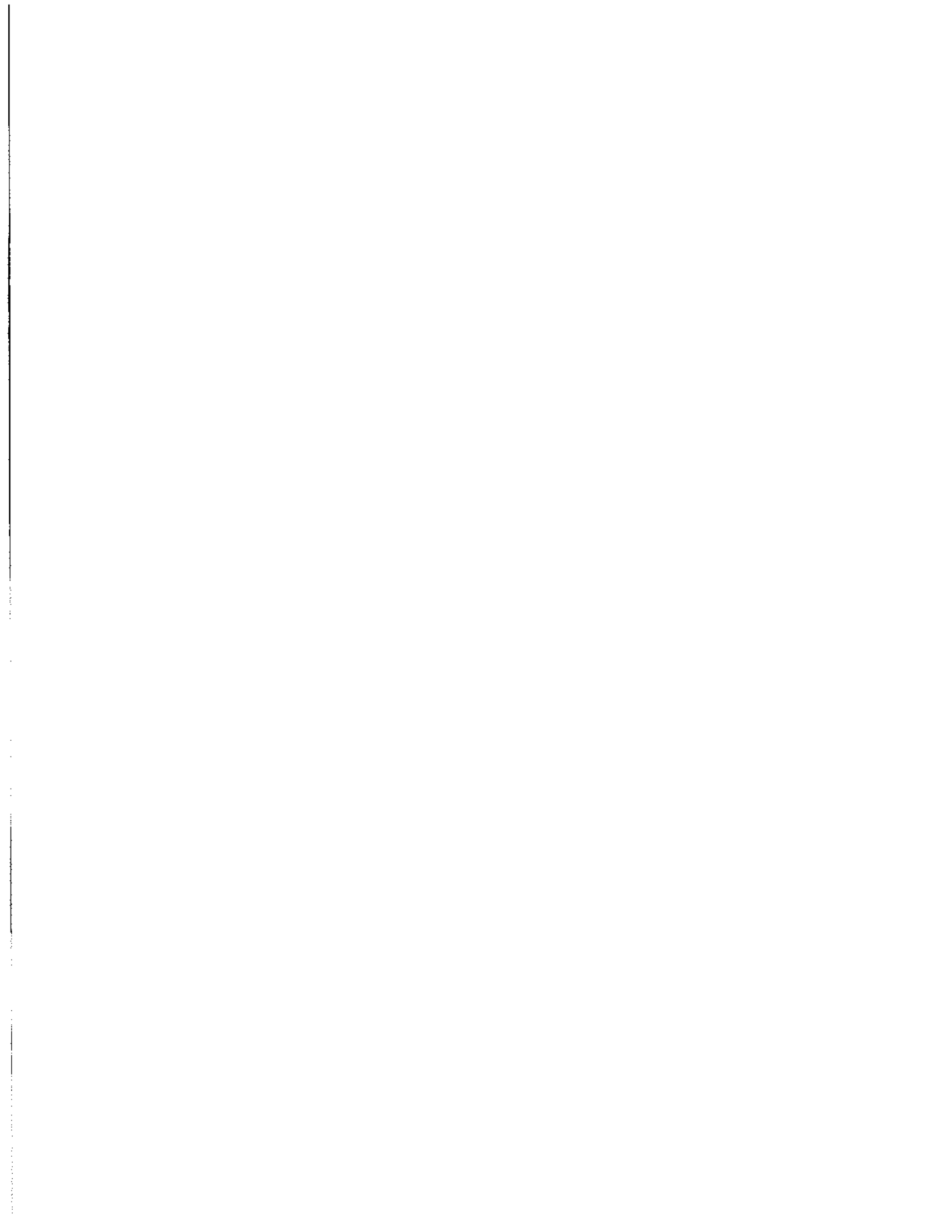


**ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045**

BSCC #: _____

FACILITY NAME: GLENN E. DYER DETENTION FACILITY		COUNTY: ALAMEDA COUNTY			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 550 6TH STREET OAKLAND, CA 94607 (510) 268-7760 or (510) 268-7777					
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: MARCH 29, 2017		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Amir K Gholami, REHS (510) 567-6735					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): CAPTAIN DAVID BLANCHARD (510) 268-7719 IAN WILLIS SERGEANT (510) 268-7764					
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 12. Food				
<p>Approach for Providing Food Service</p> <p><i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>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.</p>	X			The meals are prepared at Santa Rita jail and then are transported inside a refrigerated vehicle to Glenn Dyer Jail on a daily basis. Meals are kept refrigerated and then reheated prior to being served.
1. Food is prepared at another city or county detention facility.	X			Meals are prepared at Santa Rita jail and then transported, under refrigeration, to Glenn Dyer Jail daily. Meals are refrigerated prior to being served.
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	X			Aramark provides the food services.
<p>1230 Food Handlers</p> <p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.</p>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. This is done under Alameda County Sheriff's Office Detention and Corrections Policy and Procedures, Number 14.01 III (6)
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			This is done under Alameda County Sheriff's Office Detention and Corrections Policy and Procedures, Number 14.01 III (4)
<p>1243 Food Service Plan</p> <p>There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.</p> <p>The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1245 Kitchen Facilities, Sanitation and Food Service</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p>	X			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</p> <p>This is done under Alameda County Sheriff's Office Detention and Corrections Policy and Procedures, Number 14.01 III (4)</p>
<p>In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode 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 provide for food safety and sanitation in these situations.)</i></p>			X	
<p>HSC §114130-114141</p>	X			Disposable forks only
<p>HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;</p>			X	
<p>HSC § 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;</p>	X			
<p>HSC § 114268-114269</p>	X			
<p>HSC § 114279-114282</p>	X			
<p>1246 Food Serving and Supervision</p> <p>Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.</p>	X			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</p> <p>Performed under Alameda County Sheriff's Office Detention and Corrections Policy and Procedures, Number 14.02 A (6b)</p> <p>A deputy always observing the food reheating, etc <u>Potentially Hazardous Foods are kept under refrigeration at or below 41 degree F as required.</u></p>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 13. 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 clothing.			X	
Unless work, climatic conditions, illness, or the CalCode 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 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	
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	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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	
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, Division 9, Title 16, CCR.			X	
1266 Personal Hygiene				
There are policies and procedures for inmate showering/bathing.			X	
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.			X	
1267 Hair Care Services				
Hair care services are available.			X	
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.			X	
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.			X	
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue				This is done according to Alameda County Sheriff's Office Detention and Corrections Policy and Procedures, Number 15.04
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:	X			
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 blanket or more, depending upon climatic conditions.	X			
1271 Bedding and Linen Exchange				This is done according to Alameda County Sheriff's Office Detention and Corrections Policy and Procedures, Number 15.04 III (E)
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
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 for penal mattresses at the time of purchase.			X	
Article 15. 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			
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	
Title 24, Uniform Plumbing Code – Floor Drains				
Floor drains are flushed at least weekly.			X	
Traps contain water to prevent escape of sewer gas.			X	
Grids and grates are present.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
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	

Summary of environmental health evaluation:

The facility was found in a satisfactory condition. There are no female inmates at this facility. Potentially hazardous food (PHF) are delivered from Santa Rita and kept refrigerated. All are pre-packaged and individually sealed. Hot PHF are then pre-heated to at least 165 degree Fahrenheit prior to being served. Cold PHF are maintained under refrigeration at or below 41 degree until served to the inmates. All the leftovers, if any, are discarded. The facility met all the pertinent codes at the time of inspection.

