candied fruits, canned or frozen fruit juice, cream pies, ice cream, pastries, pudding mixes, sherbet

**Fats** - Corn oil, corn oil margarine, gravies, salad dressings thickened with cornstarch, shortening (unless oil is specified)

**Meats** - Bacon, ham, some luncheon meats, sausage, imitation seafood, imitation cheese

**Soups** - All commercial soups, homemade soup thickened with cornstarch

**Sweets** - Candy, cane sugar, corn syrup, imitation maple syrup, jam, jelly, preserves

**Vegetables** - Harvard beets, corn, hominy, mixed vegetables, succotash

**Miscellaneous** - Baking powder, catsup, commercial mixed of all types, powdered sugar, distilled vinegar, MSG, peanut butter, popcorn

*CORN may be listed on the label as:*

- Corn
- Corn syrup
- Corn syrup solids
- Vegetable oil
- Cornstarch
- Corn oil
- High fructose corn syrup
- Cornmeal
- Corn sweeteners
- Maltodextrin

**Substitutes for CORN:**

- Other oils
- Wheat tortillas
- Peanut butter without sweeteners
- Fresh fruit or canned
- Pure fruit juice
- Processed meats without corn products
- Dressings made without corn oil
- Pure fruit spreads starch
- Breads, crackers, and cereals made without corn
- Foods without corn sweeteners
- Margarine not made with corn oil
- Flour or potato fruit packed in its own juice
SOY PROTEIN ALLERGY/SENSITIVITY

Soy allergy requires close monitoring due to the fact soybeans are so widely used in the food industry. Avoid foods containing soy and soy derivatives.

Soy maybe listed on the label as:

<table>
<thead>
<tr>
<th>Soy</th>
<th>Vegetable starch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soy flour</td>
<td>Vegetable gums</td>
</tr>
<tr>
<td>Soy protein</td>
<td>Soy bean oil*</td>
</tr>
<tr>
<td>Soy protein isolate</td>
<td>Vegetable shortening*</td>
</tr>
<tr>
<td>Hydrolyzed vegetable protein</td>
<td>Hydrogenated oils*</td>
</tr>
</tbody>
</table>

*Tolerated by most people with soy allergy. Caution is advised for those with a history of anaphylaxis

<table>
<thead>
<tr>
<th>Foods likely to contain SOY</th>
<th>Substitutes for SOY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nondairy creamers</td>
<td>Milk</td>
</tr>
<tr>
<td>Many baked goods</td>
<td>Baked products without soy</td>
</tr>
<tr>
<td>Many baking mixes</td>
<td></td>
</tr>
<tr>
<td>Many breakfast cereals</td>
<td></td>
</tr>
<tr>
<td>Many crackers</td>
<td></td>
</tr>
<tr>
<td>Imitation meats bacon and seafood</td>
<td>&quot;Real&quot; meat, bacon and seafood</td>
</tr>
<tr>
<td>Meat filler products</td>
<td>Foods prepared without fillers or soy</td>
</tr>
<tr>
<td>Tofu, Miso, Tempeh, soybean</td>
<td></td>
</tr>
<tr>
<td>Canned spaghetti</td>
<td></td>
</tr>
<tr>
<td>Packaged macaroni and cheese</td>
<td></td>
</tr>
<tr>
<td>Breading mixes for poultry</td>
<td></td>
</tr>
<tr>
<td>Tuna packed in on*</td>
<td>Tuna packed in water</td>
</tr>
<tr>
<td>Peanut butter with added on*</td>
<td>Peanut butter without added oils</td>
</tr>
<tr>
<td>Au Gratin potato mixes</td>
<td>Potatoes without soy products</td>
</tr>
<tr>
<td>Soy bean oil*</td>
<td>Soy-free oil, margarines and salad dressings</td>
</tr>
<tr>
<td>Soy Margarine*</td>
<td></td>
</tr>
<tr>
<td>Spray brand Shortening*</td>
<td></td>
</tr>
<tr>
<td>Many cakes, cookies and packaged frostings</td>
<td>Cakes, cookies and frostings prepared without soy products</td>
</tr>
<tr>
<td>Chocolate chips and bars</td>
<td></td>
</tr>
<tr>
<td>Canned puddings</td>
<td></td>
</tr>
<tr>
<td>Soy and teriyaki sauces</td>
<td>Some Worcestershire sauces</td>
</tr>
<tr>
<td>Many snack foods: pretzels, chips, etc.*</td>
<td>Snack foods prepared without soy oil.</td>
</tr>
</tbody>
</table>

*Tolerated by most people with soy allergy. Caution is advised for those with a history of anaphylaxis
PEANUT ALLERGY/SENSITIVITY

Peanuts are one of the most allergenic foods, and peanut allergy is one of the most common food allergies. Peanuts are added to a large variety of processed foods. **Read the label.** Some individuals also must avoid other legume family members. (See soy allergy). Additionally, most experts recommend peanut-allergic patients avoid tree nuts as well.

**Foods that may contain peanut or peanut oil:**

| Baked goods | Margarine |
| Baking mixes | Marzipan |
| Battered foods | Milk formula |
| Biscuits | Pastry |
| Breakfast cereals | Peanut butter |
| Candy | Satay sauce and dishes |
| Chili | Soups |
| Chinese dishes | Sweets |
| Cookies | Thai dishes |
| Cereal-based products | Vegetable fat |
| Egg rolls | Vegetable oil |
| Ice Cream | Artificial Nuts |
| Mandelonas peanuts soaked in almond oil | |

**PEANUT product may be listed on the label as:**

- Ground-nut
- Peanut flour
- Peanut butter
- Emulsifier (uncommon but possible)
- Flavoring
- Oriental sauce
- Hydrolyzed plant or vegetable powder (HPP or HVP or texturized vegetable protein TVP)

**BHT AND BHA ALLERGY/SENSITIVITY**

(Butylated Hydroxytoluene and Butylated Hydroxyanisole)

BHA and BHT are antioxidants used to inhibit fat oxidation. Therefore they are classed as additives. **Read the label.**

**Avoid foods containing high amounts of fat:**

| Breads | High fat cinnamon rolls |
| Pastries | Pie crusts, dough nuts, etc. |
| Snacks | Nutmeats, Potato chips |

**Smaller quantities are used for stabilizing foods containing only 1% to 2%:**

| Dehydrated potatoes | Dried fruits |
| Chewing Gum | Some candies |
| Yeast | Cake mixes |
| Breakfast cereals | |
PREGNANCY DIET

USE:
The diet is designed to provide additional protein and nutrients needed to sustain pregnancy in the average, healthy woman. Calories are adequate to allow for a weight gain in the recommended 22-30 pound range.

ADEQUACY:
The diet food plan includes foods in the amounts to provide the quantities of nutrients (except iron and folacin) recommended by the NRC for the pregnant woman. Dietary supplements should provide only needed nutrients and should be taken only if prescribed by a physician.

DIET PRINCIPLES:
1. Weight gain during pregnancy should not be unduly restricted nor should weight reduction be attempted. The suggested weight gain for a normal pregnancy is 22-30 pounds. If excessive weight gain is a problem, the resident's food portion sizes and intake of "extra" foods will need to be evaluated.

2. The possible harmful effects of caffeine intake on a developing fetus are not yet fully understood. Avoidance or limited intake of caffeine by the pregnant woman is advised.

3. Due to possible harmful effects on the developing fetus, it is advisable to avoid drinking alcoholic beverages, using any type of drugs without the doctor's supervision and smoking cigarettes during pregnancy.

4. Women who are experiencing "morning sickness" or indigestion may find it helpful to eat "dry" meals, saving liquids for between meals; consume smaller, more frequent meals; and avoid spicy foods or foods high in fat content.

5. Women with diabetes require a special "Gestational Diabetic" meal plan. Refer to the Appendix's Diabetes section for samples.

6. Occasionally women cannot drink milk due to a physical problem or personal preference. When this occurs consult the Dietitian. Immediately begin by omitting the milk on the pregnancy diet plan and replacing it with 1 ounce of meat AND a serving of bread OR starch OR fruit for each 1 cup of milk. Serve only hot cereal at breakfast so milk is not mandated for eating purposes.

7. Occasionally women are vegetarians. Contact the Dietitian for assistance. Determine if the woman is lacto (milk) ova (egg) vegetarian or what does she eat for protein? The manager should immediately start the appropriate vegetarian diet from the guidelines in this manual. However, contacting a Dietitian is required to assure dietary compliance.
PUREED DIET

USE:
The pureed diet is designed to provide food that are soft and smooth and can be swallowed with minimal or no chewing. Foods are blended or strained unless already in a smooth form such as mashed potatoes.

This diet may be used for inmates who have no teeth, following surgery of the mouth or are dysphagic for any reason (i.e. stroke, poor dentition, and head trauma).

NUTRITIONAL ADEQUACY:
This diet is nutritionally adequate. However, if the patient is in negative nutrition status. Multi-Vitamin, Vitamin C, Vitamin E and calcium supplementation is recommended.

PHYSICIAN'S ORDERING PROCEDURE:
This diet may be ordered by writing "Pureed Diet" in the comments section of the Diet Order Form. The cancellation date should be indicated at the top of the form. This is especially true if the diet is to be served for only a short period of time.

