



I. Agency Description:

The Volusia County Division of Corrections is a County Correctional Agency that is operated under the Jurisdiction of the Volusia County Council, whose chairman is Frank Bruno.

The Division of Corrections is comprised of two facilities that are both located off U.S. 92, and West of the Daytona Beach City limits. It is also midway between Daytona Beach and Deland, which is the county seat. The first of those facilities is the Correctional Facility (VCCF). It was built in 1977 and has a total rated capacity of 595. This building houses all of our female population, to include those female inmates awaiting transport to state prison sentenced, and non-sentenced, high security and mental health. It also houses county sentenced males and non-sentenced misdemeanor males.

The second of the facilities is the Branch Jail (VCBJ). This building was built in 1987 and has a rated capacity of 899. This building houses all non-sentenced males awaiting transport to state prison as well as all high security and mental health males.

The Division is under the management of Dr. Marilyn Chandler Ford. At the time of this inspection, The Division employs 293 certified correctional officers and 73 non-certified staff. The Division's food service is contracted through Trinity Food Service and the inmate medical care is provided through a contract with Prison Health Services, Inc.

II. Actual Synopsis of Inspection

1. Introduction:

The Annual Inspection of the Volusia County Corrections Facility was conducted on June 4, 2010 by the County Jail Inspection Team.

The pre-inspection briefing was held in the briefing room of the Volusia County Corrections Facility and began at 9 a.m. Lieutenant Reinhardt, and Director Ford welcomed the inspection team.

Sgt. Elms identified himself as the chairman of the inspection team, (replacing Lt. Jones who could not attend). Sgt. Elms thanked Volusia County for opening their doors to the Inspection team and asked each member of the inspection team to introduce themselves. Inspection assignments previously arranged by Lt. Jones and escorts had been previously arranged by Lt. Reinhardt of Volusia County.

2. Inspection process:

Florida Model Jail Standards Checklist dated January 1, 2010 was utilized for this inspection.

The teams and escorts proceeded to their assigned areas with their escorts to conduct the inspection. During the course of the inspection, CJI inspectors made visual observations, interviewed staff, and reviewed documentation to clarify questions concerning facility operations. Inmates were interviewed by CJI inspectors who asked general questions concerning inspection issues.

Listed below are the CJI team member and their escorts.

Volusia County Branch Jail Inspector and Escort Assignments

TEAM	INSPECTOR(S)	AREA INSPECTED	ESCORT(S)
1	Lt. James Forrest Lt. Nathan Brown	Units 2, 3, 4,&7	Sgt. Lowenstein
2	Lt. Don Harnest Sgt. Floyd Elms	Units 5, 6, 8 &9	Sgt. Johnson
3	Jason Wheeler Capt. M. Calhoun Sgt. Henry (Observer)	Case Mngment, Kitchen Laundry, Units 1, 10, 11, & 12	Lt. Langdon
4	Ofc. Terrial Burger	Control Room, Booking ID & Receiving & Documentation	Lt. Reinhardt

Volusia County Correctional Facility Jail Inspector and Escort Assignments

5	Major Bryant Gant Sgt. David Boldin	Control Room, South & West Wings All Male Dorms	Sgt. Rodriguez
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6. Sgt. Roberta Thomas I/D, Receiving, Laundry Sgt. Henkle
Sgt. Deborah Fleury Case Mngment, Female
Dorms East and West
Wings

Medical Unit Inspection

Lead Inspector –Renee Leonard-Blunt, Orange County
Christine Edmund, Orange
Jean Barthelemy, Osceola

The Florida Model Jail Standards Medical Inspection report will be delivered separate from this Report.

Compliance Issues

During the course of this inspection, no **serious** violations were noted.

The following notable violations were observed. The violations were generally related to maintenance issues.

1. Compliance Issues:

#39 _ Light fixture painted over Unit 3B#12

#171_ Pests in shower area Unit 2 Block "B"

2. Conclusion:

During the exit interview, Sgt. Elms informed Dr. Ford and her staff that they had no serious violations and only two notable violations, which were corrected immediately.

Individual inspectors praised the Staff of the Volusia County Correctional Facilities on their professionalism and knowledge, and their relationship with their Maintenance staff. Sgt. Elms said that the fact that the inspection team had over 200 years of combined experience and they could not find violations of FMJS in Volusia's 33 and 23 year old buildings spoke volumes about the administration and staff of Volusia county Corrections.

5. Limitation of Liability:

The listed inspectors, who are members of the County Jail Inspection Team, compiled this report in accordance with the Memorandum of Understanding signed by Volusia County. The CJI team only warrants that on the date of the above inspection, the Volusia County Division of Corrections facilities met or exceeded the Florida Model Jail Standards as set forth in this report. Pursuant to State law, the facilities must maintain the operation of the jails at the standards provided by the Florida Model Jail Standards. However, the CJI team is not responsible for Volusia County Division of Corrections continued adherence with these standards subsequent to the date of this inspection.

The ultimate responsibility for the proper operation of the facilities and adherence with minimum standards rests solely with the individual or entity designated as the Chief Correctional Officer of the Volusia County Division of Corrections, Dr. Marilyn Ford. Dr. Marilyn Ford hereby agrees to release and hold harmless the CJI team, to the extent allowed by law, from any and all liability, losses or damages, including attorney fees and cost of defense, which the Chief Correctional Officer or the officers, employees and agents may incur as a result of claims, demands, suits, causes or actions or proceedings of any kind or nature arising out of, resulting to, or resulting from the jail inspection process. I further certify that the listed inspectors' certifications for this inspection were current as required by Florida Model Jail Standard 2.02.

Name, title and signature of Inspection Chairperson

III. Appendix C:

Completed final FMJS inspection report reflecting all yes, no or n/a fields complete with appropriate comments.

IV. Fire Safety Inspection Report:

Fire Inspection reports attached

V. Quarterly Food Service Inspection Reports:

All four inspection reports from the County Health Department attached

VI. Medical Inspection:

1. Synopsis of Medical Inspection Process:

Overview of inspection process, those present representing the host county, along with detailed assignments to include how the inspection was conducted, impression of the facility and staff. Discuss any special observations both positive and negative relative to the Florida Model Jail Standards. Note any repetitive inmate complaints or lack thereof.

2. Compliance Issues:

List of actual compliance issues separated into serious and notable. Provide the standard reference along with the observation.

3. Appendix D:

Completed final FMJS Medical inspection report reflecting all yes, no or n/a fields complete with appropriate comments.

Received
7/16/10

RECEIVED
JUN 23 2010

BY *[Signature]*



Chairperson

Sgt. Floyd Elms

Manatee County

VOLUSIA COUNTY DIVISION OF CORRECTIONS

JAIL INSPECTION

JUNE 4, 2010



I. Agency Description:

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Sgt. Deborah Fleury Case Mngment, Female
Dorms East and West
Wings

Medical Unit Inspection

Lead Inspector –Renee Leonard-Blunt, Orange County
Christine Edmund, Orange
Jean Barthelemy, Osceola

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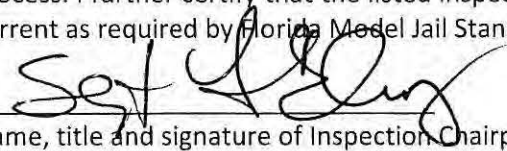
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Name, title and signature of Inspection Chairperson

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List of actual compliance issues separated into serious and notable. Provide the standard reference along with the observation.

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Completed final FMJS Medical inspection report reflecting all yes, no or n/a fields complete with appropriate comments.



Inter-Office Memorandum

To: Marilyn Chandler Ford, Ph.D., CJM, Director
From: Lt. Matt Reinhart *MR*
Compliance/Safety Officer
Date: June 14, 2010
Re: 2010 FMJS Inspection Results and Corrective Action

On June 4, 2010 our yearly F.M.J.S. inspection was conducted by the C.J.I. Team of both the Branch Jail and the Correctional Facility. The inspection team found no serious violations at either institution. Two (2) notable violations were discovered at the Branch Jail and none at the Correctional Facility. Notice of the corrective action has been forwarded Sgt. Jeff Owens of the Marion County Sheriff's Office. The Branch's notable violations and corrective actions are as follows:

Section 5.08 (b)(4)(5)(c)(1)(2); Standard #39: Are cells adequately ventilated and illuminated?

Comment: A light fixture was discovered to be painted over.

Correction: New light cover ordered to replace this.

Section 12.10; Standard #171: Is the facility free of vermin?

Comment: Pests consisted of two flies in shower of Unit 2-B block.

