



Health & Human Services

Telephone: (916) 875-5881
Fax: (916) 875-5888

MAR 12 AM 11:25

January 14, 2004

Lou Blanas, Sheriff
711 G Street
Sacramento, CA 95814

Dear Sheriff Blanas:

Enclosed are copies of the current health inspection reports relating to the Main Jail. You will note that the various components of the inspection have been conducted on separate occasions, but together they constitute the entire inspection package. In accordance with the requirements of Health and Safety Code (HSC) § 101045, this inspection package is also forwarded to the California Board of Corrections and the County Board of Supervisors.

Although there are some specific areas that need attention in order to fully comply with Title 15 regulations, I would like to draw your attention to the positive strides that are acknowledged in the Medical/Mental health report. The hard work of both the custody and health staff is evident in the form of specific procedure development as well as general approaches to problem solving.

I hope you find this report informative. Please do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Glennah Trochet".

Glennah Trochet, M.D.
Health Officer

encl. Medical/Mental Health Inspection Report
Environmental Health Inspection Report
Nutrition Inspection Report

cc: FSO Division; 600 Bercut Drive, Sacramento CA 95814
Sacramento County Board of Supervisors

**ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BOC #: _____

FACILITY NAME: Sacramento County Main Jail		COUNTY: Sacramento			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 651 I Street Sacramento, CA 95814					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
NUTRITIONAL EVALUATION			DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: 12/5/03		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Karen Tait, M.D., Deputy Health Officer (916 -875-5881) Keith Andrews, M.D., Communicable Disease Controller (916 -875-5881) Jesus Cervantes, Program Coordinator (Mental Health Division), MFTI (916-875-9875) Blanca Gomez, PHN (Public Health Field Nursing) (916-875-0894)					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Mark Iwasa, Captain (916-874-5712) Nariman Shahrokh, Jail Psychiatric Services (916-734-3123) John O'Shaughnessy, Chief, Correctional Health Services (916-875-4436) Sandra Hand, Medical Director, Correctional Health Services (916-874-9844) Shelley Jordan, RN, Director of Nursing (916-874-3405)					

Dan Fike, Jail Psychiatric Services (916-874-6004)
Greg Sokolov, MD, Jail Psychiatric Services (916-874-5222)
Ray Raute, Sacramento Sheriff's Department, (916-874-5520)
Bruce Brabec, Sacramento Sheriff's Department (916-874-8894)
John Payne, Pharmacist (916-874-7367)

This checklist is to be completed pursuant to the attached instructions.