RESTRICTIONS/MODIFICATIONS:
This diet may be adjusted according to the other therapeutic diet orders (diabetic, etc.). Small amounts of additional liquids (gravies, broth, and milk) may be added to the pureed foods to achieve an appropriate consistency to make swallowing easier.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Allowed</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soups</td>
<td>Broth, bouillon, strained cream soup, soups with pureed vegetables</td>
<td>All others</td>
</tr>
<tr>
<td>Meat &amp; Meat Alternatives</td>
<td>Strained or pureed meat, fish, poultry, soft-cooked egg, scrambled egg</td>
<td>All others</td>
</tr>
<tr>
<td>Milk &amp; Milk Products</td>
<td>All milk and milk drinks, ice cream, yogurt without seeds, cottage cheese</td>
<td>None</td>
</tr>
<tr>
<td>Bread</td>
<td>Bread crumbs may be added to blended soup and vegetables</td>
<td>All other forms</td>
</tr>
<tr>
<td>Cereals</td>
<td>Cooked cereals without nuts or fruit</td>
<td>Dry cereals, cooked cereals with seeds/dried fruit</td>
</tr>
<tr>
<td>Potatoes or Substitute</td>
<td>Mashed or creamed potatoes: pureed rice or noodles in sauce or gravy</td>
<td>Crisp fried potatoes, potato chips</td>
</tr>
<tr>
<td>Dried Beans, Peas</td>
<td>Cooked beans or peas if pureed or mashed fine</td>
<td>All others</td>
</tr>
<tr>
<td>Nuts</td>
<td>None</td>
<td>All</td>
</tr>
<tr>
<td>Fruits &amp; Vegetables</td>
<td>Vegetable juices, pureed vegetables without seeds, fruit juices and nectars, pureed fruit without seeds</td>
<td>All others</td>
</tr>
<tr>
<td>Fats &amp; Oils</td>
<td>Butter, margarine, cream, oil gravies, whipped toppings</td>
<td>All others</td>
</tr>
<tr>
<td>Desserts</td>
<td>Plain custard or pudding, ice cream, sherbet, fruit ice, Popsicle, gelatin, cobblers and crisps pureed with milk</td>
<td>All others and anything made with nuts or whole fruit</td>
</tr>
<tr>
<td>Beverages</td>
<td>All beverages as tolerated</td>
<td>Any not tolerated</td>
</tr>
<tr>
<td>Misc.</td>
<td>Spices and condiments</td>
<td>Nuts, coconut, pickles, seeds, chips</td>
</tr>
</tbody>
</table>
TYRAMINE AND DOPAMINE RESTRICTED DIET
(MAO DIET PLAN)

USE:
This diet is intended to prevent the serious side effects that may occur when monoamine oxidase inhibitors (MAO) are ingested. Monoamines are potentially dangerous substances found in specific foods that cause blood vessels to constrict resulting in elevated blood pressure. Normally they are not a danger unless MAO inhibitor drugs are used in therapy. These drugs inhibit the body's enzyme that detoxifies monoamines causing them to build up in the bloodstream to toxic levels. Symptoms of monoamine toxicity are hypertension, excruciating headaches, increased heart rates and even fatal intracranial hemorrhages. Therefore, whenever MAO Inhibitors are prescribed, a tyramine/dopamine-restricted diet should be ordered immediately.

ADEQUACY:
This diet meets the RDA's.

RESTRICTIONS/MODIFICATIONS:
A regular diet is followed. Foods that have been aged or fermented are eliminated for the diet. Any foods in which protein breakdown is promoted to enhance flavor are eliminated also. NOTE: A Dietitian should be notified immediately following the receipt of a diet order for a MAO tyramine restricted diet.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Allowed</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverages</td>
<td>All except those excluded</td>
<td>Alcohol, wine, beer, coffee, teas, decaf. coffee, cocoa</td>
</tr>
<tr>
<td>Breads and Substitutes</td>
<td>All except those excluded, including commercially sliced bread</td>
<td>Homemade yeast breads or rolls with substantial amount of yeast, bread or cracker containing cheese</td>
</tr>
<tr>
<td>Fats</td>
<td>All except those excluded</td>
<td>Sour cream</td>
</tr>
<tr>
<td>Fruits</td>
<td>Limit of 1 small orange daily; all others not excluded</td>
<td>Bananas, red plums, avocado, figs, raisins</td>
</tr>
<tr>
<td>Meats and Meat</td>
<td>Meats and fish not excluded and fresh</td>
<td>Aged meat, chicken and beef liver, and canned meats; yeast extracts; salami, sausage, cheese; salted, pickled or dried fish, raw eggs.</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Limit tomato to ½ C daily; all others not excluded</td>
<td>Italian broad beans (Fava), sauerkraut, green pea pods, eggplant</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Fresh homemade gravies; all others not excluded</td>
<td>Yeast, marinade, soup cubes, commercial gravies, soy sauce, soup containing restricted items: meat, tomatoes, broad beans, chocolate, etc.</td>
</tr>
</tbody>
</table>
LOW FIBER, LOW RESIDUE DIET PLAN

**USE:**
The Low Fiber, Low Residue Diet is designed for inmates receiving radiation therapy on or near the intestine, in partial bowel obstruction, in acute gastroenteritis (Crohn's Disease or I.B.S.) and in postoperative anal or hemorrhoid surgery. Due to the low fiber content, restrict resident to no more than 30 days on this diet plan. This diet is for acute, NOT chronic care.

**ADEQUACY:**
The suggested food plan includes foods in amounts that provide the quantities of nutrients recommended by the NRC for the average adult, providing that the individual can tolerate milk.

**RESTRICTIONS/MODIFICATIONS:**
The diet includes foods that will reduce (not eliminate) the residue in the colon. It is smooth in texture and is mechanically and chemically non-irritating. Based on the regular menu with the following modifications:

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Allowed</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk (limit to 2 cups)</td>
<td>All milk and milk products</td>
<td>Yogurt if flavored with fruit containing seeds</td>
</tr>
<tr>
<td>Meat &amp; Meat Alternates</td>
<td>Tender beef, chicken, fish, ham, turkey; cottage cheese, processed cheese, eggs; smooth peanut butter</td>
<td>Spicy meat, fish, etc.</td>
</tr>
<tr>
<td>Fruits</td>
<td>Any not listed to avoid canned fruit, juices without pulp (exc. Prune), ripe bananas</td>
<td>Prune juice, most raw fruit, most berries, oranges, pears (fresh), prunes</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Any not listed to avoid; all vegetable juices without pulp; cooked asparagus, beets, green beans, carrots, wax beans, whipped white, or sweet potatoes, winter squash; tender, cooked, soft vegetables</td>
<td>Cooked dried beans and legumes, corn, peas, all potato skins; raw veg’s broccoli, Brussel sprouts, cabbage, cauliflower, green pepper, onions, sauerkraut, fried vegetables, potato chips</td>
</tr>
<tr>
<td>Breads, Cereals, &amp; Grains</td>
<td>Enriched white, wheat, rye bread without seeds; enriched cooked refined cereals, such as farina, Cream of Wheat, cornmeal, Malt-O-Meal, strained oatmeal; dry cereals such as puffed rice, corn flakes; spaghetti, macaroni noodles, or white rice.</td>
<td>Bread, crackers, cereals containing whole grains, brans or seeds; brown, or wild rice</td>
</tr>
<tr>
<td>Fats</td>
<td>Salad oils, fortified in moderate amounts</td>
<td>Spice salad dressings, margarine, mayo, salad dressing (mild)</td>
</tr>
<tr>
<td>Fluid (6-8 cups)</td>
<td>Water and other fluids, such as coffee, tea, fruit, or vegetable juice, carbonated beverages</td>
<td>All others</td>
</tr>
<tr>
<td>Misc.</td>
<td>Homemade, strained soups made with thin cream sauce and allowed vegetables; clear broth, Plain puddings, plain ice cream, plain cakes and pies made from allowed foods, honey, syrups, Mild catsup, mild spices, vinegar, white sauce in moderate amounts</td>
<td>All desserts and candy containing coconut, nuts, seeds, or fruit; jams and preserves, Pepper, spicy catsup, chili sauce, nuts, olives, coconut, pickles, popcorn</td>
</tr>
</tbody>
</table>
LOW SALT DIET - NO ADDED SALT

The low Salt Diet (3000-5000 mg sodium) is useful in preventing or controlling edema and hypertension.

USE: Sodium restrictions are contraindicated in normal pregnancy, for residents who have ileostomies and for some residents on very restricted protein diets who are also taking diuretics. This diet is classified as Mild (no added salt) - 3000-5000 mg sodium.

NUTRITIONAL ADEQUACY:

The diet plan provides foods in amounts that will provide quantities of nutrients recommended by RDA's for the average adult. It is lower in fat than a regular diet.

RESTRICTIONS/MODIFICATIONS:

The regular menu is served with the limitations of foods listed below which are high in sodium. No salt is served as a condiment. Foods are prepared with no salt added during cooking.