ENVIRONMENTAL HEALTH INSPECTION CHECKLIST ATTACHMENT

Reference: California Retail Food Code; Health and Safety Code (HSC) Division 104, Part 7, Chapter 1-13

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 CalCode requirements as a self-audit.

HSC AREAS	YES	NO	N/A	COMMENTS
<i>Foodborne Illness – Critical Risk Factors</i>				
1. Knowledge in Food Safety				
113947-113947.6(HSC) Minimum standards of knowledge in food safety	X			
2. Cooling, Holding and Preparing Food Ahead of Service				
113996,113998, 114050, 114159(HSC) Holding potentially hazardous foods; temperatures for holding, keeping or displaying; thermometers	X			
114002, 114002.1(HSC) Cooling of potentially hazardous foods			X	The facility does not prepare any PHF. No cooling is done.
114018, 114020, 114020.1(HSC) Storage of frozen food; refreezing thawed food; thawing potentially hazardous food			X	
3. Personal Hygiene/Food Handling				
113952-113953.5(HSC) Requirements for food handlers/hand washing	X			
113952 (HSC) Water supply; minimum temperature for hot water	X			
114250, 114276(HSC) Toilet facilities	X			
113953.3(HSC) Hand washing facilities	X			
114256-114256.1,113953.4 (HSC) Food service clothing/apron storage	X			
4. Cooking Temperatures				
114004-114016(HSC) Cooking temperatures (Lauren Beth Rudolph Safety Act of 1997)			X	
114016(HSC) Reheating of foods	X			Pre-packaged food received from Santa Rita are heated to at least 165 degrees F
5. Cross Contamination/Inspection				
114021-114031(HSC) Protection from contamination/approved sources	X			
114035(HSC) Inspections upon receipt	X			
113980, 114025, 114027(HSC) Food must be protected	X			
114257-114257.1, 114175 (HSC) Facilities and equipment are to be clean and in good repair	X			
114161, 114179(HSC) Storage of food and non-food items	X			
<i>Safety, Housekeeping, Maintenance and Equipment</i>				
6. Cleaning and Sanitizing				
114099.6, 114107 (HSC) Requirements for manual sanitation and cleaning, and sanitizing of utensils and equipment	X			Trays are pre-rinsed and shipped to Santa Rita for proper washing and sanitizing prior to being used again.

ENVIRONMENTAL HEALTH INSPECTION CHECKLIST ATTACHMENT
 Reference: California Retail Food Code; Health and Safety Code (HSC) Division 104, Part 7, Chapter 1-13

HSC AREAS	YES	NO	N/A	COMMENTS
Chapter 5 (HSC) Cleanliness of utensils and equipment; three-compartment metal sink required; methods of cleaning utensils	X			
7. Pesticide and Cleaning Supply Storage				
113978,113953.5 (HSC) Posting of signs			X	
114254-114254.3 (HSC) Storage and use of poisonous or injurious substances			X	Hitman Pest Control does not store any on site.
8. Vermin Exclusion				
114259, 114259.3(HSC) Prevention of the entrance and harborage of insects and/or rodents	X			
9. Solid Waste				
114244-114245.8(HSC) Storage and disposal of waste material	X			
10. Other Requirements				
114259-114259.1 (HSC) Cleanliness of premises	X			
113903, 114259.4,- 114259 (HSC) Prohibition against live animals; Exceptions; Liability for damages	X			
114419-114423(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, 114057.1(HSC) Date marking on containers	X			
114130-114141, 114163 (HSC) New or replacement equipment	X			
114190, 114193-114193.1, 114197,114199. 114269(HSC) Installation and maintenance of plumbing; disposal of liquid waste; drains	X			
114149-114149.3(HSC) Ventilation; mechanical exhaust for cooking equipment	X			
114268-114269 (HSC) Floor surface materials and floor drains	X			
114271 (HSC) Wall and ceiling surfaces	X			
114185-114185.5 (HSC) Storage for clean linens; containers for soiled linens	X			
114279-114282(HSC) Storage area for cleaning equipment and supplies; disposal of mop bucket waste and other liquid wastes	X			
114286(HSC) Lighting requirements	X			
114286(HSC) Living and sleeping quarters shall be separated from food preparation areas	X			

EXPLANATION FOR CALCODE REQUIREMENTS ON INSPECTION ATTACHMENT

The following explanation was developed by California environmental health inspectors as a reference for detention facility health inspectors and facility managers. It is not intended as a replacement to California Retail Food Code (CalCode). Explanations reference the numbers on the CalCode attachment to the Corrections Standards Authority inspection checklist.

FOODBORNE ILLNESS – CRITICAL RISK FACTORS

1. Knowledge in Food Safety

- Health and Safety Code 113947-113947.6, 113794, 113794.1
- Food Safety Manager

Knowledgeable managers and employees, who understand the importance of food safety are vital to the operation of a food facility in preventing foodborne illness. Each food facility must have at least one employee who has successfully passed an approved and accredited food safety certification examination. The certification is good for three years from the date of issuance and is to be kept on file in each food facility.

2. Cooling, Holding & Preparing Food Ahead of Service

- Health and Safety Code 113996-114157, 114159
- Hot and Cold Holding Temperatures

Maintaining proper holding temperatures is one of the most important factors in preventing foodborne illness. Since disease-causing bacteria are able to multiply rapidly at temperatures between 41 degrees Fahrenheit and 135 degrees Fahrenheit, and this is known as the temperature danger zone. You can prevent bacterial growth in food by keeping hot foods hot, and cold foods cold. The proper holding temperatures for potentially hazardous foods are:

- Hot foods shall be kept at 135 degrees Fahrenheit or above.
- Cold foods shall be refrigerated at 41 degrees Fahrenheit or below.
- Frozen food shall be kept at 0 degrees Fahrenheit or below.