Correction: Pest Control Notified and this area has since been treated.

c: Sgt. J. Owens, Marion County Sheriff's Office
AD L. Neel
Warden B. Masker, VCBJ
Warden M. Pronovost, VCCF

Introduction

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Inspection Process:

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- | | | | |
|---|--|--|---------------|
| 2 | Lt. Don Harnest
Sgt. Floyd Elms | Units
5, 6, 8 & 9 | Sgt. Johnson |
| | | | |
| 3 | Jason Wheeler
Capt. M. Calhoun
Sgt. Henry (Observer) | Case Mngmnt, Kitchen
Laundry,
Units 1, 10, 11, & 12 | Lt. Langdon |
| | | | |
| 4 | Ofc. Terrial Burger | Control Room, Booking
ID & Receiving &
Documentation | Lt. Reinhardt |

Volusia County Correctional Facility Jail Inspector and Escort Assignments

- | | | | |
|----|--|--|----------------|
| 5 | Major Bryant Gant
Sgt. David Boldin | Control Room,
South & West Wings
All Male Dorms | Sgt. Rodriguez |
| | | | |
| 6. | Sgt. Roberta Thomas
Sgt. Deborah Fleury | I/D, Receiving, Laundry
Case Mngmnt, Female
Dorms East and West
Wings | Sgt. Henkle |

Medical Unit Inspection

**Lead Inspector –Renee Leonard-Blunt, Orange County
Christine Edmund, Orange
Jean Barthelemy, Osceola**

The Florida Model Jail Standards Medical Inspection report will be delivered separate from this Report.

Compliance Issues

During the course of this inspection, no **serious** violations were noted.

The following notable violations were observed.

Housing

F.M.J.S. Sec. 5.05 (c) (1) Artificial lighting which is of at least 20 foot-candles at 30 inches above the floor;

Observation: Unit 3B #12 Light fixtures painted over

Sanitation

F.M.J.S. Sec. 12.10 which states.. Insect and Rodent Control - Detention facilities shall be kept free of all insects and rodents. A program to control vermin (e.g., pest control) in all areas of the detention facility will be maintained on a scheduled basis. All outside openings shall be effectively sealed or screened to prevent entry of insects or rodents. All pesticides used to control insects or rodents shall be applied in accordance with instructions and cautions on the registered product label. Persons applying restricted use pesticides shall be certified by the State of Florida. Facilities not having certified pest control operators shall utilize commercial licensed pest control companies.

Observation: Unit 2 Block "B" Pests in shower area

Volusia County Branch Jail 2010

Inspection

Inspector & Escort Assignments

<u>Area</u>	<u>Inspector</u>	<u>Escort</u>
Units 2, 3, 4 & 7	Lt. James Forrest Lt. Nathan Brown	Sgt. Lowentein
Units 5, 6, 8 & 9	Lt. Don Harnest Sgt. Floyd Elms	Sgt. Johnson
Case Mngt., Kitchen, Laundry, Units 1, 10, 11 & 12	Jason Wheeler Capt. M. Calhoun Sgt. J. Henry (Observer)	Lt. Langdon
Control Room, Booking ID & Receiving & Documentation	Ofc. Terrial Burger	Lt. Reinhart

Volusia County Correctional Facility

Inspector & Escort Assignments

<u>Area</u>	<u>Inspector</u>	<u>Escort</u>
Control Room, Kitchen South & West Wings & All Male Dorms	Major Bryant Grant Sgt. David Boldin	Sgt. Rodriguez
I/D & Rec. Laundry, Case Mngt., Female Dorms, East & North Wings	Sgt. Roberta Thomas Sgt. Deborah Fleury	Sgt. A. Henkle



May 11, 2010

Marilyn Chandler Ford, Corrections Director
Volusia County Department of Public Protection
Caller Service 2865
1300 Red John Drive
Daytona Beach, FL 32120-2865

RE: Request for Medical Inspector

Dear Director Ford:

We would be honored to provide a medical inspector to assist you with your Annual Florida Jail Standards Medical Inspection on June 4, 2010. MCSO Deputy Patricia Rhodes, R.N. will be present to assist with the medical inspection.

If you have any questions, please feel free to contact Captain Anthony Ackles at (941) 747-3011, extension 2907.

Thank you.

Sincerely,

W. BRAD STEUBE, Sheriff
Manatee County, Florida

Major Jamey Higginbotham
Deputy Bureau Chief

cc: Sheriff W. Brad Steube
Colonel John C. Hagaman
Major William Slaybaugh, Polk County S.O.
Kathy Edwards, Polk County S. O.

JFH/cje



May 6, 2010

Corrections Director Marilyn Chandler Ford
Volusia County Department of Public Protection
Corrections Division
Caller Service 2865
Daytona Beach FL 32120-2865

Dear Director Ford:

This is to notify you that the Manatee County Sheriff's Office is pleased to conduct a Florida Model Jail Standards inspection of your Division of Corrections on June 4, 2010 at 0900 hours. The Chairperson of the inspection team will be Lt. Susan Jones, and she can be reached at (941) 747-3011 extension 2937 or 2929.

Please do not hesitate to contact me at extension 2922 if I can be of further assistance.

Sincerely,

Major Jamey Higginbotham
Corrections Bureau Chief

cc: Colonel John C. Hagaman
Major William Slaybaugh, Polk County S. O.
Kathy Edwards, Polk County S. O.

Forward to
Mr. Chandler
5/10/10

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> ROUTINE | <input checked="" type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> OTHER _____ | |

**FOOD SERVICE
INSPECTION REPORT**

NAME Valerie County Jail CITY Daytona
Valerie County Jail ZIP 32117
Valerie County Jail PHONE 386-274-0677

1			
2	AM	2	AM
3	PM	3	PM
4			
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7			
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<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input checked="" type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

☒ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☐ Next Inspection
☐ 8:00 AM on:

05
06
07
08
09
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11
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14

☐ OUT OF BUSINESS

FOOD SUPPLIES

- ☐ 1. Sources, etc.

FOOD PROTECTION

- ☐ 2. Stored temperature
☐ 3. No further cooking/Rapid cooling
☐ 4. Thawing
☐ 5. Raw fruits
☐ 6. Pork cooking
☐ 7. Poultry cooking
☐ 8. Other animal cooking
☐ 9. Least contact/Reheating
☐ 10. Food container
☐ 11. Buffet requirements
☐ 12. Self-service condiments
☐ 13. Reservice of food

- ☐ 14. Sneeze guards

- ☐ 15. Transportation of food
☐ 16. Poisonous/Toxic materials

PERSONNEL

- ☐ 17. Exclusion of personnel
☐ 18. Cleanliness
☐ 19. Tobacco use
☐ 20. Handwashing
☐ 21. Handling of dishware

EQUIPMENT/UTENSILS

- ☐ 22. Refrigeration facilities/Thermometers
☐ 23. Sinks
☐ 24. Ice storage/Counter-protector
☐ 25. Ventilation/Storage/Sufficient equipment
☐ 26. Dishwashing facilities

- ☐ 27. Design and fabrication

- ☐ 28. Installation and location
☐ 29. Cleanliness of equipment
☐ 30. Methods of washing

**SANITARY FACILITIES
AND CONTROLS**

- ☐ 31. Water supply
☐ 32. Ice
☐ 33. Sewage
☐ 34. Plumbing
☐ 35. Toilet facilities
☐ 36. Handwashing facilities
☐ 37. Garbage disposal
☐ 38. Vermin control

OTHER FACILITIES

- ☐ 39. Other facilities and operations
TEMPORARY FOOD SERVICE EVENTS

TEMPORARY FOOD SERVICE EVENTS

- ☐ 40. Temporary food service events
VENDING MACHINES

VENDING MACHINES

- ☐ 41. Vending machines

MANAGER CERTIFICATION

- ☐ 42. Manager certification

CERTIFICATES AND FEES

- ☐ 43. Certificates and fees

INSPECTION/ENFORCEMENT

- ☐ 44. Inspection/Enforcement

**ITEM
NUMBERS**

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

Dishwasher - W-160, R-200, S-165°F, violation corrected.
 NOTE - Please institute monitoring program to verify operating temperature
 meet manufacturer specs on daily basis.