III. MEDICAL/MENTAL HEALTH EVALUATION
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 10. Health Services				
1200 Responsibility For Health Care Services The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			Health services are administered directly under the Sheriff's Department, which also has established a contract with UC Davis Medical Center for psychiatric services and county DHHS for pharmacy services.
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
1202 Health Service Audits (Applicable to facilities with on-site health care staff) There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			The medical services operate a quality improvement plan, both internally and externally (utilizing reviews by the local medical society). Mental Health services also have established regular review processes.
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			There were recently improvements made in the handling of potentially infectious patients in the booking area in response to quality assessment.
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			A briefing document that satisfies requirements for an annual report was reviewed during the inspection. There is a system for ongoing collection of program statistics.
1203 Health Care Staff Qualifications (Applicable to facilities with on-site health care staff) There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			
1204 Health Care Procedures (Applicable to facilities with on-site health care staff) Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (<i>Applicable to facilities with on-site health care staff</i>) Individual, complete and dated health records are maintained and include, but are not limited to:	X			
Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);	X			
Medical/mental health evaluation reports;	X			A sign-up log (stored separate from the medical record) is used for general sick call requests, but an inmate request form is used for mental health services.
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			Not always specified if care offered in usual treatment rooms.
Location where treatment is provided; and,	X			
Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records. The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			This manual has undergone extensive revision in the past year and is continually updated.
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>) There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least annually.	X			
The health care manual includes, but is not limited to:				
Summoning and application of proper medical aid;	X			
Contact and consultation with private physicians;	X			
Emergency and non-emergency medical and dental services, including transportation;	X			
Provision for medically required dental and medical prostheses and eyeglasses;	X			
Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
Provision for screening and care of pregnant and lactating women, including postpartum care, and other services mandated by statute;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			
Implementation of special medical programs;	X			There is development under way of chronic disease care models for diabetes and asthma.
Management of inmates suspected of or confirmed to have communicable diseases;	X			Special precautions are taken from the booking area on throughout the facility for commonly encountered communicable diseases like tuberculosis and scabies and for patients with examthems.
The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			
Use of non-physician personnel in providing medical care;	X			
Provision of therapeutic diets;	X			
Patient confidentiality and its exceptions;	X			
Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.		X		Health personnel continue to collect forensic evidence, such as blood alcohols (non-forced). Efforts are made to limit this function to healthcare staff that are not involved in the ongoing treatment of inmates who remain in custody. The system is in the process of seeking a long-term approach that would separate health and evidence collection functions completely, but fiscal considerations are limiting.
1206.5 Management of Communicable Diseases There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Intake health screening procedures;	X			TB screening is done at booking
Identification of relevant symptoms;	X			Appropriate questions included on screening form.
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			Notification of the appropriate personnel in public health has been historically timely and accurate prior to release from custody.
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:				
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening	X			
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>				
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			There is a separate form completed evaluating the risk of tuberculosis completed at the time of booking.
The screening is performed by licensed health care staff or by trained facility staff.	X			Screening is generally performed by RNs
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			There is a special ward within the facility to accommodate inmates with developmental or other physical disabilities.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1207.5 Special Mental Disorder Assessment (Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.) There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.	X			
1208 Access to Treatment A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration. Health care personnel perform the evaluation.	X			
1209 Transfer to a Treatment Facility (Not applicable Type I and IV.) There are policies and procedures to provide mental health services that include but are not limited to:				
Screening for mental health problems;	X			
Crisis intervention and management of acute psychiatric episodes;	X			
Stabilization and treatment of mental disorders; and,	X			
Medication support services.	X			
Provision is made to transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility.			X	The facility operates its own designated treatment facility for acute mental health treatment.
1210 Individualized Treatment Plans Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
1211 Sick Call There are policies and procedures for daily sick call for all inmates.	X			Sign-up logs are collected daily and inmates are scheduled for sick call with a nurse or physician. Depending upon the volume, they may be seen within an estimated 1-3 days. Provisions are in place for more urgent evaluation as necessary.
Any inmate requesting health care is provided that attention.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1212 Vermin Control There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
1213 Detoxification Treatment <i>(Not applicable Type IV.)</i> Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.			X	The facility has 24-hour staffing with licensed personnel. Inmates requiring medical treatment and observation for withdrawal syndromes are often housed on the medical floor.
1214 Informed Consent There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			The facility does not house minors.
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
1215 Dental Care Emergency and medically required dental care is provided to inmates, upon request.	X			The facility operates a dental unit. On the date of the inspection, the dentist was unavailable due to illness.
1216 Pharmaceutical Management Pharmaceutical policies, procedures, space and accessories include, but are not limited to:	X			
Securely lockable cabinets, closets and refrigeration units:	X			Pharmaceuticals are managed in a designated room. Because the system works with bulk stock medications, the ability to closely track inventory of non-controlled substances is limited.
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	The facility does not house minors.
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.		X		An annual report on pharmacy services has not been prepared to date. The facility has contracted with the County DHHS pharmacy within the past year and anticipates such a report by the end of June 2004.
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			The system utilizes pharmacy technicians with appropriate oversight of a pharmacist.
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			Over-the-counter medications are available in limited quantities via commissary purchase or are accessed through nursing sick call.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances (<i>see regulation text</i>). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	The system does not utilize a self-administration program.
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications, for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications (<i>Not applicable Type IV.</i>)	X			
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. (<i>See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.</i>)	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician in written form in the inmate's record or by verbal order in a dosage appropriate to the inmate's need. Verbal orders are entered in the inmate's record and signed by a physician within 72 hours.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			Written policies/procedure are needed to reflect procedures that are already well-established in practice.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspections need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>	X			
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
1218 Inmate Deaths There are procedures to ensure that there is a medical review of every in-custody inmate death. <i>(Note: See Title 15 § 1206, regarding notification requirements in the event of serious illness or injury.)</i>	X			Inmate death reviews are incorporated, as needed, into regular multidisciplinary staff meetings.
1219 Suicide Prevention Program There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			A suicide prevention task force has met regularly and there is a well-developed manual to address this subject. Inclusion of additional guidance to address cultural issues are recommended, due to the significant diversity within this incarcerated population.
1220 First Aid Kits One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
1051 Communicable Diseases Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, hepatitis, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
1055 Use of Safety Cell A safety cell, specified in Title 24, Section 2-470A.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			Records demonstrating compliance are kept in close proximity to the safety cells and frequently reviewed for compliance.
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			A nursing assessment is obtained almost immediately following placement.
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			There was evidence in at least one case reviewed that this evaluation took place about seven hours after placement.
1056 Use of Sobering Cell Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part 2 § 470A.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			Documented checks are done twice every half hour. The sobering cell is under the continuous direct observation of booking staff.
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			Nursing evaluations are generally performed every two hours and are done by 4 hours at the latest.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices <i>(Note: The regulation distinguishes "use of force" from use of restraints. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their BOC Field Representative if there are questions regarding applicability to a particular facility.)</i> Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals intent to cause physical harm to self or others.	X			
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			The Prostraint chair is utilized.
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			Inmates may be placed in the Prostraint chair by protocol for up to one hour without approval of the watch commander. Documentation justifying longer restraint in the Prostraint chair in approximately ten records reviewed was superlative.
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every two hours.	X			Supervisor approval is required after one hour.
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			Policy and practice demonstrate that a nursing evaluation is obtained immediately after initiation of restraints.
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,	X			
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
Title 24 Part 2 § 470A.2.14 – Medical Care Housing There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.				
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).	X			Designated rooms lack anterooms, but are monitored regularly to assure negative pressure.
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
HSC 11222 and 11877 Addicted Arrestee Care	X			
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.				
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
PC 4023.6 Female Inmate Physician	X			
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.				
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:				
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			Since personal prescriptions are not allowed, there are sometimes brief lapses in oral contraceptives.
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	X			
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.	X			These services are available on request of the inmates.
PC 4028 Abortions	X			
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.				