<table>
<thead>
<tr>
<th>FOOD GROUP</th>
<th>FOOD TO LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>Buttermilk, instant cocoa mixes</td>
</tr>
<tr>
<td>Meat &amp; Meat Substitutes</td>
<td>Smoked, salt cured meats or fish such as bacon, bologna, chipped beef, corned beef, frankfurters, ham, luncheon meats, pickled meats, salt pork, sausage, regular canned tuna, and cheese; peanut butter in excess of 1 TBSP per day.</td>
</tr>
<tr>
<td>Fruits</td>
<td>None</td>
</tr>
<tr>
<td>Vegetables</td>
<td>High sodium packaged potato products, sauerkraut, tomato juice or vegetable juices canned with salt</td>
</tr>
<tr>
<td>Breads, Cereals, &amp; Grains</td>
<td>Breads, rolls, or crackers with salted toppings; instant hot cereals</td>
</tr>
<tr>
<td>Fats</td>
<td>Salted gravy, bacon, salt pork</td>
</tr>
<tr>
<td>Fluids</td>
<td>Commercially canned soups, bouillon, broth, or dehydrated soup mixes</td>
</tr>
<tr>
<td>Other</td>
<td>Salt, seasoned salt, olives, pickles, relishes, meat sauces, Soy sauce, Worcestershire sauce, catsup, chili sauce, prepared mustard</td>
</tr>
</tbody>
</table>
**MALABSORPTION**

**USE:** This is a plan of eating designed to minimize malabsorption and its effects. Diarrhea is the most common gastrointestinal manifestation of AIDS, and often the most problematic to treat. This diet is similar to the BRAT (banana, rice, apple and toast or tea) Diet, and if for short term use only as the calorie and protein benefits are limited. Taste fatigue may also occur. The plan consists of 3 main meals and an evening snack. The diet plan is a low fat, low lactose, low residue, no caffeine, high soluble fiber (oatmeal, pears and potatoes) diet. **It is a short term diet and must be reordered every week.** Due to the nature of the illness, a close monitoring of the inmate's weight and general health is mandated. A close monitoring of the B-12 level is strongly advised. In AIDS patients, pinpointing the causative pathogen or agent is essential.

**NUTRITIONAL ADEQUACY:**

This diet plan includes foods in amounts to provide the necessary amounts of nutrients as recommended by the NRC for the average adult. **However, due to the nature of the illness the nutritional demands of the body may make the assimilation of some nutrients in the diet impossible.** Therefore, constant monitoring of the homeostatic condition of the inmate is strongly recommended. Additionally, although the diet will provide the RDA's (except calcium) due to the preference or intolerance of the inmate, a multi-mineral and vitamin supplement, as well as an anti-diarrheal agent (Kaopectate, tincture of opium, Lomotil or Imodium) is recommended. Additional feedings of an enteral supplement with or without fiber may also be necessary.

- **Meals per day:** 4 (3 main meals & night snack)
- **Calories:** Approximately 2000-2400
- **Protein:** Approximately .8-1 g/kg IBW
- **Fat:** Not to exceed 20% of total calories
- **Cholesterol:** 200-300 mg/day
- **High-Soluble Fiber:** 20+ gm/day
- **Vitamins:** 100%-200% or more RDA
- **Trace Minerals:** 100%-200% or more RDA
- **Lactose content:** Low

**RESTRICTIONS/MODIFICATIONS**

- **Animal Protein** (4-6 oz.) 2-4 Servings
  - Eggs, hard cooked (2-4 wk.)
- **Plant Protein** 10-14 Servings
  - Bread (8-10 Svgs)
  - Starches/Cereal/Legumes (2-4 Svgs)
- **Vegetables** 4-6 Servings
  - Vit C/Vit A (1-2 Svgs)
  - Starches (1-2 Svgs)
- **Non Dairy Calcium Source** (1-3 Svgs)
- **Fruit** 4-6 Servings
  - Vit C/Vit A (1-2 Svgs)
- **Dairy Products** 0 Servings
  - Fat 3 Servings

_RFP #24-0001_
_Sedgwick County... Working for you_
PROTEIN ENERGY MALNUTRITION DIET PLAN  
(P.E.M. Diet - 4 Meals)

**USE:**

This is a plan of eating that maximizes immune function, relieves some of the symptoms of auto-immune diseases and reduces the risk for cardiovascular disease. The plan consists of three main meals and an evening snack developed by a Dietitian around the general population menu. The dietary emphasis is on fruits, vegetables, legumes and grains, with a minimum of animal products. The exception is fish due to the content of Omega-3 fatty acids. At the initial diagnosis of the disease, the inmate/patient should be placed on the Stage I diet plan and counseled following the suggested Care Plan. As debilitating symptoms, such as vomiting, diarrhea, swallowing difficulties, etc. occurs. The physician orders the appropriate diet plan to control the symptoms. The patient may "go back" to the P.E.M. diet when the symptoms subside.

**NUTRITIONAL ADEQUACY:**

Average Daily Nutrient Profile:

<table>
<thead>
<tr>
<th>Meals per day:</th>
<th>4 (3 main meals and a night snack)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories:</td>
<td>Approximately 2800-3000</td>
</tr>
<tr>
<td>Protein:</td>
<td>Approximately 1.2-1.5 g/kg normal body weight, 1 gm Nitrogen/100-150 non-protein calories</td>
</tr>
<tr>
<td>Fat:</td>
<td>20-30% of total calories</td>
</tr>
<tr>
<td></td>
<td>• saturated fat: 7-10% of total calories</td>
</tr>
<tr>
<td></td>
<td>• monounsaturated fat: 7-10% of total calories</td>
</tr>
<tr>
<td></td>
<td>• polyunsaturated fat: up to 10% of total calories</td>
</tr>
<tr>
<td>Carbohydrates:</td>
<td>55-65% of total calories</td>
</tr>
<tr>
<td>Fiber:</td>
<td>35+ gm/day</td>
</tr>
<tr>
<td>Vitamins:</td>
<td>100-200% RDA</td>
</tr>
<tr>
<td>Trace Minerals:</td>
<td>100-200% RDA</td>
</tr>
</tbody>
</table>

**RESTRICTIONS/MODIFICATIONS:**

Daily Servings:

**Animal Protein** (4-6 oz.)  
Eggs, Hard Cooked (2-4 per week)

2 to 3 Servings

**Plant Protein**

Breads (6-8 Servings)  
Starches/Cereals/Legumes (4-5 Servings)

8 to 12 Servings

**Vegetables**

Vit C/Vit A sources (1-2 Servings)  
Starchy vegetables (1-2 Servings)  
Non-Daily Calcium Source (1-3 Servings)

4 to 5 Servings

**Fruit**

Vit C/Vit A sources (1-2 Servings)

4-5 Servings

**Daily Products**

2 Servings

RFP #24-0001

Sedgwick County...Working for you
**FLUID MILK-FREE DIET**

**USE:**

The Fluid Milk-Free Diet is designed to reduce to minimal amounts, the milk lactose (sugar/carbohydrate) intake of those individuals due to an inherent characteristic that cannot tolerate milk lactose (sugar). Also, if the patient has a history of alcoholism, the damage to the stomach and small intestine may be to a level where the enzyme that breaks down lactose can no longer be produced. This physical abuse causes the lactose intolerance. This condition is present during "detoxing".

The quantity of lactose (sugar) or casein (protein) which can be tolerated varies among individuals. While the Milk Free Diet is not entirely lactose (milk sugar) free, the restriction of lactose, casein (protein) and calcium, contained in this diet, is adequate for all but the most severely sensitive individuals.

The diet is indicated also for the use in management of residents with abnormal calcium balance, calcium induced renal stones, in cases of Crohn's disease, short bowel syndrome and colitis aggravated by milk intake, and, in some cases, severe and persistent diarrhea. The Milk Free Diet should NOT be used for a Low Calcium Test Diet.

**ADEQUACY:**

The diet is adequate in all nutrients as recommended by the NRC for the average adult. Calcium and vitamin D supplements may be advisable. The diet is lower in protein than regular menu but the intake will be adequate, based on the RDA.

**PHYSICIAN'S ORDERING PROCEDURE:**

Order this diet by the term "Fluid Milk Free Diet" only. DO NOT use the terms "low calcium" or "lactose free" if referring to the above described diet.

No fluid milk will be served. Cold cereals will be substituted with hot cereals. There will be NO substitutes for the fluid milk on the Regular Diet plan.

Pregnancy diets will be substituted with 1 oz. meat and 1 serving starch/fruit for each cup of milk omitted (Refer to Pregnancy Diets In this manual).

**RESTRICTIONS/MODIFICATIONS:**

The diet is based on the Regular Diet with the avoidance of fluid milk in any significant amount. Small amounts of milk, such as those found in butter, bread, cold cuts, etc., will be allowed on this diet. Unless otherwise indicated, the Fluid Milk Free Diet will be served in three meals daily.
**FULL LIQUID DIET**

**USE:**
The Full Liquid Diet is prescribed for the postoperative resident, following the Clear Liquid Diet, for the acutely ill resident; and for the resident who cannot chew or swallow solid or pureed food. It may be prescribed to supplement a tube feeding.

**ADEQUACY:**
Depending upon the amount and choice of food eaten, this diet will tend to be low in protein, calories, iron, thiamine, and niacin, it should not be used for longer than 3 days. Vitamin and mineral supplements should be ordered if resident remains on the diet for more than 2 days, It contains approximately 2200 Calories

**RESTRICTIONS/MODIFICATIONS:**
The Full Liquid Diet Includes foods that are liquid at body temperature and tolerated by the resident. Small servings may be offered every 2 or 3 hours and at mealtime.

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit Juice</td>
<td>½ cup</td>
<td>½ cup</td>
<td>½ cup</td>
</tr>
<tr>
<td>Blended Hot Cereal</td>
<td>1 cup</td>
<td>1 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>Instant Breakfast</td>
<td>1 cup</td>
<td>1 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>Margarine</td>
<td>1/3 oz.</td>
<td>1 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>Sugar</td>
<td>2 Pkts</td>
<td>1 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>Coffee/Tea</td>
<td>1 cup</td>
<td>1 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>2% Milk</td>
<td>1 cup</td>
<td>1 cup</td>
<td>1 cup</td>
</tr>
</tbody>
</table>

**NOTE:**
1. Use a commercial instant breakfast mix or an approved product for the high-protein drink.

2. For the Special Full Liquid Soup - Blenderize ¼ cup broth with ½ cup cooked chicken, turkey, or beef and ¼ cup vegetables to a smooth consistency. Serve hot.