HEALTH DEPARTMENT INSPECTOR: R. M. [Signature]

PHONE: 274-0677

COPY OF REPORT RECEIVED BY: [Signature]

DATE: 7/21/07

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ☒ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ OTHER
☐ OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT: Volusia County Jail
 ADDRESS: 1354 Indian Lake Rd. CITY: Dunedin
 COUNTY: Volusia ZIP: 34120
 PERSON IN CHARGE: Mike Underwood PHONE: 274-1515

RESULTS

☒ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☒ Next Inspection
☐ 8:00 AM on:

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- ☐ Hospital
☐ Nursing
☒ Detention
☐ Lounge
☐ Civic
☐ Movie
☐ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

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14
OUT OF BUSINESS

FOOD SUPPLIES <input type="checkbox"/> 1. Sources, etc. FOOD PROTECTION <input type="checkbox"/> 2. Stored temperature <input type="checkbox"/> 3. No further cooking/Rapid cooling <input type="checkbox"/> 4. Thawing <input type="checkbox"/> 5. Raw fruits <input type="checkbox"/> 6. Pork cooking <input type="checkbox"/> 7. Poultry cooking <input type="checkbox"/> 8. Other animal cooking <input type="checkbox"/> 9. Least contact/Reheating <input type="checkbox"/> 10. Food container <input type="checkbox"/> 11. Buffet requirements <input type="checkbox"/> 12. Self-service condiments <input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Poisonous/Toxic materials PERSONNEL <input type="checkbox"/> 17. Exclusion of personnel <input type="checkbox"/> 18. Cleanliness <input type="checkbox"/> 19. Tobacco use <input type="checkbox"/> 20. Handwashing <input type="checkbox"/> 21. Handling of dishware EQUIPMENT/UTENSILS <input checked="" type="checkbox"/> 22. Refrigeration facilities/Thermometers <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/Counter-protector <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment <input type="checkbox"/> 26. Dishwashing facilities	<input type="checkbox"/> 27. Design and fabrication <input type="checkbox"/> 28. Installation and location <input type="checkbox"/> 29. Cleanliness of equipment <input type="checkbox"/> 30. Methods of washing SANITARY FACILITIES AND CONTROLS <input type="checkbox"/> 31. Water supply <input type="checkbox"/> 32. Ice <input type="checkbox"/> 33. Sewage <input type="checkbox"/> 34. Plumbing <input type="checkbox"/> 35. Toilet facilities <input checked="" type="checkbox"/> 36. Handwashing facilities <input type="checkbox"/> 37. Garbage disposal <input type="checkbox"/> 38. Vermin control	OTHER FACILITIES AND OPERATIONS <input checked="" type="checkbox"/> 39. Other facilities and operations TEMPORARY FOOD SERVICE EVENTS <input type="checkbox"/> 40. Temporary food service events VENDING MACHINES <input type="checkbox"/> 41. Vending machines MANAGER CERTIFICATION <input type="checkbox"/> 42. Manager certification CERTIFICATES AND FEES <input type="checkbox"/> 43. Certificates and fees INSPECTION/ENFORCEMENT <input type="checkbox"/> 44. Inspection/Enforcement
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ITEM NUMBERS: Dishwasher - w-160 R-190 **COMMENTS AND INSTRUCTIONS** Serving Line - Macaroni - 145°F
 (continue on attached sheet) All other items 165°F.

22a Portion of gasket missing on walk-in freezer door; other parts loose. Please replace/rep.
 22b Turn upright freezer condensate line leaking into food items/freezer ice. Please repair.
 36. Handwash sink must have paper towels at all times. (corrected while onsite)
 39. SECOND NOTICE - Thermometer on bulk cooler broken -
 NOTE - Failure to correct 2nd notice item will result in "unsat" rating.

HEALTH DEPARTMENT INSPECTOR: Rod May Jr PHONE: 274-0697
 COPY OF REPORT RECEIVED BY: Melvin Stelter DATE: 12-14-09

FOOD SERVICE

FOOD SERVICE

FOOD SERVICE

EASTERN BUSINESS FORMS, INC. 386-758-4273

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**

**FOOD SERVICE
INSPECTION REPORT**

**PURPOSE:**

- ☒ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ OTHER
☐ OTHER

NAME OF ESTABLISHMENT Volusia County Jail
 ADDRESS 1354 Indian Lake Rd CITY Daytona Beach
 OWNER Volusia County ZIP 32120
 PERSON IN CHARGE Anne Underwood PHONE 254-1583

RESULTS

- ☒ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by
☒ Next Inspection
☐ 8:00 AM on:

DATE

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☐ OUT OF BUSINESS

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TYPE
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<input type="checkbox"/> Nursing
<input checked="" type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

This number below is the number of the Chapter 455 of the Florida Administrative Code and must be entered. Continued operation of this establishment making these corrections is a violation of Chapter 455 of the Florida Administrative Code and Chapter 455 of the Florida Statutes. Violations are subject to the state and local health department for administrative fine or other legal action as appropriate.

FOOD SUPPLIES

- ☐ 1. Sources, etc.

FOOD PROTECTION

- ☒ 2. Stored temperature
☒ 3. No further cooking/Rapid cooling
☐ 4. Thawing
☐ 5. Raw fruits
☐ 6. Pork cooking
☐ 7. Poultry cooking
☐ 8. Other animal cooking
☐ 9. Least contact/Reheating
☐ 10. Food container
☐ 11. Buffet requirements
☐ 12. Self-service condiments
☐ 13. Reservice of food

- ☐ 14. Sneeze guards

- ☐ 15. Transportation of food

- ☐ 16. Poisonous/Toxic materials

PERSONNEL

- ☐ 17. Exclusion of personnel
☐ 18. Cleanliness
☐ 19. Tobacco use
☐ 20. Handwashing
☐ 21. Handling of dishware

EQUIPMENT/UTENSILS

- ☒ 22. Refrigeration facilities/Thermometers
☐ 23. Sinks
☐ 24. Ice storage/Counter-protector
☐ 25. Ventilation/Storage/Sufficient equipment
☐ 26. Dishwashing facilities

- ☐ 27. Design and fabrication

- ☐ 28. Installation and location

- ☐ 29. Cleanliness of equipment

- ☐ 30. Methods of washing

SANITARY FACILITIES AND CONTROLS

- ☐ 31. Water supply
☐ 32. Ice
☐ 33. Sewage
☐ 34. Plumbing
☐ 35. Toilet facilities
☐ 36. Handwashing facilities
☐ 37. Garbage disposal
☐ 38. Vermin control

OTHER FACILITIES**AND OPERATIONS**

- ☐ 39. Other facilities and operations

TEMPORARY FOOD SERVICE EVENTS

- ☐ 40. Temporary food service events

VENDING MACHINES

- ☐ 41. Vending machines

MANAGER CERTIFICATION

- ☐ 42. Manager certification

CERTIFICATES AND FEES

- ☐ 43. Certificates and fees

INSPECTION/ENFORCEMENT

- ☐ 44. Inspection/Enforcement

ITEM NUMBERS**COMMENTS AND INSTRUCTIONS**
(continue on attached sheet)

- 2,3 Observed pans of leftovers at 46-53°F. Foods must chill to 41°F or less within 4hrs. Please use approved cooling methods. Items disposed.
22. Light socket dangling in TRUE upright fridge. Please properly secure or remove.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT



PURPOSE:

- ☒ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ OTHER
☐ OTHER

FOOD SERVICE
INSPECTION REPORT

NAME OF ESTABLISHMENT Volusia County Branch Jail
ADDRESS 1300 Rio John CITY Daytona Beach
OWNER State ZIP 32129
PERSON IN CHARGE _____ PHONE _____

RESULTS

- ☒ Satisfactory
☐ Incomplete
☐ Unsatisfactory
Correct Violations by
☒ Next Inspection
☐ 8:00 AM on:

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DATE
08/30/97
01/01/05
01/02/06
01/03/07
01/04/08
01/05/09
01/06/10
01/07/11
01/08/12
01/09/13
01/10/14

POSITIONS
69037
01/01/05
01/02/06
01/03/07
01/04/08
01/05/09
01/06/10
01/07/11
01/08/12
01/09/13
01/10/14

CERTIFICATE NUMBER
64-48-00344
01/01/05
01/02/06
01/03/07
01/04/08
01/05/09
01/06/10
01/07/11
01/08/12
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TYPE
☐ Hospital
☐ Nursing
☒ Detention
☐ Lounge
☐ Civic
☐ Movie
☐ School
☐ Residen.
☐ Child
☐ Limited
☐ Other