Summary of medical/mental health evaluation:

Overall, since reorganization of the health services under the Sheriff's Department administration, considerable progress has been made in the review and revision of policies and procedures as well as frequent, documented interdisciplinary administrative meetings. The administrative commitment to the process and high level of participation is commendable, and positive results with respect to effective problem solving and the ultimate support of health services as an integral aspect of facility operation are evident. Specifically, health services are demonstrating increased flexibility to address changing condition in the jail. Custody staff expresses recognition of its role in detection of medical and mental health conditions (e.g., detoxification syndromes, suicidality, etc.). Management of medically high-risk areas, such as the safety and sobering cells, is

characterized by the shortening of time frames for medical/mental health evaluations and supervisor approval, a general practice that errs on the side of inmate safety.

1206 Health Care Procedures Manual. Health personnel continue to collect forensic evidence, such as blood alcohols (non-forced). Efforts are made to, whenever possible, limit this function to healthcare staff who are not involved in the ongoing treatment of inmates remaining in custody. The system is in the process of seeking a long-term approach that would fully separate healthcare and evidence collection functions, but fiscal considerations are limiting.

1206.5 Management of Communicable Diseases. The jail health services have collaborated with Public Health on specific disease investigations, development/updating of the written Communicable Disease Plan, and for assistance in implementing new disease reporting procedures. This working relationship is acknowledged and encouraged. Efforts are ongoing to strengthen procedures to assure consistent and timely communication of abnormal chest x-ray results that are suggestive of tuberculosis so that measures can be taken to limit potential exposure situations.

1211 Sick Call. Since the previous inspection, access to non-emergency sick call services appears to have improved. However, a face-to-face opportunity to determine the urgency of an inmate's complaint does not always occur on a daily basis. It is estimated that the longest waiting time is approximately 3 days. In the meantime, arrangements can be made for urgently presenting problems to be evaluated more quickly. Optimally, the inmate should have access to at least a triage-type encounter on a daily basis. Staffing levels are a limiting factor. It is recommended that the system conduct an internal quality improvement study to assess the length of time between sick-call requests and service so that the system's progress toward achieving a one-day turnaround time can be internally assessed.

1216 Pharmaceutical Management. Although pharmacy services meet minimum standard, it has long been recognized that the size of the system and evolving industry standards, particularly as they relate to avoidance of medication administration errors, demands modernization of the system. To the extent that resources have allowed, the jail pharmaceutical services (now contracted with the County Pharmacy) will involve a pharmacy technician and pharmacist in the order transcription process, allowing for a second review step that is currently not available, as well as a database of patient drug profile information. In addition, automation of printed information of medication administration records will reduce potential for transcription and legibility errors. These are significant steps and welcome changes to the system. Nonetheless, additional improvements are recommended in order to move away from the labor-intensive methods of pill distribution from bulk stock bottles, a practice that is inherently subject to human error that could be largely addressed through automation. The annual pharmacy report, required under this regulation, is expected at the end of the FY 2003-4. This report should summarize the volume of pharmaceutical activity carried out by the facility and information, such as known medication administration errors or untoward drug interactions, that might relate to recommended changes in the system.