3. Blenderize the hot cereals with milk to a smooth consistency if necessary.

4. If a full liquid diet is ordered for a diabetic, contact Dietitian.

A copy of the Full Liquid Meal Plan can be found in the Appendix.
HEART HEALTHY
(Moderate Low Fat, Low Cholesterol) • (300 mg cholesterol, 30% of calories from fat)

USE:
This diet is prescribed in an effort to reduce the cholesterol and other fatty substances in the blood for treatment of hyperlipidemia and chronic heart disease. It can be used for weight reduction. In a correctional setting, medical problems do not include weight control for vanity sake as a bonafide health risk due to the risk of litigation. The resident can use self-control while on a regular diet. Only in cases of morbid obesity is it suggested to use this diet plan. This plan requires monthly monitoring to document success.

- Guidelines for determining severity of cholesterol problem:
  a. 3 fasting blood tests, 7 days apart.
  b. HDL < 35; triglycerides > 500; cholesterol > 200.
  c. History of heart disease.
  d. Smokes; and no exercise; 15% above ideal body weight.
  e. Age
     i. Male ≥ 45 years
     ii. Female ≥ 55 years or premature menopause without HRT
  f. Diabetes

NUTRITIONAL ADEQUACY:
The diet plan includes foods in amounts to provide the quantities of nutrients recommended by the NRC for the average adult. This diet is a phase 1 of the Healthy Heart diet from the American Heart Association.

Dietary Modifications to Reduce Hypercholesterolemia

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat (% of Calories)</td>
<td>&lt; 30</td>
<td>&lt; 25</td>
<td>&lt; 20</td>
</tr>
<tr>
<td>Saturated Fat (% of Fat)</td>
<td>&lt; 8</td>
<td>&lt; 7</td>
<td>&lt; 6</td>
</tr>
<tr>
<td>Polyunsaturated (% of Fat)</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Monounsaturated (% of Fat)</td>
<td>&gt; 25</td>
<td>&gt; 20</td>
<td>&gt; 15</td>
</tr>
<tr>
<td>Carbohydrates* (% of Calories)</td>
<td>55</td>
<td>60</td>
<td>65</td>
</tr>
<tr>
<td>Protein (% of Calories)</td>
<td>12-15</td>
<td>12-15</td>
<td>12-15</td>
</tr>
<tr>
<td>Cholesterol (mg/day)</td>
<td>&lt; 300</td>
<td>&lt; 200</td>
<td>&lt; 150</td>
</tr>
</tbody>
</table>

From: Lowering blood cholesterol to prevent heart disease, JAMA 253:2080, 1985
*Should be primarily complex carbohydrates (starches and fibers)
**RESTRICTIONS/MODIFICATIONS**: Based on the restricted diet menu plan with the following additional modifications:

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Allowed</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk (2 or more cups per day)</td>
<td>Skim, nonfat dry, nonfat yogurt</td>
<td>Cream, whole milk, 2% milk (1 cup per day), ice cream, ice milk, Fried eggs</td>
</tr>
<tr>
<td>Eggs (limit to 3 per week)</td>
<td>Poached, soft or hard cooked, scramble; egg whites as desired; egg substitutes</td>
<td>Fat beef, pork, lamb, and any visible fat on meat; bacon, salt pork, spareribs, frankfurters, sausage, cold cuts, canned meats; skin of chicken or turkey, duck, goose; fish canned in oil; organ meats, cheese other than that allowed.</td>
</tr>
<tr>
<td>Meat and Meat Substitutes 2-3 servings/day (total 6-7 ounces)</td>
<td>Lean beef, pork, lamb, veal, poultry; lean fish such as cod, flounder, haddock, bluefish, perch, bass, whitefish; low fat cottage cheese, low fat Monterey Jack, mozzarella, ricotta, and farmers cheese made from skim milk</td>
<td>None</td>
</tr>
<tr>
<td>Fruits (2-4 or more servings/day)</td>
<td>Any fresh, frozen, dried or canned fruits; fruit juice</td>
<td>Commercial hot breads, doughnuts, sweet rolls; egg or cheese breads; party crackers</td>
</tr>
<tr>
<td>Vegetables (3-5 or more servings/day) including potatoes</td>
<td>All fresh, frozen or canned vegetables; vegetable juice; white or sweet potato, or yams. Any fat used must be taken from the fat allowance.</td>
<td></td>
</tr>
<tr>
<td>Bread, Cereals, Grains and Pastas (11 or more servings/day)</td>
<td>Whole-grain or enriched breads, cereals &amp; grains, Melba toast, saltines, graham crackers, pretzels, hot bread, griddle cakes, waffles made with egg white or egg substitute</td>
<td></td>
</tr>
<tr>
<td>Fats (Use sparingly; limit to 1 ½ to 2 TBSP/day)</td>
<td>Margarine (1 TSP); Salad dressing (2 TSP); Mayonnaise type Salad dressing (1 TBSP)</td>
<td>Butter, solid shortening, lard, salt pork, chicken fat, animal fats, coconut oil, chocolate</td>
</tr>
</tbody>
</table>
HIGH FIBER DIET

USE:
The High Fiber Diet is useful in the treatment of constipation, uncomplicated diverticulosis, irritable bowel syndrome, or whenever it may be desirable to increase volume of stool. Recent studies indicate additional positive benefits may be lower insulin need when a high fiber, high complex carbohydrate diet is used in the treatment of persons with insulin dependent diabetes mellitus. Population studies indicate that a lower incidence of cancer of the colon and arteriosclerosis is seen in countries where a high fiber diet is widely used.

Dr. Peter Gott, a General Internist in practice in Connecticut and a graduate of Princeton University and Tulane Medical School, recommends one of two natural but safe therapies: One is to drink 8 ounces of hot prune juice OR swallow three tablespoons of Triple Mix every morning with extra fluids (8 cups of water/day). (Triple Mix consists of equal portions of prune juice, bran and applesauce).

ADEQUACY:
It is estimated that the typical American diet contains 11-13 grams of dietary fiber per day. High fiber diets should provide a minimum of 25 grams of dietary fiber daily. The most current recommendation from the scientific community states for women between 19 and 50 to consume 25 grams of fiber each day; for men between 19 and 50 to consume 38 grams of fiber each day. After the age of 50 the recommendation for women falls to 21 grams of fiber with the men at 30 grams of fiber.

This diet plan will provide a daily intake of 28 to 32 grams of fiber. A maximum of 35 grams is recommended. Excessive fiber may interfere with the absorption of calcium and zinc, especially in the young and elderly.

When initiating a high fiber diet, ii is generally recommended to gradually increase fiber as tolerated until it is effective. An emphasis on drinking 8 or more glasses of water per day is essential. Excess fiber without appropriate amount of liquids may have unforeseen negative consequences.

CAUTION:
This diet is not recommended for short term constipation which may develop during the initial incarceration period due to emotional stress and limited toilet privacy.

RESTRICTIONS/MODIFICATIONS:
Based on the regular diet with the following additional modifications:

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Wheat Bread</td>
<td>At least 4 slices are served each day</td>
</tr>
<tr>
<td>Bran Cereal or Oatmeal Cereal</td>
<td>1 cup of bran/oatmeal cereal served daily in place of regular cereal on menu or added to breakfasts with no cereal</td>
</tr>
<tr>
<td>Fresh Fruit</td>
<td>Offered at breakfast, lunch, dinner</td>
</tr>
<tr>
<td>Dried legumes, salads, and vegetables</td>
<td>Offered in same quantity and frequency as the regular menu</td>
</tr>
</tbody>
</table>

CAUTION: Residents should be cautioned to consume 8-10 cups (64 ounces plus) of water per day due to the fluid absorbing properties of fiber.
LONG TERM FULL LIQUID/STRAW DIET
(Broken Jaw)

USE:
The Long term Full Liquid/Straw Diet is prescribed for the resident requiring a liquid diet for more than five days, which will be adequate in vitamins, minerals and dietary fiber (i.e. for the acutely ill resident; wired or banded jaw; temporary edentulous resident; post throat or oral surgery cases and for any type of situation where a resident cannot chew or swallow solid food for long periods)

NUTRITIONAL ADEQUACY:
The Straw Diet is designed to meet the nutritional needs of the resident for a duration of 5 days or more. The average daily caloric level exceeds 2500 calories and provides a daily minimum of 90 grams of protein. The diet is low in fiber and adequate in fat. It may be marginally low in iron, thiamine, niacin, vitamins 86, folacin and zinc. A daily vitamin-mineral supplement may be required unless a liquid nutritional supplement is offered.

The enteral feeding products are supplied by the Medical Department unless otherwise stipulated. Weekly nutritional assessments including weighing are encouraged for prolonged use of this type of diet for the following reasons:

- Nutritional requirements for healing process may exceed what can be supplied by conventionally acceptable and available food sources.
- For some residents the lack of texture, variety and inherent appearance of the food items on this menu may decrease the intake of some food items.
- Supplementation will permit more diet plan variations based upon individual resident preferences.

Suggested Enteral Feeding Product (Other similar products are available on the market. This one is listed only as a suggestion):

- Sustacal with Fiber-8 ounces provides 12 grams of dietary fiber and 100% of the RDA for protein, vitamins and minerals in 1500 calories. Feeding has low osmolality-480mOsm/kg water, 17% of calories as protein, lactose free and low in sodium-1020 mg/1500 cal.

RESTRICTIONS/MODIFICATIONS:
The diet includes foods that are liquid at body temperature and tolerated by the resident. This is a special plan for easily ingested liquid foods, seasoned and smooth consistency for use through a straw. If resident does not require a straw to consume food, specify No Straw Full Liquid diet.