DATE
01/01/05
01/02/06
01/03/07
01/04/08
01/05/09
01/06/10
01/07/11
01/08/12
01/09/13
01/10/14
☐ OUT OF BUSINESS

FOOD SUPPLIES
☐ 1. Sources, etc.
FOOD PROTECTION
☒ 2. Stored temperature
☒ 3. No further cooking/Rapid cooling
☐ 4. Thawing
☐ 5. Raw fruits
☐ 6. Pork cooking
☐ 7. Poultry cooking
☐ 8. Other animal cooking
☐ 9. Least contact/Reheating
☐ 10. Food container
☐ 11. Buffet requirements
☐ 12. Self-service condiments
☐ 13. Reservice of food
☐ 14. Sneeze guards
☐ 15. Transportation of food
☐ 16. Poisonous/Toxic materials
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☐ 17. Exclusion of personnel
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☐ 19. Tobacco use
☐ 20. Handwashing
☐ 21. Handling of dishware
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☐ 23. Sinks
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☒ 25. Ventilation/Storage/Sufficient equipment
☒ 26. Dishwashing facilities
☐ 27. Design and fabrication
☐ 28. Installation and location
☐ 29. Cleanliness of equipment
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TEMPORARY FOOD
SERVICE EVENTS
☐ 40. Temporary food service events
VENDING MACHINES
☐ 41. Vending machines
MANAGER CERTIFICATION
☐ 42. Manager certification
CERTIFICATES AND FEES
☐ 43. Certificates and fees
INSPECTION/ENFORCEMENT
☐ 44. Inspection/Enforcement

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

- 22 Milk fridge holding items at 43°F ^{MUST} hold at 41°F or less at all times.
3 leftover items not chilled to 41°F with 4 hrs of cooking/serving. Please use approved chilling methods. Items stop sale & disposed.
22. CFC FRIDGE - Clean condenser fan & coil; Replace rusted condenser housing so that condensate does not drip into food; Replace torn gaskets.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT



Date 8-13-09

Identification No. 64-48-00344

Comments and Instructions (Continued from Page 1):

- 22b - Milk condensate pan draining unto milk. Please unplug drain line, eliminate drip.
- 22c - Colotek frieg-e missing handle. Please replace.
- 26a Adjust dishwasher wash temperature to ~~the~~ manufacturer specifications (140°F or more).
- 26b - Replace ~~the~~ worn dishwasher skirts.

Copy of Report Received by

B. Macey

Inspector

R. Mayhew

Page 2 83

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ☒ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ OTHER
☐ OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Volusia County Branch Jail
ADDRESS 1300 Reh John CITY Daytona Beach
OWNER Same ZIP 32124
PERSON IN CHARGE Monica Smith PHONE 255-8006

RESULTS

- ☒ Satisfactory
☐ Incomplete
☐ Unsatisfactory
Correct Violations by
☒ Next Inspection
☐ 8:00 AM on:

BEGIN	END
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
12/4/09
00/00/05
01/01/06
02/02/07
03/03/08
04/04/09
05/05/10
06/06/11
07/07/12
08/08/13
09/09/14

POSITION #
69037
000000
010101
020202
030303
040404
050505
060606
070707
080808
090909

CERTIFICATE NUMBER
64-48-00344
00000000
01010101
02020202
03030303
04040404
05050505
06060606
07070707
08080808
09090909

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input checked="" type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
00/00/05
01/01/06
02/02/07
03/03/08
04/04/09
05/05/10
06/06/11
07/07/12
08/08/13
09/09/14

☐ OUT OF BUSINESS

Items marked below violate the requirements of Chapter 64B-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64B-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

FOOD SUPPLIES	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES
<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	AND OPERATIONS
FOOD PROTECTION	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<input type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 2. Stored temperature	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	TEMPORARY FOOD
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES	SERVICE EVENTS
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 18. Cleanliness	AND CONTROLS	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 31. Water supply	VENDING MACHINES
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 33. Sewage	MANAGER CERTIFICATION
<input type="checkbox"/> 8. Other animal cooking	EQUIPMENT/UTENSILS	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 35. Toilet facilities	CERTIFICATES AND FEES
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 37. Garbage disposal	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 13. Reserve of food	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS Walk in Fridge - 40°F (juice) COMMENTS AND INSTRUCTIONS Dishwasher - W-160, R-195
Milk Fridge - 37°F, Freezer - 20°F (continue on attached sheet)

3. SECOND NOTICE - Leftover items not chilled to 41°F within 4 hours.
Please use approved chilling methods. Items disposed (~20 lbs bears)

22. SECOND NOTICE - CRC FRIDGE - RUSTED CONDENSER HOUSING dripping into unit.
Please repair and eliminate, replace RUSTED housing.

26. Dishwasher belt broken, being repaired at time of inspection.

NOTE - High temp Dishwasher converted to bleach/chemical by PRIDE.

HEALTH DEPARTMENT INSPECTOR: Rocky Mark PHONE: 274-0697
COPY OF REPORT RECEIVED BY: Monica Smith DATE: 12/14/09
DH Form 4023, 1/05 (Obsoletes Previous Editions)

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ☒ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ OTHER
☐ OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT: Volusia County Beach Jr. 1
 ADDRESS: 1300 Red John CITY: Daytona Beach
 OWNER: Sore ZIP: 32124
 PERSON IN CHARGE: Monica Smith PHONE: 255-8016

RESULTS

☒ Satisfactory
☐ Incomplete
☐ Unsatisfactory
 Correct Violations by: Next Inspection
 8:00 A.M. on:

DATE		POSITION #		TEMPERATURE		TYPE		TIME	
1	03	02	10	69	57	47	48	00	30
2	05	05	05	06	06	06	06	06	06
3	10	10	10	06	06	06	06	06	06
4	15	15	15	06	06	06	06	06	06
5	20	20	20	06	06	06	06	06	06
6	25	25	25	06	06	06	06	06	06
7	30	30	30	06	06	06	06	06	06
8	35	35	35	06	06	06	06	06	06
9	40	40	40	06	06	06	06	06	06
10	45	45	45	06	06	06	06	06	06
11	50	50	50	06	06	06	06	06	06
12	55	55	55	06	06	06	06	06	06

FOOD SUPPLIES

☐ 1. Sources, etc.
☐ 2. Stored temperature
☐ 3. No further cooking/Rapid cooling
☐ 4. Thawing
☐ 5. Raw fruits
☐ 6. Pork cooking
☐ 7. Poultry cooking
☐ 8. Other animal cooking
☐ 9. Least contact/Reheating
☐ 10. Food container
☐ 11. Buffet requirements
☐ 12. Self-service conditions
☐ 13. Reservice of food

FOOD PROTECTION

☐ 14. Transportation of food
☐ 15. Exclusion of personnel
☐ 16. Cleanliness
☐ 17. Handwashing
☐ 18. Handling of dishware
☐ 19. Dishwashing facilities
☐ 20. Dishwashing facilities

PERSONNEL

☐ 21. Exclusion of personnel
☐ 22. Cleanliness
☐ 23. Handwashing
☐ 24. Handling of dishware
☐ 25. Dishwashing facilities
☐ 26. Dishwashing facilities

EQUIPMENT/UTENSILS

☐ 27. Garbage disposal
☐ 28. Vermin control
☐ 29. Vermin control
☐ 30. Vermin control

ITEM NUMBERS

2, 22 Dishwasher - W-165°F / R-190°F
 10 Walk-in Refrigerator holding foods at 45°F. Must hold 40°F or below.
 26 Floor drains within 5 feet of 3-compartment sink must be air-gapped.
 30 Wipe cloths must be stored in sanitizer solution between uses.

COMMENTS AND INSTRUCTIONS

(continue on attached sheet)
 Serving Line - Banquet hall - Hamburgers - 175°F
 Must hold 165°F for 15 seconds.

HEALTH DEPARTMENT INSPECTOR: Rod M. G. PHONE: 274-0697
 COPY OF REPORT RECEIVED BY: Barbara Macay DATE: 3-2-10
 DH Form 4023, 1/05 (Obsoletes Previous Editions)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT

FOOD SERVICE
INSPECTION REPORT



PURPOSE:

- ☒ ROUTINE ☐ REINSPECTION
☐ CONSTRUCT. ☐ CHANGE OF OWNER
☐ COMPLAINT ☐ CONSULTATION
☐ QA SURVEY ☐ OTHER
☐ OTHER

NAME OF ESTABLISHMENT Volusia County Branch Jail
ADDRESS 1300 Red John CITY Daytona Beach
OWNER Same ZIP 32124
PERSON IN CHARGE Barbara MACEY PHONE 255-8006

RESULTS

- ☒ Satisfactory
☐ Incomplete
☐ Unsatisfactory
Correct Violations by
☒ Next Inspection
☐ 8:00 AM on:

BEGIN	END
1 00	1 00
2 05 AM	2 05 AM
3 10 PM	3 10 PM
4 15	4 15
5 20	5 20
6 25	6 25
7 30	7 30
8 35	8 35
9 40	9 40
10 45	10 45
11 50	11 50
12 55	12 55

DATE
05 28 10
01 01 05
02 01 06
03 01 07
04 01 08
05 01 09
06 01 10
07 01 11
08 01 12
09 01 13
10 01 14

POSITION #
69037
01 01 01
02 01 02
03 01 03
04 01 04
05 01 05
06 01 06
07 01 07
08 01 08
09 01 09
10 01 10

CERTIFICATE NUMBER
64-48-00344
01 01 01
02 01 02
03 01 03
04 01 04
05 01 05
06 01 06
07 01 07
08 01 08
09 01 09
10 01 10

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input checked="" type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE
01 01 05
02 01 06
03 01 07
04 01 08
05 01 09
06 01 10
07 01 11
08 01 12
09 01 13
10 01 14

☐ OUT OF BUSINESS

Items marked below violate the requirements of Chapter 64B-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64B-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

FOOD SUPPLIES

- ☐ 1. Sources, etc.