Ways in which hot foods can be held safely:

- Transfer hot foods directly to an oven, steam table, or other holding unit. Do not heat foods in a steam table or by using hot holding equipment.
- Reheat leftover foods to 165 degrees Fahrenheit prior to placing in holding unit.
- If possible, avoid cooking foods more than one day ahead of time.
- Stir foods at frequent intervals to evenly distribute heat.
- Keep a cover on foods to help maintain temperatures.

Ways in which cold foods can be held safely:

- Keep foods in cold-holding tables, commercial refrigerated display cases, and refrigerators.
- For salad bars and display units place the food containers in ice up to the product depth.
- Keep a cover on foods held in cold holding units to help maintain temperatures.
- Check the temperature of the foods on a frequent and regular basis. Use a calibrated, clean and sanitized thermometer. Thermostat gauges of holding equipment may not accurately indicate the internal temperature of the food and should not solely be relied on during food preparation.

Thawing

Frozen food must be thawed under refrigeration, or under cold (70 degrees Fahrenheit) running water, as part of the cooking process or in a microwave oven as part of a continuous cooking process.

- Health and Safety Code 114002, 114002.1
- Cooling of Potentially Hazardous Food
- Potentially hazardous food prepared or cooked, which will be served at a later time and which is not held at 135 degrees Fahrenheit must be rapidly cooled to prevent the growth of microorganisms that cause foodborne illness.
- After heating or hot holding, potentially hazardous food must be cooled from 135 degrees Fahrenheit to 70 degrees Fahrenheit (or below) within two hours and from 70 degrees Fahrenheit (or below) to 41 degrees Fahrenheit or below within four hours.
- Food prepared at room temperature must be cooled to 41 degrees Fahrenheit or below within four hours.

Methods of Rapid Cooling:

- Using shallow pans.
- Separating food into smaller portions.
- Using rapid cooling equipment.
- Adding ice.
- Placing food in an ice bath and stirring.
- Other means as approved by local Environmental Health Agency.

3. Personal Hygiene/Food Handling

➤ **Health and Safety Code 113967, 113952-113961, 113973, 113977**

➤ **Food Handlers**

Employees (including inmate workers) must conduct themselves in such a manner that they do not contribute to the contamination of either food or utensils. This includes the need for wearing clean outer garments and hairnets, caps, etc., to confine hair. Hands must be washed for at least 20 seconds before and after any activity that may result in contamination. This includes:

- Immediately before engaging in food preparation or handling.
- When switching from handling raw food products to ready-to-eat food.
- After handling soiled equipment or utensils.
- After using the toilet facilities.
- After coughing, sneezing, eating or drinking.
- After any other activity that may contaminate the hands.

Disposable gloves are to be worn by employees (including inmate workers in detention facilities), when contacting food or food surfaces if the individual has any cuts, sores, rashes, artificial nails, etc. An adequate supply of dispensed soap and paper towels are to be maintained at all sinks used for hand washing.

4. Cooking Temperatures

➤ **Health and Safety Code 114004, 114008, 114093 Cooking Temperatures**

Proper cooking of potentially hazardous foods at correct temperatures is essential to kill bacteria, viruses, and parasites and deactivate some bacterial toxins. The following are the minimum internal cooking temperatures:

- Poultry, stuffed meats, pasta stuffed with meat, leftovers: 165 degrees Fahrenheit.
- Ground meats, including ground beef (non-poultry): 155 degrees Fahrenheit for 15 seconds.
- Eggs, pork and most other potentially hazardous foods: 145 degrees Fahrenheit.

Foods cooked in a microwave oven must be stirred or rotated often during cooking, and need to be covered and heated throughout to a minimum temperature of 165 degrees Fahrenheit. Never cook or reheat food using hot holding equipment, and never add raw food to food that has already been cooked. The final cooking temperatures should be checked with a sanitized, calibrated thermometer.

5. Cross Contamination/Inspection

➤ **Health and Safety Code 114035-114039.4, 114041**

➤ **Inspecting Food upon Receipt**

Food delivered to a food facility must be inspected upon receipt. A receipt or invoice is to be provided upon delivery in order to verify this food is from an approved source.

Purchasing and Receiving of Food:

- Only clean and unbroken shell eggs shall be received.
- Carefully inspect deliveries for proper labeling, temperature and appearance.
- Check shipments for intact packaging, e.g., broken boxes, leaky packages or dented cans are signs of mishandling.
- Check packages for signs of refreezing and/or pest infestation.
- Inspect deliveries immediately and put items away as quickly as possible.
- Frozen foods are accepted only if there is no sign of thawing or re-freezing.

➤ **Health and Safety Code 113980, 114047-114055, 114060, 114061, 114063, 114065**

➤ **Food Storage**

All food must be stored in a manner that prevents contamination. Food must be stored at least six inches above the floor and away from sources of contamination, e.g., like overhead pipes and trash storage areas. Ready-to-eat food must be stored away from, or above raw food, such as uncooked meat, poultry or pork. Bulk container of flour, sugar etc. must be labeled and kept covered. Unpackaged food, which has been previously served, shall not be served to another person.

Safety, Housekeeping, Maintenance and Equipment

6. Cleaning and Sanitizing

➤ **Health and Safety Code 114099.6, 114107**

➤ **Cleaning and Sanitizing Utensils and Equipment**

After utensils, cutting boards, prep tables, and other food contact surfaces have been soiled from food storage, preparation, cooking and/or service, they must be washed, rinsed and sanitized before re-use. Failure to do so properly could contaminate food and lead to foodborne illness. Cleaning and Sanitizing must occur separately to be effective.

Definitions:

- "Cleaning" is the physical removal of soil and food matter from a surface.
- "Sanitizing" is the reduction of the number of bacteria and viruses on a surface to safe levels.

Dishwashing Machines

Dishwashing machines, when properly operated and maintained, can be very effective in removing soil and destroying microorganisms. Dishwashing machines must be certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program or otherwise approved by the local environmental health jurisdiction. Generally, there are two types of dishwashing machines, and they differ in their method of sanitizing:

- High Temperature Machines sanitize dishes by rinsing dishes and utensils in water that has been heated to a temperature between 180 degrees Fahrenheit to 195 degrees Fahrenheit. The temperature at the dish surface must be at least 160 degrees Fahrenheit.
- Chemical-Sanitizing Machines dispense a chemical sanitizer into the final rinse water [concentration must be at least 100 parts per million (ppm) chlorine] for at least 30 seconds.