A copy of this plan can be found in the Appendix.
CLEAR LIQUID DIET

USE:
The Clear Liquid Diet is prescribed for preoperative or postoperative residents, for residents with an acute inflammatory condition of the gastrointestinal tract, in acute stages of many illnesses, especially those with high elevation of temperature, or in conditions when it is necessary to minimize fecal material (residue free).

ADEQUACY:
This diet is adequate in all nutrients. It should not be used more than two days with supplementation. A commercially prepared "defined formula diet" may be useful if a clear liquid regimen is necessary for more than a few days or if the resident is seriously undernourished. If served for a longer period of time, a low residue, high calorie supplement is recommended.

RESTRICTIONS/MODIFICATIONS:
The diet is composed of clear liquids. It is designed to provide fluids without stimulating extensive digestive processes, to relieve thirst, and to provide oral feedings that will promote a gradual return to a normal intake of food. Small servings may be offered every 2 or 3 hours and at mealtime. Only those food items which are transparent or "clear" and are detailed on the diet plan are offered.

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th></th>
<th>Lunch</th>
<th></th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fruit Juice*</td>
<td>1 ½ cup</td>
<td>Fruit Juice*</td>
<td>1 ½ cup</td>
<td>Fruit Juice*</td>
</tr>
<tr>
<td></td>
<td>Fat Free Broth</td>
<td>1 cup</td>
<td>Fat Free Chicken/Beef Broth</td>
<td>1 cup</td>
<td>Fat Free Chicken/Beef Broth</td>
</tr>
<tr>
<td></td>
<td>Clear Gelatin (No fruit)</td>
<td>1 ½ cup</td>
<td>Clear Gelatin (No fruit)</td>
<td>1 ½ cup</td>
<td>Clear Gelatin (No fruit)</td>
</tr>
<tr>
<td></td>
<td>Coffee or Tea</td>
<td>2 cups</td>
<td>Coffee or Tea</td>
<td>2 cups</td>
<td>Coffee or Tea</td>
</tr>
<tr>
<td></td>
<td>Sugar</td>
<td>3 Pkts</td>
<td>Sugar</td>
<td>3 Pkts</td>
<td>Sugar</td>
</tr>
</tbody>
</table>

*ONLY strained fruit juices: Apple Juice, Cranberry Juice, Grape Juice (Strained Orange Juice -with physician’s approval).

NOTE: If a Clear Liquid Diet is required for a diabetic, contact the Dietitian.

A copy of the Clear Liquid Meal Plan can be found in the Appendix.
DENTAL/MECHANICAL DIET

The Dental/Mechanical Diet is used for residents who have difficulty chewing. This may be a temporary disability, which would allow progressing the appropriate regular textured diet if needed (healing after oral surgery). Tender and easy to chew foods are served. Texture of the food is altered by cooking, grinding, chopping, mincing or mashing. This is a mechanical or physical altering of the regular menu by machine manipulation or substitution of equally nutritious but physically softer foods.

ADEQUACY:

The diet menu includes foods in amounts that will provide nutrients as recommended by the NRC for the average adult.

RESTRICTIONS/MODIFICATIONS:

Based on the regular menu with the following modifications:

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raw vegetables, except shredded lettuce</td>
<td>Not offered, replaced with cooked vegetable or shredded lettuce</td>
</tr>
<tr>
<td>Fresh fruits, except berries, bananas, oranges, grapefruit, or canned fruit</td>
<td>Not offered, replaced with berries, bananas, oranges, grapefruit, or canned fruit</td>
</tr>
<tr>
<td>Nuts or items containing nuts</td>
<td>Not offered, replaced with and alternated dessert</td>
</tr>
<tr>
<td>Taco shells, potato chips, corn chips</td>
<td>Not offered, replaced with bread or another starch</td>
</tr>
<tr>
<td>Whole meat items</td>
<td>Meat is served in ground form</td>
</tr>
</tbody>
</table>
DIABETIC CALORIE CONTROL DIETS

DIETARY MANAGEMENT PRINCIPLES:

The primary objectives of a diabetic diet are to facilitate control of glycemia and to minimize the known risk factors for atherosclerosis. In addition, it is thought that optimal regulation of blood glucose levels will delay or prevent the complications of neuropathy, retinopathy and nephropathy. In 1994 the American Diabetes Association and the American Dietetics Association instituted a new philosophy of self-monitoring of blood glucose levels. This has had good results in "The Free World." However, it is the contention of this author that system cannot work inside a correctional or detention facility for security reasons. Therefore, the following diet plans follow the Exchange patterns set forth by the American Dietetic Association and The American Diabetes Association (1986 version). They are for residents:

With insulin dependent (IDDM, Type I, juvenile-onset) diabetes mellitus or non-insulin dependent (NIDDM, Type II, adult-onset) diabetes requiring strict blood sugar control. (Also referred to as No Concentrated Sweets Diet for controlled Type II diabetes)

In Type I diabetes, foods must be eaten at regular times and in the right amount to correlate with the effects of the insulin. Most residents using only intermediate or long-acting insulin should have a bedtime snack. However, someone taking a split dose of NPH and regular insulin that eats breakfast at 8:30 a.m. and lunch at 12:00 noon probably will not require a mid-morning snack.

Ordinarily, the nutrient needs of a Type I Diabetic can be met without the use of special "dietetic" foods. It is the amount and timing of foods consumed, which must be closely monitored. Since consistency is crucial, a major part of diabetic diet instruction should include emphasis on controlling portion sizes and eating at appropriate times.

NUTRITIONAL CONTENT:

The diets provide the required calories in approximately 50% carbohydrates, 20% protein, and 30% fat. Sodium level is approximately 2500 mg if resident does not add salt. Cholesterol level is<= 300 mg. H.S. snacks are provided on all ADA Diets unless otherwise ordered by physician.

RESTRICTIONS:

Daily diet plans are based on the Calorie Level, Diabetic Exchanges List, Meal patterns and Food Item Plans.

TYPES AND ACTIONS OF INSULIN*

<table>
<thead>
<tr>
<th>Insulin Type</th>
<th>Onset (hours)</th>
<th>Peak (hours)</th>
<th>Usual Effective Duration</th>
<th>Usual Maximum Duration (hours)</th>
<th>Type of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular</td>
<td>0.5-2.0</td>
<td>3-4</td>
<td>4-6</td>
<td>6-8</td>
<td>Short</td>
</tr>
<tr>
<td>NPH</td>
<td>4-6</td>
<td>8-14</td>
<td>16-20</td>
<td>20-24</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Lente</td>
<td>4-6</td>
<td>8-14</td>
<td>16-20</td>
<td>20-24</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Ultralente</td>
<td>8-14</td>
<td>Minimal</td>
<td>24-36</td>
<td>24-36</td>
<td>Long</td>
</tr>
<tr>
<td>Human:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular</td>
<td>0.5-1.0</td>
<td>2-3</td>
<td>3-6</td>
<td>4-6</td>
<td>Short</td>
</tr>
<tr>
<td>NPH</td>
<td>2-4</td>
<td>4-10</td>
<td>10-16</td>
<td>14-18</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Lente</td>
<td>3-4</td>
<td>4-12</td>
<td>12-18</td>
<td>16-20</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Ultralente</td>
<td>6-10</td>
<td>?</td>
<td>20-30</td>
<td>20-30</td>
<td>Long</td>
</tr>
</tbody>
</table>

*From American Diabetes Association: Physician’s Guide to Insulin-Dependent (Type I) Diabetes: Diagnosis and Treatment. 1988, Table 6.
**DYSPHAGIA DIET PLAN**
*(6 MEALS)*

**USE:**
This diet is prescribed for patients with chronic dysphagia, thrush, anorexia or other medical conditions where there is a decreased tolerance to mastication and the digestion of large amounts of food; or where mouth sores are present that are irritated by some foods. These conditions may be the result of a stroke, Acquired Immune Deficiency Syndrome, cancer, or other critical, long term disease states.

**NUTRITIONAL ADEQUACY:**
This diet plan includes foods in amounts to provide the quantities of nutrients recommended by the NRC for the average adult. However, due to the nature of the illnesses involved, the nutritional demands of the body may make the assimilation of some nutrients in the diet impossible. Therefore, constant monitoring of the homeostatic condition of the resident is strongly recommended. Additionally, although the diet will provide the RDA’s, due to the preference or intolerance of the inmate, a multi-mineral and vitamin supplement is recommended. Additional supplements in the form of enteral feedings with or without fiber may also be necessary.

**RESTRICTIONS/MODIFICATIONS:**
This diet will provide approximately 2800 calories in six (6) small feedings per day with a limit of beverages served with food items. Food can be offered in pureed form when chewing or swallowing is difficult.