FOOD PROTECTION

- ☐ 2. Stored temperature
☐ 3. No further cooking/Rapid cooling
☐ 4. Thawing
☐ 5. Raw fruits
☐ 6. Pork cooking
☐ 7. Poultry cooking
☐ 8. Other animal cooking
☐ 9. Least contact/Reheating
☐ 10. Food container
☐ 11. Buffet requirements
☐ 12. Self-service condiments
☐ 13. Reservice of food

- ☐ 14. Sneeze guards

- ☐ 15. Transportation of food

- ☒ 16. Poisonous/Toxic materials

PERSONNEL

- ☐ 17. Exclusion of personnel
☐ 18. Cleanliness
☐ 19. Tobacco use
☐ 20. Handwashing
☐ 21. Handling of dishware

EQUIPMENT/UTENSILS

- ☒ 22. Refrigeration facilities/Thermometers
☐ 23. Sinks
☐ 24. Ice storage/Counter-protector
☐ 25. Ventilation/Storage/Sufficient equipment
☒ 26. Dishwashing facilities

- ☐ 27. Design and fabrication

- ☐ 28. Installation and location

- ☐ 29. Cleanliness of equipment

- ☐ 30. Methods of washing

SANITARY FACILITIES

AND CONTROLS

- ☐ 31. Water supply
☐ 32. Ice
☐ 33. Sewage
☐ 34. Plumbing
☐ 35. Toilet facilities
☐ 36. Handwashing facilities
☐ 37. Garbage disposal
☐ 38. Vermin control

OTHER FACILITIES

AND OPERATIONS

- ☐ 39. Other facilities and operations.

TEMPORARY FOOD

SERVICE EVENTS

- ☐ 40. Temporary food service events

VENDING MACHINES

- ☐ 41. Vending machines

MANAGER CERTIFICATION

- ☐ 42. Manager certification

CERTIFICATES AND FEES

- ☐ 43. Certificates and fees

INSPECTION/ENFORCEMENT

- ☐ 44. Inspection/Enforcement

ITEM
NUMBERSCOMMENTS AND INSTRUCTIONS
(continue on attached sheet)

16. Please mark chemical bottles with for contents.
22a Please clean compressor evaporator coil on walk-in freezer @
22b Ice buildup on walk-in freezer door. Please eliminate
26 SECOND NOTICE - 3-compartment sink must have air-gapped drain.
Frimoes - all fridges 41°F or less; (milk, eggs 41°F); Dishwasher - 160/180/5-1604



Fire Safety Management Inspection Report

Volusia County Fire Services

125 W. New York Ave., Suite 220

DeLand, FL 32720-5415

Daytona Beach (407) 254-4657

DeLand (407) 736-5941

New Smyrna Beach (407) 423-3357

Business	Volusia County Branch Jail	Occupancy Type	Cor	Inspection Type	AN
Address	1300 Red John Dr.	City	DB	Business Phone	386-254-1555
Business Owner		Owner Phone		Permit Number	
Contact Person		Contact Phone		Station	15
				Quad	1

Hydrant	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Central	<input checked="" type="checkbox"/> Dry	Tank	<input type="checkbox"/> Aboveground	<input type="checkbox"/> Underground	Gals.	<input type="checkbox"/> Pond	Sprinkler	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Fire Pump	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Other:
Standpipe	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Alarm	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Hood System	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Hazardous Materials	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Occupant Load				

Item	Noted Violation(s)	Corrected Date	Insp.
1	OK		
2	OK		
3/4	OK		
5	OK		
6	at expired 04/10. Current tag indicator 11/09		
7	OK (02/10)		
9	OK		
11	OK		
12	Current system is in trouble, switching out sensors		
14	Dead End		

Item	Noted Violation(s)	Corrected Date	Insp.
16	Trash/Debris/Vegetation		
17	Fire Drill Log (NFPA 1-Ch. 10)		
18	Fire Evacuation Plan		
19	Coordinated Log		
20	Fire Pump Log		

Fire Safety Inspector

Inspection Date 05/25/10

Page 1 of 2

Ext. 2911



Daytona Beach

DeLand 736-5941

New Smyrna Beach 423-3357

Osteen
(407) 574-0598

Business Volusia County Branch Pa. 1

Occupancy Type	CR
----------------	----

Inspection Type	Inspection Date	Inspector	Findings	Recommendations
Visual Inspection	2023-10-26	John Doe	Minor surface corrosion observed on the left side of the hull.	Apply anti-rust paint to affected areas.
Structural Inspection	2023-10-26	John Doe	No significant structural damage or deformation detected.	Continue regular monitoring.
Electrical System Inspection	2023-10-26	John Doe	All electrical components are functioning properly.	Check battery levels regularly.
Engine Inspection	2023-10-26	John Doe	Engine oil level is low.	Top up engine oil to recommended level.
Propeller Inspection	2023-10-26	John Doe	Propeller blades are clean and free of fouling.	Inspect propeller for damage during next inspection.
Interior Inspection	2023-10-26	John Doe	Interior surfaces are in good condition.	Check for any water leaks or moisture.
Navigation Equipment Inspection	2023-10-26	John Doe	Navigation equipment is operational.	Update software if available.
Safety Equipment Inspection	2023-10-26	John Doe	All safety equipment is present and functional.	Check expiration dates for life jackets.
Documentation Inspection	2023-10-26	John Doe	Logbook entries are complete and accurate.	Keep records up to date.

42

Address 1300 Red John Dr

City 123

Business Phone 787 721-1755

Item | Noted Violation(s)

Corrected Date: Insp.

Excellent

17 Good & Perfect times

18 10501

19 OK d current

20 OK & current

Page 2 of 2

Inspection Date: 05/25/10

Fire Safety Inspector

1994

2911



Fire Safety Management Inspection Report

Volusia County Fire Services

125 W. New York Ave., Suite 220

DeLand, FL 32720-5415

Daytona Beach (C) 254-4657

DeLand 736-5941

New Smyrna Beach 423-3357

Business	Volusia County Utilities, Inc.	Occupancy Type	Bus	Inspection Type	Ad
Address	1300 Delmar Lake Rd. (A)	City	DB	Business Phone	386-226-0389
Business Owner	County of Volusia	Owner Phone		Permit Number	
Contact Person		Contact Phone		Station	15
				Quad	1

Hydrant: ☒ Yes ☐ No ☐ Central ☐ Dry Tank: ☐ Aboveground ☐ Underground ☒ No ☐ Yes ☐ Alarm: ☐ No ☒ Yes ☐ Pond ☐ Sprinkler: ☐ Yes ☒ No ☐ Fire Pump: ☐ Yes ☒ No

Standpipe: ☐ Yes ☒ No ☐ Alarm: ☐ No ☒ Yes ☐ Hazardous Materials: ☐ Yes ☒ No ☐ Occupant Load: ☐ Yes ☒ No ☐ Other: ☐

Item	Noted Violation(s)	Corrected Date	Insp.
1	ck		
2	ok		
3	ok		
4	ok		
5	ok		
9	ok		

Item	Noted Violation(s)	Corrected Date	Insp.
6	Item: 6. Hood System (NFPA 96)		
7	Item: 7. Sprinkler System (NFPA 13)		
8	Item: 8. Standpipe System (NFPA 14)		
9	Item: 9. Electric (NFPA 70)		
10	Item: 10. Ext. Cords/Multi-plug Adapters		
11	Item: 11. Storage		
12	Item: 12. Alarms (NFPA 72)		
13	Item: 13. Smoke Detector(s) (NFPA 72)		
14	Item: 14. Hazardous Products (NFPA 704)		
15	Item: 15. Housekeeping		
16	Item: 16. Trash/Debris/Vegetation		
17	Item: 17. Fire Drill Log (NFPA 1-Ch 10)		
18	Item: 18. Fire Evacuation Plan		
19			
20			