1209 Transfer to a Treatment Facility. Mental health services, contracted with UC Davis Medical Center, are readily available within the facility. Practices are well established and are reflected in written procedures (in the area of monitoring persons who receive involuntary psychotropic medications, the reviewer noted the need to expand on the written procedures to reflect what already occurs in practice). Healthcare and custody staff all verbalized concern about the need for additional mental health treatment beds in the facility. The inpatient area has significant constraints with respect to its physical space and the need for mental health beds frequently impacts the general medical services. In addition, there may be a need for one or more units designated to house mentally ill who can be treated on an "outpatient" basis. These observations are subjective,

but were heard consistently enough to suggest that this is an area of need that may be further exacerbated if community-based treatment services are reduced due to funding constraints in the future.

1219 Suicide Prevention Program. Due to several successful suicides in the past couple of years, the system has taken a strong, proactive approach to suicide prevention by establishing a Suicide Prevention Task Force, which meets regularly. This effort has resulted in further development of procedures, training of staff, and a high level of awareness about suicide risk. Pocket guides are provided to remind staff of risk factors. It is recommended that, as these efforts continue to move forward, consideration be given to specifically address in a culturally-sensitive manner the specific risk factors and interventions that are needed to address the needs of this ethnically diverse jail population.

**ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BOC #: _____

FACILITY Sacramento County Main Jail		COUNTY: Sacramento		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 651 I Street Sacramento, CA 95814 (916) 874-6202				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION			DATE INSPECTED: 12/17/03	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Elizabeth VanHouten, RD (916) 638-7002				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Carol Heuer, Food Service Program Manager (916) 874-1859				
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

II. NUTRITIONAL HEALTH EVALUATION
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Food				
1240 Frequency of Serving				
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			All meals include hot food items.
If more than 14 hours passes between these meals, supplemental food is served.	X			Meals occur in less than 14 hour intervals
Supplemental food is served in less than the 14-hour period for inmates on therapeutic diets requiring more than three meals.	X			Supplemental foods provided to inmates on therapeutic diets are ordered by the Medical unit.
A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.	X			
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	X			
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			
1241 Minimum Diet (See regulation for equivalencies and serving requirements.)				
The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.	X			Vegetarian meals are not provided unless ordered by doctor. Have none on order currently.
Protein Group. The daily requirement is three servings, each containing at least 14 grams of protein (see regulation for exception) to a total of 42 grams or more.	X			
There is an additional, fourth serving of legumes three days per week.	X			
Meats, poultry and fish are lean.	X			See summary.
Dairy Group. The daily requirement for milk or milk equivalents is 32 fluid ounces for persons 15-17 years of age and for pregnant and lactating women. The daily requirement is 16 fluid ounces for all other inmates.	X			
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			
All milk is fortified with Vitamin A and D.	X			
Vegetable-Fruit Group. The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			
One serving of a fresh fruit or vegetable.	X			
One serving of a Vitamin C source containing 30 mg. or more.	X			
One serving of a Vitamin A source containing 200 micrograms R.E. or more.	X			
Grain Group. The daily requirement is at least six servings. At least three servings from this group are made with whole or partial whole grain products.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. (See RDA for recommended caloric intakes.)	X			See summary
Fat is added only in minimum amounts necessary to make the diet palatable; however, at least one-tablespoon fat and/or oil is provided daily.	X			
A variety of food is served.	X			
1242 Menus (Applicable in Type II and III facilities and in those Type IV facilities where food is served.)				
Menus are planned at least one month in advance of their use, where kitchen facilities are a part of the facility. Menus are planned to provide a variety of foods, thus preventing repetitive meals.	X			
A registered dietitian approves cycle menus before they are used.		X		Facility does not use cycle menus. Facility was without an RD for menu review x 3 months. Currently in recruitment for an RD to fulfill this requirement.
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
1243 Food Manager				
In Type II and III facilities with an average daily population of 100 or more, a trained and experienced food service manager is employed or available to prepare and implement a food services plan that includes:	X			
Developing procedures for actual meal service;	X			
Planning menus;	X			
Identifying vendors and purchasing food;	X			
Identifying the methods, equipment and supplies to be used for transporting and serving food at safe temperatures and of palatable quality;	X			
Implementing a portion control system;	X			
Designating and supervising kitchen personnel;	X			
Training facility staff in serving food to comply with sanitary standards set forth in Health and Safety Code, Division 104 Part 7, Chapter 4, Articles 1-8, Sections 113700 et seq. California Uniform Retail Food Facilities Law;	X			
Training food service staff and inmates;	X			
Arranging to dispose of garbage and trash in a safe and sanitary manner;	X			
Preparing a yearly food budget;	X			
Planning a logistical support system for the food preparation function;	X			
Implementing a food cost accounting system and inventories;	X			
Developing an emergency feeding plan; and,	X			
Maintaining and repairing food service equipment and appliances.	X			Repairing particular equipment may be cost prohibitive. In this case other measures are implemented to serve the food preparation and delivery requirements.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In facilities of less than 100 average daily population and in Temporary Holding, Type I and Type IV facilities, there is a written food service plan that addresses the applicable elements listed above. The plan is updated as necessary and is available for review in the facility.			X	This report addresses only facilities with greater than 100 average daily population.
1247 Disciplinary Isolation Diet No inmate receiving a prescribed therapeutic diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.	X			
The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period. Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Board of Corrections, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.	X			
The disciplinary isolation diet is not continued longer than 72 hours without the written approval of the facility manager.	X			
1248 Therapeutic Diets Only the attending physician can prescribe a therapeutic diet.	X			
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.			X	Therapeutic diets are planned by the food service staff with the aid of the ADA diet manual. Assumption is made that Medical unit consults with registered dietitian. There is currently no RD on staff. Efforts have been made to recruit an RD.
The facility manager complies with providing any therapeutic diet prescribed for an inmate.	X			
There is a therapeutic diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.	X			American Dietetic Association Diet Manual is located in the kitchen office at each facility.
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.			X	Last approved by a registered dietitian 10/02. This situation will be resolved when a registered dietitian is recruited.