<table>
<thead>
<tr>
<th>TYPE OF FOOD</th>
<th>FOODS ALLOWED</th>
<th>FOODS TO AVOID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soups</td>
<td>Broth, bouillon, cream soups: limit any portion to ½ cup and puree ingredients</td>
<td>Any soup made with ingredients not allowed</td>
</tr>
<tr>
<td>Meat and Meat Alternatives</td>
<td>Ground, moist meats or poultry, flaked fish, eggs, cottage cheese, soft cheese, soft casseroles</td>
<td>Whole meat, fish or poultry, nuts</td>
</tr>
<tr>
<td>Milk or Milk Products</td>
<td>Milk, milk beverages, yogurt without seeds or nuts, cocoa, dry milk used in cooking, cheese products</td>
<td>None</td>
</tr>
<tr>
<td>Bread and Cereals</td>
<td>All types of breads and cereals including whole grain. Breads, crackers, and cereals can be thinned or soaked in allowed beverages</td>
<td>Breads or rolls with hard crust</td>
</tr>
<tr>
<td>Starches and Potatoes</td>
<td>Potatoes, rice, pasta</td>
<td>Crisp, fried potatoes, potato chips</td>
</tr>
<tr>
<td>Cooked Beans, Peas, and Nuts</td>
<td>Soft cooked beans' and peas in small portions</td>
<td>All nuts and peanut butter</td>
</tr>
<tr>
<td>Fruits and Vegetables</td>
<td>Any without hulls or tough skins that can be appropriately softened. All fruit and vegetable juices. Tolerance to citrus or pineapple should be indicated in diet order.</td>
<td>Raw or cooked vegetables if difficult to chew (cabbage, green pepper, radishes, celery, whole kernel corn). Uncooked dried fruit.</td>
</tr>
<tr>
<td>Fats and Oils</td>
<td>Small servings: margarine, cream, oil, gravy, salad dressing</td>
<td>Fried foods, foods high in fat</td>
</tr>
<tr>
<td>Desserts</td>
<td>Small servings of: cake, cobbler, pies, gelatin, ice cream, custard, pudding, popsicle</td>
<td>Desserts containing coconut, dried, or candied fruit</td>
</tr>
<tr>
<td>Beverages</td>
<td>As tolerated. Small portions, usually not consumed with meals</td>
<td>Coffee, beverages with caffeine</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Spices and condiments as tolerated</td>
<td>Chili powder, black pepper, curry, jalapeno peppers</td>
</tr>
</tbody>
</table>
RENAL DIET

USE:
This diet is designed for use with patients in acute or chronic renal failure, specifically in the following conditions: acute renal failure, chronic renal failure without dialysis, chronic renal failure with hemodialysis, chronic renal failure with peritoneal dialysis.

General Characteristics:

Protein: Protein requirements are based on body weight, degree of renal failure, any losses of protein or amino acids from dialysis. High biological value protein sources (i.e. egg, meat, fish, and poultry) should constitute 80% of the dietary protein.

Sodium: Sodium restrictions may be necessary to control edema and reduce blood pressure. Some residents may require additional sodium in disease stated with "salt wasting tendencies", such as polycystic kidney disease and analgesic nephropathy. Sodium intake should not exceed output.

Potassium: Potassium restriction is individualized and dependent upon 24-hour urinary potassium excretion, frequency of dialysis and degree of acidosis. Rarely is potassium supplementation in renal failure necessary unless the patient is taking a potassium losing diuretic.

Calories: Adequate calories should be provided to prevent muscle catabolism as an energy source. Refined sugars and fats are used to increase the caloric value of the diet. Carbohydrate supplements such as Controlyte and Polycose may be added to the diet to increase caloric value.

Fluid: Fluid intake is limited to 24-hour urinary output plus 500-600 ccs for insensible losses.

Phosphate: Restriction of dietary phosphorous levels less than 600-1200 mg/day often result in poor intake and anorexia. Control of serum phosphorus by phosphate binding agents such as aluminum hydroxide allows more flexibility of the diet.

General Information: The following guidelines may aid in determining the dietary needs.

ACUTE RENAL FAILURE

Protein: 0.5-0.6 gm/kg with 80% high biological value.

Calories: 35-40 calories/kg body weight to promote positive nitrogen balance

Sodium: 2000-3000 mg/day

Potassium: Variable. Often in early stages of ARF, adequate oral intake is impossible due to secondary nausea and vomiting. TPN (i.e. Nephramine) or tube feeding (i.e. Travasorb Renal or Amin-Aid) providing a high calorie/essential amino acid solution may be necessary.

CHRONIC RENAL FAILURE WITHOUT DIALYSIS:

Protein: approximately 0.5-0.6 gm/kg body weight with 80% HBV protein.

Calories: approximately 35 calories/kg body weight

Sodium: approximately 1000-3000 mg/day

Potassium: approximately 1500-2700 mg/day
CHRONIC RENAL FAILURE WITH HEMODIALYSIS:

- **Protein**: approximately 1 gm/kg body weight
- **Calories**: approximately 35 calories/kg body weight
- **Sodium**: approximately 1500-2000 mg/day
- **Potassium**: approximately 2000-2700 mg/day

CHRONIC RENAL FAILURE WITH PERITONEAL DIALYSIS:

- **Protein**: approximately 1.2-1.5 gm/kg of ideal body weight. (Needs increase with peritonitis)
- **Calories**: approximately 25 calories/kg of ideal body weight.
- **Sodium**: approximately 2000-3000 mg/day.
- **Potassium**: 3000-4000 mg/day.
- **Fluids**: ad lib.

**NOTE**: Protein tosses in peritoneal dialysis are estimated at 4-13 grams protein/day. Due to the technical complexity of homebound dialysis, it is recommended that consultation be obtained from an on-site RENAL Dietitian.
NUTRITIONAL CARE OF IMMUNOSUPPRESSED INMATES

PURPOSE:
Malnutrition impairs immune response. Protein-energy malnutrition (PEM) is associated with conditions such as cancer, Acquired Immune Deficiency Syndrome (AIDS), inflammatory bowel disease, short gut syndrome, sepsis, trauma, major organ dysfunction and the obese. Nutrition intervention must become an integral part of the treatment for these conditions. Medical therapy is not as effective without nutrition support and nutrition support cannot work without medical therapy.

Nutrition is not a "magic bullet." Even the best nutritional care cannot prevent the eventual progression of the disease or restore immune function. However, it can improve the quality of life for the patient and reduce medical costs. Nutritional intervention can slow down the progression of malnutrition. For example, as AIDS progresses, nutrient intake decreases due to more acute problems and complication, some as yet unknown. Consequently, ongoing assessment of each patient by medical staff is necessary to monitor changes in weight, body composition or nutritional status. Maintaining weight is a main objective with nutritional intervention.

As weight loss progresses, despite apparently adequate energy intake, the use of conventional criteria to identify energy requirements for counseling will be unlikely to prevent weight loss and to improve clinical outcome. Therefore, dietary interventions early in the disease course combined with increased target levels for energy intake should be considered.

When recommendations to increase the caloric content of foods are made, it may be necessary to use nutritional supplements to give sufficient calories. This corporation maintains Food Service's responsibility in this situation does not extend to dispensing the commercial nutritional supplements (unless required by contract). The products are not considered "food" items in medical care, but "medical formulary" items. They may be provided per the physician's order within contract guidelines.

Although limited information is available on specific nutritional interventions for Acquired Immune Deficiency Syndrome, several studies have indicated that nutrition intervention may improve the prognosis of the disease. Nutrition, along with the psychological and medical involvement, must be implemented at each stage of the disease. In the 1994 Position Paper, the American and Canadian Dietetic Associations have noted, "The goal of medical nutrition therapy in HIV disease include early assessment and treatment of nutrient deficiencies, maintenance and restoration of lean body mass and support for activities of daily living and quality of life."

This protocol has two sections: initial assessment and follow-up during symptomatic stage.
Appendix B

Sgt. Approval __________________________
Lt. Approval ___________________________

Cell Phone  Yes   No

Application for Access to the Secured Area of the Sedgwick County Adult Detention Facility 2024

Sedgwick County Sheriff's Office
141 W. Elm
Wichita, KS 67203

____________________________
Full Name

__________________________
Position / Title / Rank / Job

__________________________
Employer / Organization / Vendor / Volunteers
Project start: Date________________________

Name (Last) ________________________ First____________________ Middle_______________________
Other Names Used/Maiden _____________________________________________
Social Security #__________________ Race________ Gender__________
Date of Birth__________ Place of Birth City/State/County_________________________
Address________________________ City______________ State______ Zip Code______
Mailing Address, if Different________________________________________________
Home Phone _____________ Cell Phone______________ Work Phone ______________
E-mail Address________________________________________________
Length of Time at Current Residence_____________________
Previous Address_________________________________________________________
Driver’s License #______________________________ State Issued ________________
Emergency Contact Name_____________________________________________
Home Phone ________________Cell Phone ______________Work Phone___________
Current Employer/Address________________________________________________
Current Employer Phone #_______________________Length of Employment_______
Have you been convicted of a felony within the last seven years?__________
Have you been convicted of a misdemeanor within the past two years?  ________
Have you been convicted of a sex crime? __________________
If the answer to any of the above questions is yes, complete the following (use the back of this form if necessary):
Misdemeanor crime: ___________________________________________________________
Approximate Date Disposition:___________ Location of Offense: _________________________
Felony crime: ________________________________________________________________
Approximate Date Disposition:___________ Location of Offense: _________________________
Sex crime: _____________________________________________________________________
Approximate Date Disposition: _________________Location of Offense: ___________________
I authorize the Sedgwick County Sheriff’s Office to complete a background check.
Signature: ________________________________________________ Date: _________________
ACKNOWLEDGEMENT OF RISK, GENERAL WAIVER & AGREEMENT TO HOLD HARMLESS AND INDEMNIFY

I, __________________________, hereby request permission to enter into the Sedgwick County Detention Facility or affiliated locations. I understand that there are significant risks involved in entering in a detention facility and these risks have been adequately explained to me. I agree that, in return for the training and experience that will be provided to me by allowing me to, enter the Sedgwick County Detention Facility, I will hold harmless and indemnify the Sedgwick County Sheriff’s Office. Further, I hereby waive any claims of any nature that I may have against the Sedgwick County Sheriff’s Office or any of its employees, officers and/or agents for any personal injury, property loss, or property damage arising from or in connection with my entrance into the facility.