9/5/11



Fire Safety Management Inspection Report

Volusia County Fire Services

125 W. New York Ave., Suite 220

DeLand, FL 32720-5415

Daytona Beach () 254-4657

DeLand 736-5941

New Smyrna Beach 423-3357

Business	Volusia County Correctional Facility	Occupancy Type	CR	Inspection Type	AN
Address	1354 Indian Lake Rd.	City	DB	Business Phone	386-254-1565
Business Owner	County of Volusia	Owner Phone		Permit Number	
Contact Person	Nate Reinhardt	Contact Phone		Station	15
				Quad	1

Hydrant: ☒ Yes ☐ No ☒ Central ☐ Dry Tank: ☐ Aboveground ☐ Underground Gals: ☐ Pond ☐ Sprinkler: ☐ Yes ☐ No ☐ Fire Pump: ☐ Yes ☐ No

Standpipe: ☐ Yes ☐ No Alarm: ☒ Yes ☐ No Hood System: ☒ Yes ☐ No Hazardous Materials: ☐ Yes ☐ No Occupant Load: ☐ Other:

Item	Noted Violation(s)	Item	Noted Violation(s)	Item	Noted Violation(s)
1	OK	16	Trash/Debris/Vegetation	17	Fire Drill Log (NFPA 1-Ch. 10)
2	OK	17	Alarms (NFPA 72)	18	Fire Evacuation Plan
3/4	OK	18	Smoke Detector(s) (NFPA 72)	19	Hazardous Products (NFPA 704)
5	OK (04/10)	19	Hazardous Products (NFPA 704)	20	Housekeeping
6	OK (04/10)	20	Housekeeping		
7	OK (02/10)				
9	OK				
11	OK				
12	OK (05/10)				
14	OK (Fuel, other products)				

Item Noted Violation(s) Corrected Date Insp.

1 OK

2 OK

3/4 OK

5 OK (04/10)

6 OK (04/10)

7 OK (02/10)

9 OK

11 OK

12 OK (05/10)

14 OK (Fuel, other products)

Page 1 of 2

Inspection Date: 05.25.10

Fire Safety Inspector: [Signature]

Ext. 2919



Daytona Beach (6) 254-4657
DeLand 736-5941
New Smyrna Beach 423-3357
Osteen (407) 574-0598

[illegible]

Ext. # 2911

APPENDIX C

FLORIDA MODEL JAIL STANDARDS ANNUAL FACILITY INSPECTION REPORT

Part I – Facility Identification

Name of Facility:	Volusia County Branch Jail		
Facility Type:	County Jail		
Mailing Address:	1300 Red John Drive		
City:	Daytona Beach	County:	Volusia
		Phone:	386-254-1555
Agency Head:	Dr. Marilyn Ford	Facility Administrator:	Warden Bart Masker
Chairperson – County Commission:	Frank Bruno		
Chairperson or Mayor – City Council:	N/A		
Date and time of Inspection:	June 4, 2010 @ 0900 hrs.		
Inspector(s) and Agency:			
(Please attach additional sheets as needed and ensure all participating inspectors are listed.)			
1. Chairperson - Sgt. Floyd Elms - Manatee	10. Sgt. David Boldin - Manatee		
2. Major Bryant Grant - Polk	11. Capt. Markennis Calhoun - Polk		
3. Capt. Sean Farrell - Orange	12. Sgt. Roberta Thomas - Orange		
4. Lt. Nathan Brown - Osceola	13. Ofc. Terrial Burger - Osceola		
5. Jason Wheeler - St. Lucie	14. Sgt. Deborah Fleury - St. Lucie		
6. Sgt. J. Henry - St. Lucie (Observer)	15. Lt. James Forrest - Sarasota		
7. Lt. Donald Harnest - Sarasota	16. Jean Barthelemy (Medical) - Osceola		
8. Renee Leonard-Blunt (Lead Medical) - Orange			
9. Christine Edmund (Medical) - Orange			
Population on date of inspection:	977		
Date of Last Inspection:	June 5, 2009		
Average Daily Population for the Preceding 12 Month Period:	1399 total		
Maximum Rated Capacity:	899		
Housing:	a. Number of Beds:	1007	
	b. Single Occupancy Cells:	143	
	c. Multiple Occupancy Cells:	432	
	d. Number of Dormitories:	0	

Date Facility was Constructed: 1987

Date of Last Renovation: N/A

Are there any plans for new construction?

Yes

☐

No

☒

If yes, please provide details: (Attach additional sheets as needed)

Is the facility under any court order?

Yes

☐

No

☒

If yes, please provide details: (Attach additional sheets as needed)

		Male	Female
Facility Staff:	Certified Staff	187	68
	Non-Certified Staff	25	40
	TOTALS	212	108

APPENDIX C

FLORIDA MODEL JAIL STANDARDS ANNUAL FACILITY INSPECTION REPORT

Part I – Facility Identification

Name of Facility: Volusia County Correctional Facility
Facility Type: County Jail
Mailing Address: 1354 Indian Lake Road
City: Daytona Beach County: Volusia Phone: 386-254-1565
Agency Head: Dr. Marilyn Ford Facility Administrator: Warden M. Pronovost
Chairperson – County Commission: Frank Bruno
Chairperson or Mayor – City Council: N/A
Date and time of Inspection: June 4, 2010 @ 0900 hrs.

Inspector(s) and Agency:

(Please attach additional sheets as needed and ensure all participating inspectors are listed.)

1. Chairperson - Sgt. Floyd Elms - Manatee	10. Sgt. David Boldin - Manatee
2. Major Bryant Grant - Polk	11. Capt. Markennis Calhoun - Polk
3. Capt. Sean Farrell - Orange	12. Sgt. Roberta Thomas - Orange
4. Lt. Nathan Brown - Osceola	13. Ofc. Terrial Burger - Osceola
5. Jason Wheeler - St. Lucie	14. Sgt. Deborah Fleury - St. Lucie
6. Sgt. J. Henry - St. Lucie (Observer)	15. Lt. James Forrest - Sarasota
7. Lt. Donald Harnest - Sarasota	16. Jean Barthelemy (Medical) - Osceola
8. Renee Leonard-Blunt (Lead Medical) - Orange	
9. Christine Edmund (Medical) - Orange	

Population on date of inspection: 435

Date of Last Inspection: June 5, 2009

Average Daily Population for the Preceding 12 Month Period: 1399 total

Maximum Rated Capacity: 595

Housing:	a. Number of Beds:	<u>595</u>
	b. Single Occupancy Cells:	<u>56</u>
	c. Multiple Occupancy Cells:	<u>177</u>
	d. Number of Dormitories:	<u>5</u>

**FLORIDA MODEL JAIL STANDARDS
ANNUAL FACILITY INSPECTION REPORT**

Part II - Standards' Assessment

Note: A "Yes" response indicates compliancy with the applicable standard. Non-compliance of any bold printed questions shall be considered serious violations.

GENERAL PROVISIONS

	YES	NO	N/A
1. Are inmates held no longer than eight (8) hours in holding cells without documentation justifying the extension and including 15 minute documented checks? Sec. 2.01 (f) (1) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all policies and procedures formally reviewed at least annually and updated as needed? Sec. 2.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are appropriate Inspection Reports, Corrective Action Plans, Responses, and all other reports and/or documents related to previous facility inspections up to date and on file? Sec. 2.06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are personnel trained in CPR and first aid care on duty at all times as required by FSS 943? Sec. 20.7 (a) (5) and 7.08.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there written procedures addressing:			
a. The detection, prevention, reduction or punishment of sexual abuse inmates. Sec. 2.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The safety and treatment needs of inmates who have been a victim of a sexual act. Sec. 2.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The discipline and prosecution of any person who perpetrate sexual acts upon inmates. 2.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is new employee orientation and annual refresher training being provided to staff covering required topics in section 2.17 (a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are inmates being provided information required in section 2.17 (b)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

FLORIDA MODEL JAIL STANDARDS ANNUAL FACILITY INSPECTION REPORT

Part II - Standards' Assessment

Note: A "Yes" response indicates compliancy with the applicable standard. Non-compliance of any bold printed questions shall be considered serious violations.