The sanitizing temperature or chemical concentration must be checked often to ensure proper levels are maintained.

Manual Dishwashing

Washing, rinsing, and sanitizing equipment, utensils, and other food-contact surfaces can also be done manually in a three-compartment sink. In a three-compartment sink, the first compartment is used for washing, the second is used for rinsing and the third is used for sanitizing. The three-compartment sink shall be equipped with dual integral drain boards. There are five steps to the manual dishwashing method:

1. Pre-Rinse: scrape and pre-rinse dishes thoroughly. If necessary for effective cleaning, utensils and equipment shall be pre-flushed, presoaked, or scrubbed with abrasives.
2. Wash with hot water and dishwashing detergent
 - a. Wash water shall be maintained at not less than 100 F or the temperature specified by the manufacturer on the cleaning agent manufacturer's label instructions or as provided in writing by the manufacturer.
 - b. Change the water often to keep it hot and free of food particles.
3. Rinse: Rinse in clean hot water to remove detergent.
 - a. Hot water means the water should be as hot as can be tolerated by hand.
 - b. Change the water often to keep it hot.
4. Sanitize: Immerse dishes into the warm (75 degrees Fahrenheit to 120 degrees Fahrenheit) sanitizer solution for the required amount of time listed below. Change the water solution often. The choices of sanitizer and the time required are:
 - a. 100 ppm chlorine for 30 seconds, or
 - b. 200 ppm quaternary ammonium for one minute, or
 - c. 25 ppm iodine for one minute, or

- d. Hot water, at least 171 degrees Fahrenheit for 30 seconds.
5. Air Dry: Allow dishes to air dry or store in a draining position.

Frequency of Washing and Sanitizing

Food contact surfaces, such as prep tables, cutting boards, and utensils, (including knives and serving spoons) must be cleaned and sanitized throughout the day if in continuous use or after each use as indicated:

- Whenever there is a change between animal products.
- Each time there is a change from working with raw meats, or other potentially hazardous foods, to ready-to-eat foods.
- If the utensil or equipment is in continuous use throughout the day, it must be washed and sanitized at least every four hours.
- At any time during food preparation when contamination of the equipment or utensil may have occurred.

Wiping Cloths

Wiping cloths used on service counters, scales, and other surfaces that may directly or indirectly contact food, shall be used only once until laundered, or held in a sanitizing solution as indicated in #4 above, "Sanitize." The water solution must be changed often to keep it clean and to maintain the proper strength of sanitizer. Wiping cloths and solution used in the dining area must not be used on kitchen equipment and other food contact surfaces.

Sanitizer Test Kits

Sanitizer testing kits are necessary to ensure proper concentrations are being prepared and maintained. Check with your cleaning chemical or restaurant supplier to obtain the specific type of kit for the sanitizing chemical used in your facility.

7. Pesticide and Cleaning Supply Storage

- Health and Safety Code 114254-114254.3
- Use and Storage of Pesticides and Cleaning Supplies

All pesticides and cleaning supplies must be stored in an area where they will not contaminate food or food contact surfaces, utensils or packaging materials. It is recommended that only a licensed pest control operator apply pesticides. **Pesticides are not to be stored with cleaning supplies.**

8. Vermin Exclusion

- Health and Safety Code 114259, 114259.3
- Exclusions of Vermin

To exclude flies, physical barriers such as the installation of window and door screening, high velocity air curtain fans above exterior doors, and installation of self-closing devices on exterior doors are recommended. Openings under exterior doors and around pipes and wires that enter buildings through exterior walls, greater than one-quarter inch, are to be sealed to exclude rodents.

9. Solid Waste Management

- Health and Safety Code 114244-114245.8
- Solid Waste Management and Garbage Disposal

Pests attracted by garbage can contaminate food items, equipment and utensils. The solid waste management (garbage) program shall include:

- Removal of trash and garbage away from food preparation areas as soon as possible, and from the facility at least once each week, or more often if necessary to prevent a nuisance.
- Use of leak proof garbage containers with tight fitting lids.
- Frequent cleaning of garbage containers in a location away from food preparation and food storage areas.

10. Other Requirements

- Health and Safety Codes 113947-114286 (from attachment to inspection checklist)

Please reference the California Retail Food Code if further explanation is required.