AGREEMENT TO ABIDE BY RULES AND REGULATIONS

I, __________________________, understand that I will be under the control and direction of the Sedgwick County Sheriff’s Office, the Sheriff, or their designee(s) while in the detention facility. I agree to comply with all policies, rules and regulations of the Sedgwick County Sheriff’s Office, including all security directives, and I understand that failure to comply can mean my entrance into the facility may be curtailed, postponed or discontinued by the Sedgwick County Sheriff’s Office.

AGREEMENT TO HONOR CONFIDENTIALITY OF OFFENDERS

I, __________________________, will not use any information I learn about persons in the custody or under the supervision of the Sedgwick County Sheriff’s Office for any reason without prior written approval from the Sedgwick County Sheriff’s Office.

CONSENT TO EMERGENCY MEDICAL CARE

I, __________________________, understand that, in the event I need immediate medical care while on the grounds of any detention facility, I consent to being treated by a treatment provider available at the facility and/or to receiving first aid assistance until I can be removed safely to a civilian medical care facility.

AGREEMENT OF NO INMATE COMMUNICATION

I, __________________________, understand vendors & volunteers will not communicate with current inmates via telephone, video visitation, email, U.S. mail, etc. without prior authorization from detention administration. Any volunteer suspected of, or found to be, communicating without prior authorization may have their security clearance revoked. If you are contacted by a current inmate you are required to immediately report it to detention administration.

________________________ / _______ / ______________________ / _______ /
Signature                 Date                Witness                             Date

RFP #24-0001
Sedgwick County...Working for you
SEDGWICK COUNTY DETENTION FACILITY

Dress Code Acknowledgement and Agreement

All individuals that will be entering the secured section of the Sedgwick County Detention Facility or affiliated locations must be dressed appropriately. The following is not appropriate attire for entering the secured section of the Sedgwick County Detention Facility.

☐ See-through clothing OR Revealing Clothing which allows cleavage or other body parts to be seen

☐ Tank tops

☐ Bare feet (shoes must be worn at all times)

☐ Braless attire (females shall wear bras)

☐ Unbuttoned shirts

☐ Shorts

☐ Skirts shorter than 3” above the knees

☐ High-slit skirts

☐ Attire having a message (s) which is detrimental to the safety and security of the facility.

☐ Excessively tight fitting clothing or clothing made with spandex

☐ Low rise (Hip Hugger) pants

☐ Any combination of clothing that exposes the midriff

☐ Other attire that is deemed detrimental to the safety and security of the facility as determined by the on-duty Sheriff’s Office staff.

Signature: __________________________  Date: __________________________
CONTRABAND

THE ADMINISTRATION OF THE SEDGWICK COUNTY DETENTION FACILITY PROHIBITS THESE ITEMS FROM THE FACILITY:

- Any item not authorized by facility policies and procedures, state law and federal law;
- Guns or firearms of any type, or the components, diagrams, or plans thereof;
- Ammunition, explosives, or the diagrams, formulas or plans thereof;
- Knives, tools, and materials such as sandpaper, whetstones or similar items used to make such knives or tools;
- Hazardous or poisonous chemicals, flammable liquids and gases or formulas thereof;
- Escape paraphernalia such as ropes, grappling hooks, hacksaw blades, jewelers’ wire, bar spreaders, maps, lock picks, handcuff keys, or similar devices which could be used to aid an escape;
- Identification documents or individual photographs of the inmate of the style suitable for the production of identification documents;
- Documents, plans, diagrams, or schematics that refer to secure electrical systems, escape alarms, overhead lighting, facility power supply, gate operations, body alarms, radio communications, and similar systems;
- Narcotics or other controlled substances, including any synthetic narcotic, drug, stimulant, sleeping pill, barbiturate, or medicine, prescription or non-prescription, which was not dispensed or approved by the facility health authority. Medicines dispensed or approved by the health authority shall be considered contraband if not consumed or utilized in the manner prescribed;
- Intoxicants, including but not limited to liquor or alcoholic beverages;
- Currency, in the form of paper, checks, money orders, coins, stamps or similar instruments with monetary value;
- Hypodermic needles, hypodermic syringes, nasal inhalers or other devices or any component thereof which could be used to inject substances into the body;
- Food items;
- Sexually explicit material, as defined by General Order 113.02, section I-D;
- Cameras, recording devices, one or two-way transmitting devices, and similar devices and components, thereof, including tapes, batteries, unless pre authorized by the correctional facility; and
- Any other item deemed to be contraband by Sheriff’s Office staff.

Kansas State Statute - Traffic in Contraband

21-5914. Traffic in contraband in a correctional institution or care and treatment facility.

A. Traffic in contraband in a correctional institution or care and treatment facility is, without the consent of the administrator of the correctional institution or care and treatment facility:

1) Introducing or attempting to introduce any item into or upon the grounds of any correctional institution or care and treatment facility;

2) Taking, sending, attempting to take or attempting to send any item from any correctional institution or care and treatment facility;

3) Any unauthorized possession of any item while in any correctional institution or care and treatment facility;

4) Distributing any item within any correctional institution or care and treatment facility;

5) Supplying to another who is in lawful custody any object or thing adapted or designed for use in making an escape; or

6) Introducing into an institution in which a person is confined any object or thing adapted or designed for use in making any escape.

RFP #24-0001

Sedgwick County...Working for you
B. Traffic in contraband in a correctional institution or care and treatment facility is a:

1) Severity level 6, nonperson felony, except as provided in subsection (b)(2) or (b)(3);

2) Severity level 5, nonperson felony if such items are:
   a. Firearms, ammunition, explosives or a controlled substance that is defined in K.S.A. 2020 Supp. 21-5701, and amendments thereto, except as provided in subsection (b)(3);
   b. Defined as contraband by rules and regulations adopted by the secretary of corrections, in a state correctional institution or facility by an employee of a state correctional institution or facility, except as provided in subsection (b)(3);
   c. Defined as contraband by rules and regulations adopted by the secretary for aging and disability services, in a care and treatment facility by an employee of a care and treatment facility, except as provided in subsection (b)(3); or
   d. Defined as contraband by rules and regulations adopted by the commissioner of the juvenile justice authority, in a juvenile correctional facility by an employee of a juvenile correctional facility, except as provided by subsection (b)(3); and

3) Severity level 4, nonperson felony if:
   a. Such items are firearms, ammunition or explosives, in a correctional institution by an employee of a correctional institution or in a care and treatment facility by an employee of a care and treatment facility; or
   b. A violation of subsection (a)(5) or (a)(6) by an employee or volunteer of the department of corrections, or the employee or volunteer of a contractor who is under contract to provide services to the department of corrections.

C. The provisions of subsection (b)(2)(A) shall not apply to the possession of a firearm or ammunition in a parking lot open to the public if the firearm or ammunition is carried on the person while in a vehicle or while securing the firearm or ammunition in the vehicle, or stored out of plain view in a locked but unoccupied vehicle, and such person is either:

1) 21 years of age or older; or

2) Possesses a valid provisional license issued pursuant to K.S.A. 75-7c03, and amendments thereto, or a valid license to carry a concealed handgun issued by another jurisdiction that is recognized in this state pursuant to K.S.A. 75-7c03, and amendments thereto.

D. As used in this section:

1) Correctional institution means any state correctional institution or facility, conservation camp, state security hospital, juvenile correctional facility, community correction center or facility for detention or confinement, juvenile detention facility or jail;

2) Care and treatment facility means the state security hospital provided for under K.S.A. 76-1305 et seq., and amendments thereto, and a facility operated by the Kansas department for aging and disability services for the purposes provided for under K.S.A. 59-29a02 et seq., and amendments thereto; and

3) Lawful custody means the same as in K.S.A. 21-5912, and amendments thereto.
SEDGWICK COUNTY DETENTION FACILITY
Contraband – Acknowledgement and Agreement

I hereby acknowledge that I have read and understand K.S.A. 21-5914 Trafficking in Contraband and the items prohibited by the detention facility. I understand that a violation of the statute is a criminal offense. I agree not to introduce or attempt to introduce contraband upon the grounds of or into the facility. If I do so, the Sheriff’s Office will exclude me from the facility.

Date__________________

Printed Name___________________________

Signature _______________________________
Guidelines for Participation in Facility Programs & Services

Listed below are guidelines to be followed by approved volunteers/contractors working inside of the Sedgwick County Adult Detention Facility. They exist for your safety and protection – to keep you from being manipulated or used, which could result in you being blackmailed by an inmate and/or in legal trouble yourself. **Any exceptions must be approved by the administrator of the facility or their designee.**

**Training:** All volunteers/contractors must undergo training on the subjects of Prison Rape Elimination Act and Interpersonal Manipulation in a Detention Setting which will be supervised by the Inmate Coordinator’s Office yearly.

**Your Role:** Your sole function is to assist the inmates through the program in which you are conducting. The inmates must direct all other needs to Detention Staff verbally or through the use of jail media or the Inmate Request System.

**Contraband:** Only approved materials may be given to an inmate. No other items may be given to inmates. Nothing may be accepted from an inmate. A non-inclusive list of what may not be given, or taken, includes: books, completed study materials, pens, pencils, paper, medallions of any kind, crosses, business cards, cell phones, letters, money, etc.; or anything to, or from someone outside of the facility. Inmates may request a Bible from the Chaplain’s Office, and may purchase items to cover their basic personal needs from the commissary. Basic needs of indigent inmates (those without money on their books) are provided by the SCADF through the commissary.

**Personal Items:** You may not take cell phones, other electronic devices, ink pens, regular pencils, tobacco, and lighters/matches.