GENERAL PROVISIONS

	YES	NO	N/A
1. Are inmates held no longer than eight (8) hours in holding cells without documentation justifying the extension and including 15 minute documented checks? Sec. 2.01 (f) (1) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all policies and procedures formally reviewed at least annually and updated as needed? Sec. 2.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are appropriate Inspection Reports, Corrective Action Plans, Responses, and all other reports and/or documents related to previous facility inspections up to date and on file? Sec. 2.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are personnel trained in CPR and first aid care on duty at all times as required by FSS 943? Sec. 20.7 (a) (5) and 7.08.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there written procedures addressing:			
a. The detection, prevention, reduction or punishment of sexual abuse inmates. Sec. 2.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The safety and treatment needs of inmates who have been a victim of a sexual act. Sec. 2.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The discipline and prosecution of any person who perpetrate sexual acts upon inmates. 2.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is new employee orientation and annual refresher training being provided to staff covering required topics in section 2.17 (a)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are inmates being provided information required in section 2.17 (b)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

ADMISSION, CLASSIFICATION, AND RELEASE

	YES	NO	N/A
8. Does the facility comply with Title II of the Americans with Disabilities Act? Sec. 2.18			
9. During the classification process, is each inmate given or provided access to a copy of the Rules and Regulations of the facility? Sec. 4.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all established rules, regulations and legal procedures met and any questions clearly resolved as to inmate admissions? Sec. 4.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is each inmate searched by a certified staff member upon admission, subject to F.S.S. 901.211? Sec. 4.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. During the admission and booking process, are inmates examined for contraband and permitted to bathe? Sec. 4.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are body cavity searches only conducted by licensed medical personnel? Sec. 4.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. When a body cavity search is conducted, is a complete report written and given to the Officer-in-Charge? Sec. 4.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Unless medically cleared, unconscious, seriously ill, or seriously injured persons are not admitted to the facility? Sec. 4.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are male staff present to admit male inmates and female staff present to admit female inmates? Sec. 4.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is a female correctional officer on duty at all times when female inmates are housed? Sec. 4.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are inmate admission records compiled and maintained on each inmate and contain: Sec. 407			
a. Full name and known alias	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Age, date of birth, sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Date admitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Height	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Weight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Specific reason for custody	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Name of attorney, if known	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Signature of person(s) delivering and receiving inmate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Written inventory of items taken from inmate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
k. Current or last known address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Next of kin of inmate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Marital status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Religion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all persons booked into the facility photographed and fingerprinted? Sec. 4.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is inmate personal property safeguarded and receipts signed by staff and inmate? Sec. 4.07 (j)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. During the admission process, are inmates given access to a telephone to call attorney, family members or others? Sec. 4.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. As soon as practical following the admission, are inmates classified? Sec. 4.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is classification criteria incorporated into the inmate rules and regulations as to housing, programs and privileges? Sec. 4.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are personal records maintained and kept confidential from other inmates and contain: Sec. 4.14			
a. Legal authority for commitment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. All information contained in the booking record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Classification information and progress reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sustained disciplinary reports including investigation and disposition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All absences from the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Photographs, when taken	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Record of any detainer or other civil or criminal process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Personal property records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Date and terms or conditions of release, the authority for release and signature of the releasing employee.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is the classification process a uniform process for all inmates? Sec. 4.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the classification process follow an inmate throughout his/her incarceration? Sec. 4.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is there written procedures for legally releasing inmates and positive identification? Sec. 4.16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. At the time of release, does the inmate sign for the return of	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

his/her property and is the receipt countersigned by an employee? Sec. 4.17

Comments: (Attach additional sheets as needed)

HOUSING

		YES	NO	N/A
29.	Do housing areas conform to applicable standards in Section 12 of F.M.J.S. Sec. 5.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Are dangerous felons housed separate from misdemeanants? Sec. 5.03(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Does close supervision of special inmates include regular, documented physical sight checks by correctional officers or medical personnel at intervals not to exceed 15 minutes? Sec. 5.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Until such time as the health authority determines in writing, inmates identified as suicidal are not housed in single cells unless they are directly observed 24 hours per day with documented 15 minute checks. Sec. 5.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Is special housing for medical reasons provided to inmates upon orders of the health authority? Sec. 5.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Are persons brought to the facility for detoxification reasons housed in an area designed for that use and are held only so long to meet statutory requirements? Sec. 5.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Are inmates assigned housing based upon classification with special attention paid to a demonstrated history of, or exhibit aggressiveness towards other inmates? Sec. 5.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Inmates are not subjected to discrimination except that males and females are housed separately? Sec. 5.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Do all sinks provide cold and either hot or tempered running water? Sec. 5.08 (c) (5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Do all showers provide tempered running water, under pressure, that is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit? Sec. 5.08 (c) (5) and 1.46.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Are cells adequately ventilated and illuminated? Sec. 5.08 (b) (4) (5) (c) (1) (2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40.	Are accommodations for reading and writing available for use during non-sleeping hours? Sec. 5.08 (c) (6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	Is each inmate provided reasonable access to toothpaste, toothbrush, shaving equipment, a comb, soap and a clean towel upon admission and thereafter, if indigent? Sec. 5.08 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
42.	Are female inmates provided necessary hygiene items? Sec. 5.08 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	Is hair grooming services made available for inmates? Sec. 5.08 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Are inmates required to bathe at least twice weekly? Sec. 5.08 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	Are drinking cups provided unless bubblers or fountains are available? Sec. 5.08 (h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	Are inmates in general population allowed to bathe daily? Sec. 5.08 (i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	Are sink, toilet, water fountains, and floor drains kept in good repair? Sec. 5.08 (j)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.	Are utility closets, pipe chases, and corridors kept clean and free of clutter? Sec. 5.08 (k)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.	Is inmate property stored in an orderly manner? Sec. 5.08 (l)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

Unit 3 B #12 Light fixture painted over

FOOD SERVICES

		YES	NO	N/A
50.	Do Food Service operations conform to acceptable standards of H.R.S. Rule 64E-11? Sec. 6.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	<i>Employees or inmates are not allowed to work in any food service area if known to have a communicable disease, open wound, sore or respiratory infection. Sec. 6.02</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.	Are clean outer garments worn by food service workers and a high degree of personal hygiene maintained? Sec. 6.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.	Is food prepared or supervised by an employee trained in culinary services and holding a Professional Food Manager certification as required by Chapter 64E-11 F.A.C.? Sec. 6.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54.	Are inmates given three wholesome, nutritious meals per day? Sec. 6.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55.	Do no more than 14 hours pass between the evening meal and the morning meal? Sec. 6.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.	<i>Are modified diets prepared and served when ordered by a physician or designee? Sec. 6.05 (b)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57.	Are records of meals maintained for one (1) year? Sec. 6.05 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.	Food is not used as a disciplinary measure; however, an inmate may be placed upon a SPECIAL MANAGEMENT MEAL program approved by a physician or qualified medical staff member. Sec. 6.05 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59.	Does the Officer-in-Charge or designee make weekly, documented inspections of the food service area and take corrective action, documenting the same? Are these reports maintained for one (1) year? Sec. 6.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.	Are food supplies not in use maintained in a clean, well ventilated room, free from vermin? Sec. 6.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61.	<i>Is a separate storage area maintained for cleaning compounds, soaps, waxes, insecticides and is kept locked? Sec. 6.07</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62.	Is delivery of food supervised by an employee, using common sanitary measures? Sec. 6.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63.	If drinking cups are allowed in the cell, are inmates allowed to exchange or clean them once a day? Sec. 6.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | YES | NO | N/A |
|-----|--|-------------------------------------|--------------------------|--------------------------|
| 64. | Is food service equipment kept clean and in good repair? Sec. 6.09 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. | <i>Is there a procedure to account for cutlery equipment? Sec. 6.11</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: (Attach additional sheets as needed)

CLOTHING AND BEDDING

		YES	NO	N/A
66.	Are inmates provided a fire retardant mattress and pillow that meets Florida Fire Marshal's Standards and is in good repair, a pillow case, sheets, and blanket as needed? Sec. 8.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.	Are linens laundered at least once per week? Sec. 8.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68.	Do inmates have the opportunity to have clothing laundered at least twice per week? Sec. 8.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69.	Are uniforms and linens washed prior to re-issue? Sec. 8.02 and 8.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70.	If clothing is issued, do inmates held beyond first appearance receive an issue? Sec. 8.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71.	When an inmate has no funds and needs shoes, are they provided? Sec. 8.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72.	Are inmates, who are on work status, issued clothing and footwear appropriate to their job? Sec. 8.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73.	Are inmates deprived of clothing and bed linens only to protect them from inflicting injury to themselves or others? Sec. 8.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74.	If clothing and linens are taken from an inmate, is a record maintained identifying the reason and length of time for such deprivation? Sec. 8.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