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

BSCC #: _____

FACILITY NAME: Glen E. Dyer Detention Facility		COUNTY: Alameda		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 550 – 6 th Street, Oakland, CA 94607 510-268-7777				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III:	TYPE IV: XX
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): Annette Laverty, MPH, RD Program Specialist 510-595-6446				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Deputy White, AC Sheriff's Department 510-268-7777 Deputy Willis, AC Sheriff's Department 510-268-7777 Lori McConnell, Director ARAMARK 925 551-6839 Mcconnell-lori@aramark.com 510-965-5815 (cell)				
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 12. Food				
1230 Food Handlers <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i> Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility. There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
1240 Frequency of Serving Food is served three times in any 24-hour period.	X			Breakfast is served at approximately 4:00am; "Dinner" is served between 2:00 and 3:00pm; a Lunch bag is provided between 7:00 and 8:00pm.
At least one meal includes hot food.	X			Hot meals are served at the Breakfast and "Dinner" meal times.
If more than 14 hours passes between these meals, supplemental food is served.	X			
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician.	X			
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			A minimum of 15 minutes is provided to the inmates for consuming their meals.
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 <i>(See regulation and guidelines for equivalencies and serving requirements.)</i> 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			
Protein Group. One serving equals 14 grams or more of protein. The daily requirement is equal to three servings (a total of 42 grams per day or 294 grams per week).	X			
There is an additional, fourth serving of legumes three days per week.	X			
Dairy Group. The daily requirement for milk or milk equivalents is three servings.	X			1 % milk is served.
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings of milk or milk products.	X			
All milk is fortified with Vitamin A and D.	X			
One serving can be from a fortified food containing at least 250 mg. of calcium.	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 per day, or seven servings per week.	X			
One serving of a Vitamin C source containing 30 mg. or more per day or seven servings per week.	X			
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			
Grain Group. The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			
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			
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.	X			
1242 Menus (Applicable in Type II and III facilities and in those Type IV facilities where food is served.)	X			
Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.	X			The menu cycle is a four-week cycle and has not changed in the past year. The facility was on week 4 of the cycle.
A registered dietitian approves menus before they are used.	X			Menus are planned by the offsite ARAMARK food company dietitian, contracted by the Santa Rita Jail facility.
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.			X	The meals are produced at Santa Rita Jail. If changes are made, they are indicated at that facility.
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
1243 Food Service Plan				
There is a food services plan that complies with applicable CalCode. Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:	X			The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
Planning menus;	X			ARAMARK food service plans the menus.
Purchasing food;	X			With the exception of milk, ARAMARK food service purchases foods for this facility.
Storage and inventory control;	X			
Food preparation;	X			ARAMARK food service prepares food at an offsite facility.
Food serving;	X			
Transporting food;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Orientation and ongoing training;	X			Facility inmate staff is trained using a "Do/Don't" checklist. Inmate workers participating in trainings are required to sign a form acknowledging their understanding of the checklist.
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			
Emergency feeding plan;	X			An emergency feeding plan is in place and readily available should it be needed. Emergency food and water for staff and inmates was observed, and is stored on site to sustain a minimum of three days, should an emergency arise. The food and water was recently changed by subcontractor ARAMARK staff to insure freshness.
Waste management; and,	X			
Maintenance and repair.	X			GSA repairs and maintains records of equipment and repair.
In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			X	
1245 Kitchen Facilities, Sanitation and Food Service				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.				
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to CalCode is (re)heated and served, the following CalCode 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>				
CalCode requirements for new or replacement equipment.				
CalCode requirements for cleaning and sanitizing consumer utensils.				
CalCode§ 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen.				
CalCode requirements for floors.				
CalCode requirements for storage area(s) for cleaning equipment and supplies.				
				Do not identify compliance with this regulation here. See comments.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1246 Food Serving and Supervision</p> <p>Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.</p>				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<p>1247 Disciplinary Isolation Diet</p> <p>No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.</p>			X	Unable to determine at this inspection as no inmate was on a disciplinary isolation diet.
<p>The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period.</p> <p>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 Corrections Standards Authority, 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.</p>	X			Per policy and procedure manual. <i>[Unable to observe at this inspection.]</i>
<p>1248 Medical Diets</p> <p>Policies identify who is authorized to prescribe medical diets.</p>	X			
<p>Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.</p>	X			
<p>The facility manager complies with providing any medical diet prescribed for an inmate.</p>	X			
<p>There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.</p>			X	There is a medical diet manual located in the nursing department and in the kitchen deputy's office; however, the one in the nursing unit is significantly incomplete, but was signed as having been reviewed in February, 2017. Sample menus were not included, nor were menu patterns for each medical diet. See Recommendation 1.
<p>A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.</p>			X	Diet manual in the nurses' unit was reviewed by dietitian Crowley (RD #952060). Responsible staff had not signed off (within the past year) on the diet manual that's located in the kitchen. See Recommendation 1.
<p>Pregnant women are provided a balanced, nutritious diet approved by a doctor.</p>			X	Women are not incarcerated at this facility.

Summary of nutritional evaluation:

This inspection, conducted on March 15, 2017, reviewed the nutritional health of inmates at Glen Dyer jail, which houses County and U.S. Marshall inmates. There is capacity for housing approximately 820 inmates on the six floors at this facility. Approximately 400 inmates were housed at the time of inspection. Average stay varies between several days to several years. Typically, inmates housed at this facility are low risk for health complications. Inmates are screened upon

arrival by a nurse. Those inmates with serious chronic diseases or those who need more acute care (considered "level 2") are transferred directly to Santa Rita Jail.

Four floors were inhabited by inmates during this inspection:

Floor 1: Admin/Segregation – eat in the cell (no vending)

Floors 4, 5 & 6: Mainline – eat in outer congregating area (use tokens for vending)

All floors and units were visited during this inspection.

Food Service

ARAMARK continues to manage the food service operations off-site, ordering food, performing administrative duties, and documenting activities during food production at the Santa Rita Jail central kitchen. Alameda County staff supervises and develops policies and procedures. Deputies in the kitchen and inmate units were well versed on food service policies and procedures.

All deputies who work in the kitchen and inmate units were well informed of inmates on therapeutic diets, and there was a hard copy list hanging in each unit of all inmates housed in that unit who were on a therapeutic diet. These lists matched the computer diet orders. Most of the meals and carts were labeled, and there was evidence of rotation of food to prevent spoilage, reducing food safety issues. "Dead man" trays were on hand for the past three days, should an outbreak of food-borne illness occur. A "Daily Food Quality Survey" is completed each day for each meal, and these documents were on file in the kitchen office.

A taste test of a sample breakfast and dinner was conducted by seven public health inspectors attending the facility inspection. Based on the taste test of two sample meals conducted by the inspection team, the inmate meal was acceptable, but was not visually appealing and texture of some foods was inconsistent to what one would expect. The foods tasted included:

Breakfast: sweetened farina, breakfast sausage patty, hash brown potatoes, biscuit

Dinner: Cheesy macaroni and ground turkey, mixed vegetables (broccoli and carrots), shredded cabbage, and cookies.

The color of the breakfast foods was all beige, and did not come across as appealing. The general appearance was "OK". Upon tasting, the farina was "very good" and enjoyed by the tasters. The potatoes were "OK". The potatoes were served in two of the three tray compartments, and a small turkey sausage patty topped the potatoes in one compartment. The biscuit was delicious. When looking at the overall nutritional value of the meal, it is considerably high in carbohydrate and low in protein. While this meal meets the US Dietary Guidelines when considered with all other meals throughout the week, it is suggested that fewer low fiber carbohydrates be served and more protein be added to this particular meal.

The dinner meal was unattractive and unappealing. The main dish (cheesy macaroni with ground turkey) was bland, unattractive, and of mush consistency; cooked vegetables were okay, carrots being of better quality than the overcooked broccoli; cabbage slaw was crisp and appeared fresh.

The meals as a whole met standards for serving size and macronutrient balance, however, the appearance, texture of some items, and taste of many foods are such that inmates may not consume the food, and hence not get the necessary nutrition. It is suggested that some attention be spent on improving the appearance of some meals.

Medical

There is a new medical contractor overseeing the medical care of inmates at this facility: California Forensic Medical Group (CFMG). From talking with the medical staff, reviewing charts, and interviews with inmates, the new contractor appears to be providing better care than the previous contractor. The facility has been in transition to a fully computerized system. This system has improved the accuracy of orders, as observed during the inspection.

Sixteen (16) inmate medical charts were reviewed. These charts were very well organized in a specific order with tabs to assist in locating specific records. This made it very easy for review of charts.