Summary of nutritional evaluation:

(refer to ATTACHMENT)

12/30/03: Summary of Nutritional Evaluation:

Computer analysis (Nutritionist Pro 2.0 software) of randomly selected menus, including the menus for inspection dates.

Nutrient	RCCC				Main Jail				Both
	12/15/03	12/16/03	12/26/03	Ave	12/07/03	12/17/03	12/28/03	Ave	Average
Calories	1748	3120	2494	2454	3163	2321	2739	2741	2598
Protein	85 g	133 g	101 g	106 g	97 g	75 g	95 g	89 g	98 g
Total Fat	52 g	121 g	73 g	82 g	139 g	76 g	97 g	104 g	110 g
Sat'd Fat	15 g	45 g	22 g	27 g	40 g	20 g	32 g	31 g	29 g
Cholesterol	124 mg	321 mg	375 mg	273 mg	274 mg	513 mg	268 mg	351 mg	312 mg
Fiber	28 g	48 g	40 g	39 g	42 g	38 g	32 g	37 g	44 g

(Results should be considered approximations; since when exact recipes and brand names were unknown to the reviewer and not available in the database, substitutions were made from the existing database. Some USDA standardized recipes were used as substitutions.)

Overall, the food service manager and staff do an excellent job to provide the best food and food service possible.

All menus Oct, Nov, and Dec 2003 met Title 15 requirements with respect to frequency and quantity of servings from each food group.

The RDA for adult men is 2300-2900 Calories/day. The menus evaluated averaged close to 2600 Calories which meets this recommendation. One menu analyzed (12/15/03 @ RCCC) fell below the required caloric goal; however, it did meet Title 15 requirements in frequency and quantity of servings from each food group.

The percentage of Calories from total fat averaged 38% which exceeds the American Heart Association recommendations of 30% of Calories from fat. The food service manager has made efforts to reduce fat content, including substituting leaner meats for higher fat meats in recipes, using mixed meat products containing leaner meats, and by using 1% milk exclusively. The majority of meats served are "lean". However, several of the convenience items used as the protein serving are not lean which may skew these efforts. It is recognized that new products are used for variety and controlling costs. The food service manager did a good job of balancing out the rest of the day's menu with leaner choices on days these items were served.

Every attempt is made by the food service staff to maintain appropriate food temperatures. At the Main Jail, once the covered, insulated trays leave the kitchen and go up to the floors, the period of time food trays are held before delivery to the inmates may vary depending on factors beyond the control of the food service staff. At RCCC, the existence of out-stations where bulk food can be kept hot or cold, dished onto insulated trays, and served immediately helps to maintain temperatures at maximum levels.

Recommendations:

- (1) Reduce Total Fat content. Continue to find ways to lower the percent of Calories from fat to approach 30%, the American Heart Association's Guidelines for Healthy Americans. Always serve leaner food items to balance out the day's menu on which a high fat meat or protein convenience item is served. Minimize the use of non "lean" meats and protein items.
- (2) Hire a Registered Dietitian (1) to review the diet manual and ensure that it is up-to-date in content as the research and recommendations may change over time; (2) to ensure that therapeutic diet requirements are being met as required by Title 15.