**Religious Materials:** Soft cover approved literature may be given to inmates, but may not be of an exclusive doctrinal nature, or promote the interests of any specific church. No hardcover books/Bibles are allowed. Inmates may ask Chaplain Staff to send them any material or books contained in the CMO library.

**Communication:** No phone calls, letters, emails, person-to-person or other forms of communication are to be made by a volunteer/contractor at an inmate’s request, or on behalf of inmates, to someone else (e.g., their pastor, family, boyfriend/girlfriend, friends, judges, lawyers, bondsmen, doctors, etc.). If this is requested by an inmate, volunteers/contractors should encourage the inmate to contact these people themselves by phone or letter, or direct the inmate to the Inmate Coordinator’s Office. If they are indigent and do not have stamped envelopes or paper, you may refer their need to commissary. Conversely, no messages, written or verbal, from inmates’ acquaintances or family, who are inside or outside of the facility, are to be communicated to inmates. Volunteers/Contractors are not to have any direct communications with friends/family that are inmates of the facility. **For your safety, do not give inmates personal information about yourself.**

**Money:** Volunteers/Contractors are not to put money on the books of an inmate, purchase commissary from the vendor for an inmate, or pay a bond of an inmate. Doing so could appear that the inmate is using you to obtain material things.

**Inmate Property:** Do not agree to pick up, transfer, hold for safekeeping, or otherwise assist with the handling or disposal of inmate property that is being held in the SCADF, at the inmate’s home, or at any other location. Inmates should request assistance for this from family or friends, or discuss it with an Inmate Coordinator.

**Aftercare/Mentoring:** Do not offer or allow an inmate to stay in your home upon their release. If you desire for an inmate to receive follow-up mentoring/aftercare after their release from this facility, discuss this with the Chaplain Staff or the SCORE Coordinator to determine an action plan.

**Transportation:** If an inmate asks you for a ride upon release, discuss options with the Chaplain Staff or the SCORE Coordinator.

__________________________________________
Volunteer/ Vendor / Contractor Signature
DOCUMENTATION OF PRISON RAPE ELIMINATION ACT REVIEW

(PLEASE PRINT)

NAME:          DATE OF REVIEW:

CIRCLE ONE:    EMPLOYEE  CONTRACTOR  VOLUNTEER

NAME OF ORGANIZATION:

INITIAL EACH:

__________ I understand the Sedgwick County Sheriff’s Office has a ZERO-TOLERANCE policy against sexual abuse and sexual harassment of inmates.

__________ I understand how to fulfill my responsibilities as an Employee, Contractor or Volunteer under the Sedgwick County Sheriff’s Office sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

__________ I understand that inmates housed at the Sedgwick County Detention Facility and the Sedgwick County Detention Facility Annex have a right to be free from sexual abuse and sexual harassment.

__________ I understand how I must report all incidents of sexual abuse and/or sexual harassment which are reported to me or which I observe at the Sedgwick County Detention Facility, or the Sedgwick County Detention Facility Annex.

________________________________________
SIGNATURE OF INDIVIDUAL

________________________________________
SIGNATURE OF SUPERVISOR/TRAINER
Please Complete this Check List for the Application for Access

- Complete and sign the Access Application Form
- Read and sign the Acknowledgement of Risk Agreement Form
- Read and sign the Dress Code Agreement Form
- Read the attached Kansas State Statute 21-5914 and contraband definitions in reference to trafficking contraband in a penal institution.
- Sign the Contraband Acknowledgement Form.
- Read and sign the Guidelines for Participation in Facility Programs and Services
- Read, Initial and Sign the PREA Form
- INCLUDE A COPY OF YOUR DRIVER’S LICENSE OR OTHER IDENTIFICATION.

All forms must be completed in full! If you have any questions, please call your contact Vendor, Volunteer, or Contractor that you are working with.

Automatic disqualifiers are the following:

- Convicted of a felony charge within seven years.
- Convicted of a sex crime.
- Do not have a picture ID.
- Under the age of 18.

Once we receive your completed application, the Sheriff’s Office will conduct a background check. Once your background has been approved, we will contact you or your contact to complete PREA Training and get an ID badge.

INMATE MANIPULATION & PREA (Prison Rape Elimination Act) Training-1.5 hours

THIS TRAINING MUST BE COMPLETED BY ALL INDIVIDUALS WHO WILL HAVE ACCESS TO THE SECURED PART OF THE FACILITY within 30 DAYS. IF YOU DO NOT COMPLETE IN 30 DAYS... YOUR SECURITY CLEARANCE WILL BE PULLED AND YOU WILL NOT HAVE ACCESS TO THE DETENTION FACILITY. This is your responsibility to complete and exceptions can only be given by the Director of Programs and Services.

_____________________________________
Sign and Date
### ADULT DETENTION KITCHEN EQUIPMENT INVENTORY

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>CURRENT INVENTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Desks</td>
<td>2</td>
</tr>
<tr>
<td>4 Drawer File Cabinet</td>
<td>1</td>
</tr>
<tr>
<td>Computers</td>
<td>2</td>
</tr>
<tr>
<td>5 Shelf Book Case</td>
<td>2</td>
</tr>
<tr>
<td>Savior Scrap master disposal</td>
<td>1</td>
</tr>
<tr>
<td>3’x8’ storage table</td>
<td>1</td>
</tr>
<tr>
<td>12’ prep table with sink</td>
<td>2</td>
</tr>
<tr>
<td>18’ prep table</td>
<td>1</td>
</tr>
<tr>
<td>Traulsen reach in refrigerator</td>
<td>1</td>
</tr>
<tr>
<td>Hobart dishwasher</td>
<td>1</td>
</tr>
<tr>
<td>Manual Hobart Slicer</td>
<td>1</td>
</tr>
<tr>
<td>60 gallon Steam Kettle</td>
<td>3</td>
</tr>
<tr>
<td>Accutemp Steamers</td>
<td>6</td>
</tr>
<tr>
<td>25’ vent hood</td>
<td>1</td>
</tr>
<tr>
<td>18’ vent hood</td>
<td>1</td>
</tr>
<tr>
<td>1 Fires Suppression system</td>
<td>1</td>
</tr>
<tr>
<td>3 Double Deck Vulcan Convection ovens</td>
<td>3</td>
</tr>
<tr>
<td>4 Burner Vulcan Stove w/oven</td>
<td>1</td>
</tr>
<tr>
<td>Hobart 800 Mixer</td>
<td>1</td>
</tr>
<tr>
<td>Buffalo Hobart Chopper</td>
<td>1</td>
</tr>
<tr>
<td>Mobile refrigerator holding cabinet</td>
<td>1</td>
</tr>
<tr>
<td>Mobile Hot Holding cabinet</td>
<td>3</td>
</tr>
<tr>
<td>Portable sheet pan table</td>
<td>2</td>
</tr>
<tr>
<td>Beverage prep station with hose real.</td>
<td>1</td>
</tr>
<tr>
<td>Prep table 2-sided w/shelves and rack</td>
<td>2</td>
</tr>
<tr>
<td>“L” shaped pot/pan sink/drain table</td>
<td>1</td>
</tr>
<tr>
<td>Compartment with disposal and hose</td>
<td>1</td>
</tr>
<tr>
<td>Tray wash stations</td>
<td>2</td>
</tr>
<tr>
<td>Walk in Freezer</td>
<td>1</td>
</tr>
<tr>
<td>Walk in Refrigerator</td>
<td>1</td>
</tr>
<tr>
<td>serving carts</td>
<td>4</td>
</tr>
<tr>
<td>Rack units for trays</td>
<td>7</td>
</tr>
<tr>
<td>Insulated drink containers</td>
<td>25</td>
</tr>
<tr>
<td>Food Warmers</td>
<td>3</td>
</tr>
<tr>
<td>Food Chiller</td>
<td>2</td>
</tr>
<tr>
<td>Converyer table</td>
<td>1</td>
</tr>
<tr>
<td>Ice Machine</td>
<td>1</td>
</tr>
<tr>
<td>Tray Carts</td>
<td>22</td>
</tr>
<tr>
<td>Red Carts</td>
<td>3</td>
</tr>
<tr>
<td>Large Carts</td>
<td>3</td>
</tr>
<tr>
<td>Small Carts</td>
<td>2</td>
</tr>
<tr>
<td>Large Gray Carts</td>
<td>2</td>
</tr>
<tr>
<td>Bake Racks</td>
<td>7</td>
</tr>
<tr>
<td>Can Rack</td>
<td>2</td>
</tr>
<tr>
<td>Wire racks for small ware</td>
<td>8</td>
</tr>
<tr>
<td>Sheet Pans ½ Size</td>
<td>8</td>
</tr>
<tr>
<td>Sheet Pans Full Size</td>
<td>434</td>
</tr>
<tr>
<td>Pans 4 Inch ½ Size</td>
<td>29</td>
</tr>
<tr>
<td>Pans 6 Inch ½ Size</td>
<td>13</td>
</tr>
<tr>
<td>Pans 4 Inch Full Size</td>
<td>104</td>
</tr>
<tr>
<td>Pans 6 Inch Full Size</td>
<td>45</td>
</tr>
<tr>
<td>Pans 4 Inch Holes Full Size</td>
<td>2</td>
</tr>
<tr>
<td>Pans 6 Inch Holes Full Size</td>
<td>46</td>
</tr>
<tr>
<td>Inserts Full Size</td>
<td>11</td>
</tr>
<tr>
<td>Lids Full Size</td>
<td>29</td>
</tr>
<tr>
<td>Stew Pot</td>
<td>9</td>
</tr>
</tbody>
</table>

---

**RFP #24-0001**

_Sedgwick County...Working for you_