Of the charts reviewed that required dietary restrictions:

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				Responsibility Health Authority CFMG-A 02 REV. 10/1/20176
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	x			
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 <i>(Applicable to facilities with on-site health care staff)</i>				Quality Management Program CFMG-A 06 REV.10/12016
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			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
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			
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				Credentialing and Privileging of Medical Services CFMG-C01 REV. 10/1/2016
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 <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			
1205 Health Care Records <i>(Applicable to facilities with on-site health care staff)</i>				Health Records CFMG-H01 REV. 10/1/2016
Individual, complete and dated health records are maintained and include, but are not limited to:	x			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) 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			CFMG-H01 REV. 10/1/2016
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			
(6) 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.				Confidentiality of Health Records CFMG-H02 REV.10/1/2016
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			Management of Health Records CFMG-H03 REV.10/1/2016
Inmates are not used for medical record keeping.	X			
1206 Health Care Procedures Manual <i>(Applicable to facilities with on-site health care staff)</i>				Policy and Procedures CFMG-A05 REV. 10/1/2016
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:				
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;	X			Patient Care and Treatment CFMG E-08
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			Special Needs and Services CFMG-G10 REV. 10/1/2016
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;	X			Contraception and Care of Pregnant Inmate CFMG G-09 10/1/2016

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Special Needs and Services CFMG G-04 REV. 10/1/2016
h) Implementation of special medical programs;	X			
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			
m) Patient confidentiality and its exceptions;	X			
n) 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			Infection Control Guidelines CFMG-B01 REV. 10/1/2016
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			
o) 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			Forensic Information CFMG-103 REV. 10/1/2016
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			Communicable Disease CFMG B01.1 REV. 10/1/2016
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
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			Infection Control Guidelines CFMG-B01 REV. 10/1/2016
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			Communicable Disease CFMG-B01.1 REV.10/1/2016
1207 Medical Receiving Screening				Receiving Intake Screening CFMG-E02 REV. 10/1/2016
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
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			
The screening is performed by licensed health care staff or by trained facility staff.	X			
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i></p> <p>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.</p>	X			Contraception and Care of the Pregnant Inmate CFMG-G09 REV. 10/1/2016
<p>1208 Access to Treatment</p> <p>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.</p> <p>Health care personnel perform the evaluation.</p>	X			Individualized Treatment Plan CFMG-E12.1 REV. 10/1/2016
<p>1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i></p> <p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>	X			MENTAL HEALTH SCREENING AND EVALUATION CFMG-E05 REV.10/1/2016
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) Provision is made to evaluate or 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, or has implemented PC § 1369.1.	X			TRANSFER OF INMATES CFMG-E03 REV. 10/1/2016
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i>	X			PATIENTS WITH SPECIAL HEALTH NEEDS CFMG-G02 REV. 10/1/2016
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
1210 Individualized Treatment Plans				INDIVIDUALIZED TREATMENT PLAN CFMG-E12.1 REV. 10/1/2016
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				SICK CALL CFMG-E07.1 REV. 10/1/2017
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
1212 Vermin Control				CONTROL AND TREATMENT OF ECTO PARASITES CFMG B01.3 REV.10/1/2016
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>				INTOXICATION AND WITHDRAWAL CFMG-G06.1 REV. 10/1/2016
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			
1214 Informed Consent				INFORMED CONSENT AND RIGHT TO REFUSE CFMG-I05 REV. 10/1/2016
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
1215 Dental Care				ORAL CARE CFMG-E06 REV. 10/1/2016
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
1216 Pharmaceutical Management				HEALTH CARE SERVICES SECTION D REV. 10/1/2016
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:	X			
Securely lockable cabinets, closets and refrigeration units;	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
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			
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
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			
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			
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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 (Not applicable Type IV.) There are policies and procedures governing the use of psychotropic medications.	X			PSYCHOTROPIC MEDICATIONS CFMG D01.4 REV. 10/1/2016
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	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 following a clinical evaluation in person or by telephone. 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			
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. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	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			
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			SUICIDE PREVENTION PROGRAM LOCATED IN SEPARATE BINDER CFMG-G05
1220 First Aid Kits One or more first aid kits are available in the facility.	X			PATIENT CARE AND TREATMENT CFMG E08.2 REV. 10/1/2016

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
ARTICLE 4, RECORDS AND PUBLIC INFORMATION				
1046 Death in Custody Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			MEDICAL/MENTAL HEALTH REVIEW OF IN CUSTODY DEATHS CFMG A10.1 REV. 10/1/2016
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	
ARTICLE 5, CLASSIFICATION AND SEGREGATION				
1051 Communicable Diseases Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			COMMUNICABLE DISEASE CFMG B01.1 REV. 10/1/2016
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, 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			PATIENTS WITH SPECIAL HEALTH NEEDS CFMG-G02 REV. 10/1/2016
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, Part II, Section 1231.2.5, 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			PATIENT CARE AND TREATMENT CFMG-E09.1 REV. 10/1/2016
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
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 mental health opinion on placement and retention is secured within 24 hours of placement.	X			
1056 Use of Sobering Cell				SPECIAL NEEDS AND SERVICE CFMG G06.2 REV. 10/1/2016
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, 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			
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			
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				PATIENTS WITH SPECIAL HEALTH NEEDS CFMG-G02 REV. 10/1/2016
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1058 Use of Restraint Devices</p> <p><i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i></p> <p>Restraints are 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.</p>	X			MEDICAL –LEGAL ISSUES CFMG-101 REV.10/1/2016
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			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
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			
A medical opinion on placement and retention is secured as soon as possible but no later than four hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every six hours.	X			
A mental health consultation is secured as soon as possible, but no later than eight hours from the time of placement.	X			
ARTICLE 8. MINORS IN JAILS				
<p>1121 HEALTH EDUCATION FOR MINORS IN JAILS</p> <p>Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</p> <p>Written policy and procedures assure that reproductive health services are available to both male and female minors.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.</p>			X	
<p>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</p> <p>For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>is received from the sending facility;</p>			X	
<p>is reviewed by designated health care staff at the receiving facility; and,</p>			X	
<p>absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.</p>			X	
<p>1124 PROSTHESES AND ORTHOPEDIC DEVICES</p> <p>There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.</p>			X	
<p>Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.</p>			X	
<p>1125 PSYCHOTROPIC MEDICATIONS</p> <p><i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i></p> <p>(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes			X	
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability				HEALTH CARE SERVICES CFMG-D03 REV. 10/1/2016
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				HEALTH CARE SERVICES CFMG-D03 REV. 10/1/2016
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.	X			
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms				HEALTH CARE SERVICES AND SUPPORT
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			
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				SPECIAL NEEDS AND SERVICES CFMG-G06.1 REV. 10/1/2016
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			
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 Inmates' Physician				SPECIAL NEEDS AND SERVICES CFMG G08 REV. 10/1/2016
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			
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:	X			
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			
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			
PC 4028 Abortions				
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.	X			

Summary of medical/mental health evaluation:



Glenn Dyer Detention Facility Inspection
Date of Inspection: March 15, 2017
Medical Narrative Summary

I. **“Sick Call” Rooms and Observation Towers in Housing Units**

Note: Housing Units 1, 2, 4 and 5 were inspected.