MAY 22 2003

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

BOC #: _____

FACILITY NAME: Sacramento County Main Jail		COUNTY: Sacramento			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 651 I Street (916) 874-6905 Sacramento, CA 95814					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: 5/16/03		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Anne Frey, Senior Environmental Health Specialist (916) 875-8446 Patrice Webb, Senior Environmental Health Specialist (916) 875-8429 Tammy Derby, Senior Environmental Health Specialist (916) 875-8573					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant Todd Lewis, Administrative Projects Sergeant (916) 874-4921					
NUTRITIONAL EVALUATION			DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					

This checklist is to be completed pursuant to the attached instructions.

I. ENVIRONMENTAL HEALTH EVALUATION
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Food				
Approach for Providing Food Service <i>CURFFL, the California Uniform retail food Facilities Law (HSC Division 104, Part 7, Chapter 4, Articles 1-8, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	X			
1. Food is prepared at another city or county detention facility.		X		
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CURFFL.		X		
1230 Food Handlers <i>(Note: Title 15, § 1230 is in Article 10, MMH, but inspected under Environmental Health due to CURFFL reference.)</i> Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.	X			
There are procedures for education, supervision and cleanliness of food handlers in accordance with HSC § 114020	X			
1245 Kitchen Facilities, Sanitation and Food Service Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CURFFL.	X			
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 113920 (a) through (d) is (re)heated and served, the following CURFFL standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation in these situations.)</i>				
HSC § 114056, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;	X			
HSC § 114065, New or replacement equipment;	X			See attached notes.
HSC § 114090 Utensil and equipment cleaning and sanitation;	X			
HSC § 114140 Ventilation;	X			
HSC § 114150 (a) Floors; and,		X		See attached notes.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114165 (b) Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.	X			
1246 Food Serving	X			
Food is prepared and served only under the immediate supervision of a staff member.				
Article 12. Inmate Clothing and Personal Hygiene				
1260 Standard Institutional Clothing Issue				
<i>Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items.</i>	X			
There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:				
Clean socks and footwear;	X			
Clean outer garments; and,	X			
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	X			
Clothing is reasonably fitted, durable, easily laundered and repaired.	X			
1261 Special Clothing				
Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	X			
1262 Clothing Exchange				
There are policies and procedures for the scheduled exchange of clean clothing.	X			
Unless work, climatic conditions, illness, or the CURFFL necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	X			
1263 Clothing Supply				
There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	X			
There are policies and procedures for the special handling of laundry that is known or suspected to be contaminated with infectious material.	X			
1264 Control of Vermin in Inmates Personal Clothing				
There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	X			
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			Bagged (14 days), sprayed and washed separately.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1265 Issue of Personal Care Items				
There are policies and procedures for issuing personal hygiene items.	X			
Each female inmate is issued sanitary napkins and/or tampons as needed.	X			
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			Common electrical razors
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	X			
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			Razors are disinfected between each use with Barbasol. Razors and solutions are maintained at the control station on each wing.
1266 Personal Hygiene				
There are policies and procedures for showering-bathing.	X			Daily and anytime inmate is out of his/her room.
Inmates are permitted to shower-bathe upon assignment to a housing unit and, thereafter, at least every other day and more often if possible.	X			
1267 Hair Care Services				
Hair care services are available.	X			Inmates cut each other's hair. Equipment is maintained on each floor.
Except for those who may not shave for court identification reasons, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected before use, by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Chapter 9, § 979 and 980, CCR.				Barbasol
Article 13. Bedding and Linens				
1270 Standard Bedding and Linen Issue				
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:				
One serviceable mattress which meets the requirements of § 1272 of these regulations;	X			
One mattress cover or one sheet;	X			
One towel; and,	X			
One freshly laundered or dry-cleaned blanket, depending upon climatic conditions.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1271 Bedding and Linen Exchange				
There are policies and procedures for the scheduled exchange of freshly laundered bedding and linen issued to each inmate housed.	X			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement, at least once each week.	X			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	X			
1272 Mattresses				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			Mattress covers can be repaired on site/laundry area.
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses (Technical Information Bulletin Number 121, dated April 1980).	X			
Article 12. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			Inmates are responsible for keeping their own living area clean. Repairs are handled by the facility.
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Uniform Plumbing Code – Floor Drains	X			
Floor drains are flushed at least weekly.				
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	X			
CA Safe Drinking Water Act				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			Public city water supply.
Local Ordinances				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC § 1803				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
General Industry Safety Order, Title 8-3362				
The facility is free of structural and other safety hazards.	X			With the exception of the kitchen – see attached notes.

Summary of environmental health evaluation:

Intake and Booking:

Holding cells showing slight paint deterioration. Scheduled for routine painting as needed.
note: a mop sink with hot and cold water has been installed for facilitating clean up of booking and holding areas.