A. All fire extinguishers were in compliance and marked full. Date of last annual inspection (by an OSFM approved agency) on all fire extinguishers is April 11, 2016.

B. All AEDs were operable. All AED pads had expiration date of January 24, 2018. All of the AEDs were signed off and checked daily per check log.

C. Ambu-bags were readily accessible. All oxygen tanks were regularly checked per check log. All tanks were in working order and filled. Oxygen masks were available in Small, Medium, and Large; located in a bag on the oxygen tank holder.

D. All opened medications and multi-use vials/bottles were clearly labeled with date of opening and were all within 30 days of initial use.

E. New First Aid Kits were in all of the Sick Call rooms. The First Responder bag, Blood Borne Pathogens bag, and the Emergency Medication bag used in previous years were replaced with a kit that included all items into one large red/black First Aid Kit bag. The kit was not labeled and not locked with a breakaway seal. There was an inventory check list found near where the kit is stored but it was not attached to the bag. The kits are checked monthly per kit check off list signed by staff.

F. The yellow Emergency Medication bag was stored in a compartment within the large red/black First Aid Kit bag. This Emergency Medication Bag was locked with a breakaway seal. The bag had no label on the outside, no list of contents attached to outside of bag. All medications within the bags were within expiration dates.

G. An Escape Breathing Apparatus (EBA) and First Aid Kit are located in each observation tower. All EBA's were marked full. Most first aid kits were brand new and sealed. Both the EBA and First Aid Kits were checked at every shift per housing control inventory checklist signed off by staff.

H. Oral airway tools were found in every sick call room. Oral airway tools were available in three different sizes. The tools were stored in an unmarked, semi-transparent plastic bag; this bag was then stored in an unmarked/unlabeled drawer.

I. All eye wash stations are checked regularly by staff; signed check off list in place.

J. *2016 Recommendation (AED):* Ensure that *all* AEDs are checked on an ongoing basis and logged as operational. **IMPLEMENTED as of 2017 inspection.**

K. *2016 Recommendation (First Aid Kits):* Make all Housing Control Equipment Inventory checklists the same in all of towers; the list should include First Aid Kit, EBA and if EBA was full (pressure checked at least monthly). **IMPLEMENTED as of 2017 inspection.**

L. *2016 Recommendation (First Aid Kits):* There is only one oral airway tool found in every sick call room in each housing unit; recommendation is to have *multiple* sizes be available. **IMPLEMENTED as of 2017 inspection.**

M. *2017 Recommendation (First Aid: oral airway tool):* Assess the storage of oral airway tools to ensure oral airway tools can be easily accessed and quickly found in an emergency situation. Initiate review of use of labeled packaging and review of labeled cabinets/drawers to indicate contents within.

N. *2017 Recommendation (First Aid Kits)*: Ensure that specific medical/first aid supplies can be easily and quickly found in an emergency situation. Initiate review of labels on the outside as well as the inside of the large first aid kit (red/black bag) which has very many different compartments within the bag. For example, the sealed yellow emergency medication bag had no outside label indicating what was stored within. Attaching the contents list to the bag would also help to easily find what is needed should the bag need to be moved outside of the sick call room for medical emergencies.

II. **Medical Clinic unit**

- A. AED was operable. AED pads had expiration date of January 24, 2018. All of the AEDs were signed off and checked daily per check log.
- B. Two fire extinguishers were in compliance and marked full. Date of last annual inspection (by an OSFM approved agency) on all fire extinguishers is April 11, 2016.
- C. All oxygen tanks were regularly checked per check log and full. Oxygen masks were available in Small, Medium, and Large; located in a bag on the oxygen tank.
- D. Supply room contents were all within expiration dates. Shelf contents were clearly labeled and organized.

III. **Pharmacy**

- A. Pharmacist is present during the day, Monday-Friday, and was available for this inspection. Per staff, the pharmacy is now run as a stand-alone pharmacy which ensures that all needed medications can be administered in an even more timely manner than ever before (previously, medications were sent from out of state with overnight delivery). All used supplies/multi-use bottles were clearly labeled with date of opening and were all within 30 days of initial use. Compact refrigerator for medication storage: temperature inspection log is located on top of the refrigerator and consistent with daily temperature checks. Current reading was within recommended parameters.

IV. **Lab**

- A. All used supplies/multi-use bottles were clearly labeled with date of opening and were all within 30 days of initial use.
- B. Contents of drawers and cabinets were clearly labeled on the outside for easy access of items.
- C. Two compact refrigerators for medication storage: temperature inspection log is located on top of the refrigerator and consistent with daily temperature checks. Current reading was within recommended parameters.

V. **Booking Area/Vehicle Sally**

- A. AED was operable. AED pads had expiration date of May 24, 2018. AED was signed off and checked daily per check log.
- B. Two first aid kits were found to be fully stocked/sealed. Kits are checked regularly per signed check logs.
- C. *2016 Recommendation (First Aid Kit)*: Replace/restock employee first aid kit; include this kit in current logs already in place to ensure that the kit is adequately checked

consistently. **2017 Update:** Per staff, this employee first aid kit was removed and will not be replaced as there are other first aid kits available.

VI. **Kitchen/Basement**

- A. AED was operable. AED pads had expiration date of July 28, 2017. AED was signed off and checked daily per check log.
- B. Four first aid kits were found to be stocked. Two of the kits contained an eye wash bottle that was past their expiration dates of 2/2015 and 7/2015. These eye wash bottles were immediately discarded by staff and will be replaced. There was no check log available for the first aid kits.
- C. One fire extinguisher was found to be in compliance and marked full. Date of last annual inspection (by an OSFM approved agency) on fire extinguisher is April 11, 2016.
- D. *2017 Recommendation (First Aid Kits):* Review the need to implement use of first aid kit check off log to be signed off by staff on an ongoing basis to ensure kits are fully stocked and all items are within expiration dates.

Interviews

2 inmate interviews were conducted by Annette Laverty, RD, Christina Yamat, PHN, and Priscilla Chang, PHN.

Interview #1: Hx of hepatitis C, COPD, depression

- Patient reports minimal follow up related to hepatitis C diagnosis since he arrived to GDDF a few years ago but this has changed for the better recently. He also reports that ever since Fall 2016, he has been getting what he feels is satisfactory and adequate medical follow up. He now sees his doctor with regular visits every two weeks. He feels his doctor advocates for him and communicates clearly the plan of care.
- Patient reports that he does get regular blood draws/labs but doesn't have access to the results. He also does say that he feels that the medical staff (from the doctors to the clinic nurses as well as the nurses who dispense his medications in the housing units) keep him informed and provides follow up teaching on how he can maintain good health and he feels supported.
- Patient says he receives his daily medications at about the same time every day. He says that he cannot remember if there was ever a time when he or staff forgot scheduled medications. Patient confirms that he is aware of which medications he is taking and why he is taking them.
- Patient states that he is satisfied with the medical care he receives but he highlights that this is because of the positive changes he noted since last fall. On a scale of 1-5 (5 being extremely satisfied with care), patient rates his medical care as a 4.5.

Interview #2: Hx of diabetes mellitus type II, hypertension

- Patient reports that he feels he receives adequate follow care secondary to his diagnoses. Patient says that his diabetes was diagnosed when he arrived to GDDF. Since his diagnosis, he has received diabetes teaching and support from the medical staff.

- Patient confirms that he completes daily blood sugar checks and understands the reason for the checks. He also confirms that he is aware of what the blood sugar check results mean as the medical staff does take time to discuss results and provide support.
- Patient feels that the staff has helped keep his blood sugar levels under control with ongoing diabetes education, blood sugar monitoring, medication, and providing proper diet.
- Patient says that access to recreational yard on the roof is limited. Patient understands that getting exercise is important to his diagnoses; a set day/time on the recreational yard is something he feels should be in place.
- Overall, patient rates his medical care a 5 out of 5.

Medical Narrative Summary

Completed by: Christina Yamat, PHN

- 100% of audited charts had a MD diet order matching the special needs of the inmate;
- 100% of audited charts where a special diet was indicated were categorized correctly in the computer system with the prescribed diet for food service to fulfill;
- 94% of special diet orders indicated on the food service computerized list of diets matched the respective diets prescribed.

There is clearly good follow through by the medical staff in the ordering of appropriate therapeutic diets. There is a significant improvement in the communication between medical and the kitchen staff. Special diets are more accurately input into the computer system and in a very timely manner, and inmates are receiving their intended special diet. There is good communication between unit deputies and the kitchen deputies should an inmate not receive his intended tray. The floor deputy either calls or radios to the kitchen deputy and a tray is delivered in a reasonable amount of time to the inmate.

On the units the deputies oversee dispensing of meals at meal time. Inmate workers distribute on floors 4, 5, and 6, and the deputy distributes on floor 1. All deputies interviewed and inmate workers are aware of inmates who are to receive special diets.

One hundred thirty-one (131) inmates were recorded as needing a special diet at the time of inspection. This is a high number in comparison to past inspections. The majority of special diets prescribed are "lowfat/cholesterol/salt" (56), vegetarian (44), allergy/intolerance diets (17), diabetic (7), and hepatic (3). It was noted by medical staff that the allergy/intolerance diets are verified by allergy testing prior to ordering.

A chronic care clinic is available for inmates who have heart disease, diabetes, and HIV.

Two inmates were interviewed. Overall they stated the health care received is very good and the meals they receive are accurate, according to their medical needs.

There are no snack vending machines on inmate units; however, beverage machines are available. The contents of these machines need to change to comply with the Alameda County Nutrition and Physical Activity Policy and Guidelines passed by the Board of Supervisors in October 2009. Currently, water (1 out of 10 choices available) is the only healthy option available from which to choose in some machines. According to the policy, 50% of available beverages in vending machines serviced on County-owned and leased property need to meet the healthy criteria. Additionally, the vending machines in the lobby waiting area need to reflect the same guidelines. Some machines had the calorie level labeled on the selection buttons, according to the new FDA vending machine labeling requirements, enacted December 1, 2016. All machines at this facility need to comply with this new law.

The commissary list was reviewed for healthy options. Very few healthy options are available for inmate selection. It is recommended that some of the lesser healthier options on the list be replaced with healthier options so inmates have an option.

Review 2016 Recommendations

Recommendation 1: Set up a system to insure medically-necessary meals served are in compliance.

[Compliant]

Recommendation 2: Update the Diet Manual in Food Services *[Non Compliant]*

The Diet Manual in Food Services and Medical needs to be reviewed annually and be acknowledged by signature by the overseeing Dietitian and the facility manager.

2017 Recommendation:

Recommendation 1: Update the Diet Manual in Food Services

The Diet Manual located in both Food Services and Medical departments needs to be reviewed annually and be acknowledged by signature by the overseeing Dietitian and the facility manager. The manual in the Medical department is very incomplete. Please review and update. The manual in the kitchen needs to be reviewed and approved via signature.

2017 Suggestions:

1. Improve the appearance of meals

Meals have been noted to be beige and unappealing for several years in a row. Consider changing the menu to add more variation in color. Reconsider recipe for unattractive entrees to improve palatability.

2. Review the vending contract and increase the number of healthful snacks and beverages to a minimum of 50% of the available items

The vending machine in the first floor lobby needs to have calorie information disclosed, based on a new requirement set by the US Food and Drug Administration (FDA).

Per Alameda County Nutrition and Physical Activity Policy and Guidelines passed by the Board of Supervisors in October 2009, at least 50% of vending items served in the vending machines (snack and beverage) need to meet the Healthy Option Criteria for snacks and beverages as outlined below:

Healthy Option Criteria for Snacks:

- a. Have no more than 35% of its calories from total fat (not including nuts & seeds);
- b. Have no more than 10% of its calories from saturated fat.
- c. Have no more than 35% sugar by weight (not including fruits or vegetables).

Healthy Option Criteria for beverages:

- a. No high fructose corn syrup
- b. No more than 12 fluid ounces or more than 200 total calories
- c. At least 40% of all beverages must be non-carbonated
- d. Water and other non-caloric beverages containing neither nutritive or non-nutritive sweeteners
- e. Carbonated or non-carbonated fruit juice beverages containing at least 50% fruit juice, neither nutritive or non-nutritive sweeteners
- f. Beverages with added nutritive sweeteners containing more than 50 calories per 8 ounces, 75 calories per 12 ounces, or 100 total calories per container.

Any questions regarding the Nutritional Health Evaluation can be directed to Annette Laverty, MPH, RD at Alameda County Public Health Department, 510-595-6446 or Annette.Laverty@acgov.org.