Kitchen:

Scheduled to begin total renovation project beginning in June. Temporary trailer kitchens will be brought in for food preparation. Paper products will be used until the project is complete. An inspection will be done on temporary facilities prior to use and during operation – 12 weeks (estimate).
Storage room (16) Light cover missing.
Leaking faucet in the butcher shop.

Kitchen (con't)

Butcher shop ceiling is in poor repair.

Receiving – boxes are not dated.

Walk-in freezer – seal on door deteriorated.

Inmate restroom (#2) tile on wall in disrepair.

Produce walk-in – door in disrepair/seals

a) suggest rubber netting or bar mats to cover shelves instead of towels

Bins of salad/vegetables not labeled

Prep sink had dirty pots/strainer baskets in it.

Salad dressing on the counter near prep sink at 60° F.

Floor tiles in entire facility are in disrepair.

note – floor is scheduled to be replaced June/July.

Juice prep. Area – faucet running (cannot shut off)

Paper towels at the Juice prep area are not in the dispenser.

Ice machine (rt. Side) door seal is deteriorated.

Vogt ice machine #2 – slime on door runners.

Milk walk-in – door seal deteriorated.

Coffee machine is clogged, dumping water on floor.

Open bag of hot cereal on the line of prep grill – containerize and label all open bags of product.

Bleach buckets not in use during clean up. When buckets were prepared with pre-measured solution – tested too

weak – 20 ppm – maintain buckets and sanitizer at 100 ppm at all times.

Egg walk-in – Jello pans noted without covers.

Jello is already set (not cooling).

Food must be covered at all times if not in the process of being cooled.

Commissary – Contract with an outside vendor (ARAMARK)

2nd Floor – Medical/Psych Units

Vent in the shower dirty.

Broken floor tile in psych shower.

2nd Floor – East

100 Pod Chair in shower (plastic chair) not stable.
Recommend a medical shower chair for patients to use.

300 Pod Shower floor drain clogged.

Shower D – Shower head leaks

200 Pod #30 – cold water valve sticks on.

3rd Floor – West

300 Pod #38 – no hot water.

200 Pod #27 – Cold water leaks and shoots out a stream.

Shower A – Floor and shower pan separation in the tile.

Door is rusty and jagged metal at the bottom of the door

4th Floor – East

- 300 Pod Shower A – out of order – work has been scheduled.
Shower B – Floor/shower pan tile separation
18 Cold water faucet leak
- 200 Pod Shower B – closed for repair on the door.
Pipe chase – water standing (next to #27)
Shower A – shower pan/floor tile separation.
#29 – Mattress cover ripped
- 100 Pod Shower A – closed for repairs
Floor around dining tables is pitted and deteriorated.
Shower B – Floor/showerpan tile separation.
#30, 22 – mattress covers are missing.

4th Floor – West

- 300 Pod Shower B – floor/shower pan tile separation.
Shower A – tile by the drain is missing.
- 200 Pod Indoor recreation/broom closet – faucet is leaking.
Shower B – ceiling paint is peeling.
Shower A – leaking shower head.
#31 – cold water button leaking.
#24 – hot water button leaking.
- 100 Pod Shower A – deteriorated metal on the bottom of the door.
Shower C – cracked tile.
#30 – cold water leak at the button.

5th Floor - East

- 300 Pod Shower B – bottom of door is rusty and metal is sharp/jagged.
Shower A – locked – floor tile missing – work order has been called in.
Pipe raceway – (2-3) leaking backflow device.
#26 – mattress cover missing.
- 200 Pod Indoor rec. room toilet – plugged
Showers A and B – Floor and shower pan tile separation.
Pipe raceway between #27 and #26 – plumbing leak. Water on the floor.
- 100 Pod Shower A locked for repairs
Shower B – Floor and shower pan tile separation.

Recreation Area – Outdoor

5th/6th Floors Urinal is non-funtional

6th Floor – East

- 100 Pod Showers downstairs showing mold.
#4 – leaking cold and hot buttons.
#20 – no mattress cover on lower bunk.
- 300 Pod Lower showers – mold on ceiling

7th Floor - East

- 300 Pod #17 – no hot water
- 200 Pod #13 – Plumbing leak aat buttons/faucet.

7th Floor – West

- 200 Pod Upstairs shower – mold on ceiling.
- 300 Pod #18 – Cold water leaks at button.
- 100 Pod #2 – No mattress covers.
- #18 – No hot water

8th Floor – East

- 100 Pod Showers on lower level showing mold on ceilings.
- 300 Pod #15 – cold water leak at button and no pressure for hot water side.
- 200 Pod #6 – light switch jammed.
- #17 – hot water faucet will not turn off.

8th Floor - West

- 300 Pod Upstairs shower not operational – water is turned off.
- 200 Pod Both downstairs showers not operational.
- 100 Pod Shower not operational downstairs.
- Upstairs shower – light cover missing – exposed wires.

General Comments:

Laundry areas and cleanliness of all floors is showing a marked improvement on general maintenance issues.

Kitchen continues to be challenging with structural issues. Remodel scheduled for June 2003. Env. Health will monitor progress.

Evidence of ongoing work throughout the facility. Plumbing issues are ongoing as well as the inmates clogging the air ducts on all floors.

Reference: California Uniform Retail Food Facilities Law; Health and Safety Code (HSC) Division 104, Part 7, Chapter 4, Articles 1-8

Use of this checklist is optional; however, inspectors may find it useful when determining responses to the Environmental Health Evaluation. Facility managers may use the checklist and corresponding explanations of key CURFFL requirements as a self-audit.

HSC AREAS	YES	NO	N/A	COMMENTS
Foodborne Illness – Critical Risk Factors				
1. Knowledge in Food Safety				
113716 (HSC) Minimum standards of knowledge in food safety	X			
2. Cooling, Holding and Preparing Food Ahead of Service				
113995 (HSC) Holding potentially hazardous foods; temperatures for holding, keeping or displaying; thermometers	X			
114002 (HSC) Cooling of potentially hazardous foods	X			
114085 (HSC) Storage of frozen food; refreezing thawed food; thawing potentially hazardous food	X			
3. Personal Hygiene/Food Handling				
114020 (HSC) Requirements for food handlers/hand washing	X			
114095 (HSC) Water supply; minimum temperature for hot water	X			
114105 (HSC) Toilet facilities	X			
114115 (HSC) Hand washing facilities	X			
114135 (HSC) Food service clothing/apron storage	X			
4. Cooking Temperatures				
113996 (HSC) Cooking temperatures (Lauren Beth Rudolph Safety Act of 1997)	X			
113998 (HSC) Reheating of foods	X			
5. Cross Contamination/Inspection				
113980 (HSC) Protection from contamination/approved sources	X			
114003 (HSC) Inspections upon receipt	X			
114010 (HSC) Food must be protected	X			
114015 (HSC) Returned food	X			
114050 (HSC) Facilities and equipment are to be clean and in good repair	X			
114080 (HSC) Storage of food and non-food items	X			
Safety, Housekeeping, Maintenance and Equipment				
6. Cleaning and Sanitizing				
114060 (HSC) Requirements for manual sanitation and cleaning, and sanitizing of utensils and equipment	X			
114090 (HSC) Cleanliness of utensils and equipment; three-compartment metal sink required; methods of cleaning utensils	X			

ENVIRONMENTAL HEALTH INSPECTION CHECKLIST ATTACHMENT

Reference: California Uniform Retail Food Facilities Law; Health and Safety Code (HSC) Division 104, Part 7, Chapter 4, Articles 1-8

HSC AREAS	YES	NO	N/A	COMMENTS
7. Pesticide and Cleaning Supply Storage				
114021 (HSC) Posting of signs	X			
114025 (HSC) Storage and use of poisonous or injurious substances	X			
8. Vermin Exclusion				
114030 (HSC) Prevention of the entrance and harborage of insects and/or rodents	X			
9. Solid Waste				
114035 (HSC) Storage and disposal of waste material	X			
10. Other Requirements				
114040 (HSC) Cleanliness of premises	X			
114045 (HSC) Prohibition against live animals; Exceptions; Liability for damages	X			
114055/114056 (HSC) Requirements for HACCP Plans & HACCP Plans Requiring Approval. The food facility may operate pursuant to a Hazard Analysis Critical Control Point Plan (HACCP). Applicability is determined by food management techniques.	X			
114057 (HSC) Date marking on containers	X			
114065 (HSC) New or replacement equipment	X			
114100 (HSC) Installation and maintenance of plumbing; disposal of liquid waste; drains	X			
114140 (HSC) Ventilation; mechanical exhaust for cooking equipment	X			
114150 (HSC) Floor surface materials and floor drains	X			See notes.
114155 (HSC) Wall and ceiling surfaces	X			See notes.
114160 (HSC) Storage for clean linens; containers for soiled linens	X			
114165 (HSC) Storage area for cleaning equipment and supplies; disposal of mop bucket waste and other liquid wastes	X			
114170 (HSC) Lighting requirements	X			
114175 (HSC) Living and sleeping quarters shall be separated from food preparation areas	X			