PROGRAMS

		YES	NO	N/A
75.	Does at least one employee in each facility act as a liaison between the facility and community groups that offer needed programs and services? Sec. 9.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76.	Are all representatives of outside agencies and volunteers familiar with facility rules and regulations and have agreed in writing to comply? Sec. 9.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77.	If correspondence is denied, is the inmate given a written reason for the denial? Sec. 9.03 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78.	Is incoming privileged mail opened only in the presence of the inmate? Sec. 9.03 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79.	Is outgoing privileged mail held no longer than 72 hours pending verification of being properly addressed and it is not opened? Sec. 9.03 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80.	Is inmate mail, incoming and outgoing, handled without delay and received only through the facility? Sec. 9.03 (h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81.	Are indigent inmates provided with stamps and writing materials? Sec. 9.03 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82.	Are there no list of correspondents and no limit on incoming mail that may be received? Sec. 9.03 (i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83.	Are rules and regulations pertaining to conduct at visitation and the hours of visitation posted for inmates and visitors? Sec. 9.04(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84.	Does each inmate in general population have the opportunity for visitation for at least two hours per week? Sec. 9.04 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85.	Are all visitors required to register recording name, address, and relationship to the inmate? Sec. 9.04 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86.	Non-sentenced inmates are not required to work more than is necessary to maintain cleanliness and order in their housing and living areas. Sec. 9.05(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87.	Inmates are not required to work more than 10 hours per day, but may do so if voluntary. Sec. 9.05 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88.	Do working inmates have supervision in keeping with their custody status, while outside the secure facility? Sec. 9.05 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89.	Are inmate workers checked by staff to ensure security and accountability? Sec. 9.05 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
90.	Do inmates working voluntarily for charitable or nonprofit organizations have prior written authorization from the Officer-in-Charge? Sec. 9.05 (f) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91.	Prior to being assigned to a work program, is an inmate first medically cleared by the health authority in accordance with the Americans with Disabilities Act? Sec. 9.05 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92.	Is outdoor exercise, weather permitting, allowed for a minimum of three (3) hours per week? Sec. 9.06 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93.	Is space and staffing sufficient to allow for group or individual activities? Sec. 9.06 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94.	Does each inmate have reasonable access to a telephone at reasonable times? Sec. 9.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95.	At a minimum, do pro-se inmates, have reasonable access to legal material to assist them in filing any type of action cognizable in Florida courts? Sec. 9.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96.	Do all inmates, regardless of gender, have equal access to programs, privileges, exercise, visitation, and work release opportunities? Sec. 9.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

PRIVILEGES

		YES	NO	N/A
98.	If a commissary has been established, has an inmate welfare fund also been established? Sec. 10.01 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99.	If inmates are allowed to have cash, has a limit been set in writing and all monies found on an inmate in excess of that amount confiscated and placed in the inmate welfare fund? Sec. 10.01 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100.	Does the commissary shopping list clearly show prices and any special condition of sale? Sec. 10.01 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101.	If valuable items are sold through the commissary, are they marked for identification and added to the inmate's property list? Sec. 10.01 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102.	Commissary prices do not exceed the fair market value for comparable products sold in the community? Sec. 10.01 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103.	Are profits from the commissary used for the overall inmate welfare? Sec. 10.01 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104.	When funds from the welfare fund are expended, is it with the final approval of the Officer-in-Charge or designee? Sec. 10.01 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105.	Is an annual audit of the commissary conducted by a disinterested party? Sec. 10.01 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106.	Are commissary transactions and inventory records kept current? Sec. 10.01 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107.	Is reading material available to inmates held beyond first appearance? Sec. 10.02 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

SECURITY AND CONTROL

	YES	NO	N/A
108. Are emergency plans written for the following: (Sec. 11.01)			
a. Alarms systems and notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Transmission of alarm to fire department, EMS, or other law enforcement agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Response to alarms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Isolation and control of fire or disturbance areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Emergency response equipment, its use and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Release and evacuation activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Prevention of escape during evacuation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fire fighting and medical emergency plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The chain-of-command to be followed during an emergency and specific staff duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Inspection schedules of hazardous areas and review of fire plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Documentation required following an emergency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Are fire drills and evacuation drills held quarterly and the records of such maintained? Sec. 11.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Are security inspections held weekly and the results recorded and maintained by the Officer-in-Charge or designee? Sec. 11.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Are all housing areas and other areas used by inmates checked daily and the results recorded and maintained? Sec. 11.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Are deficiencies noted in the above, recorded and corrected, including time and date of correction? Are these records maintained? Sec. 11.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Is the facility in compliance with FAC 694-54 as to fire safety and prevention? Sec. 11.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Is a key control system in place, including the following: Sec. 11.05			
a. Location of all locks and keys in the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
b.	Complete inventory of all keys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Written report of security problems with locks and keys (e.g., broken, missing, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Absolute control of keys by staff, not inmates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Location of emergency keys away from facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	A system ensuring that missing keys are immediately identified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115.	Is one full "lock down" count conducted daily? Sec. 11.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116.	Are all inmates visually checked every hour between 11:00 p.m. and 6:00 a.m. and the results recorded and maintained? Sec. 11.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117.	<i>Is there a tool control system to ensure that tools are kept from inmates? Sec. 11.07</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118.	If tools are brought into the facility, are they accounted for at all times? Sec. 11.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119.	Does the facility have an identification system to ensure that staff, visitors, and inmates are positively identified to prevent bypassing of security measures? Sec. 11.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120.	<i>Are firearms and ammunition allowed in the secure facility under only emergency conditions and then the Officer-in-Charge or designee must authorize it? Sec. 11.09</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121.	If staff uses oleoresin capicum, are they trained in its use? Sec. 11.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122.	<i>If staff uses electronic weapons, are they trained in its use? Sec. 11.09</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
123.	Are weapon depositories maintained at the secure entrance of the facility? Sec. 11.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124.	Are hazardous or incendiary chemicals kept in a secure area and used only under the supervision of an employee? Sec. 11.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125.	Restraints are not used as punishment. Sec. 11.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126.	<i>When moving "high risk" inmates in or out of a housing area, are two certified staff members present? Sec. 11.12</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127.	<i>Does each floor of a detention housing facility have a correctional officer present? Sec. 11.12</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
128.	Does each housing area and floor of a detention facility have a secondary means of egress or fire exit? Sec. 11.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129.	<i>Are correctional officers posted to allow them to respond promptly to calls for help? Sec. 11.14</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130.	Inmates are never allowed to supervise or in any way exercise control over other inmates. Sec. 11.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131.	<i>Is sufficient staff maintained so that at all times the inmates are within hearing distance of officers? Sec. 11.16</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

SANITATION

		YES	NO	N/A
132.	Are water supplies adequate and in good repair? Sec. 12.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133.	Does food service comply with Chapter 64E-11, Florida Administrative Code? Sec. 12.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134.	Is sewage and liquid waste disposed of into an approved public sewerage system? If not, does the disposal system meet the requirements of Chapter 10D-6, Florida Administrative Code? Sec. 12.03 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135.	Do all plumbing fixtures comply with Chapter 10D-9, Florida Administrative Code? Sec. 12.03 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136.	Is drinking water accessible to all inmates? Sec. 12.03 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137.	Are water fountains constructed and maintained accordingly? Sec. 12.03 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138.	Are single service cups provided? Sec. 12.03 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139.	Are plumbing fixtures (i.e., toilets, sinks, etc.) constructed and maintained accordingly? Sec. 12.03 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140.	Are all mop sinks and curbed areas appropriately positioned? Sec. 12.03 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141.	Are showers available to inmates at least twice weekly? Sec. 12.03 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142.	Do showers have running tempered water (temperature not to exceed 120 degrees or less than 100 degrees Fahrenheit) under pressure? Sec. 12.03 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143.	Does secure housing areas have at least one sink and one toilet in each cell? Sec. 12.03 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144.	Do dormitories and multiple occupancy cells have at least one toilet and one sink for each eight (8) inmates or fraction thereof? (Note: Urinals may be substituted for ½ of the toilets in the male housing areas.) Sec. 12.03 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145.	Is there at least one showerhead with tempered water for each 16 inmates or fraction thereof? Sec. 12.03 (g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146.	Are all floor drains properly constructed and maintained? Sec. 12.03 (h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147.	Are plumbing fixtures clean, sanitary, and properly maintained? Sec. 12.03 (i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
148.	Is there a preventative maintenance program established? Sec. 12.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149.	Is all inmate residential garbage, trash, and rubbish collected daily? Sec. 12.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150.	Is storage facility garbage removed at least twice per week? Sec. 12.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151.	Is wet garbage collected and stored in impervious, leak proof, fly tight containers? Sec. 12.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152.	Are all containers, storage areas, and surrounding premises clean and free of vermin? Sec. 12.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153.	If there is on-site disposal, does it comply with Chapter 17-7, Florida Administrative Code? Sec. 12.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154.	Are all floors, walls, ceilings, windows, door, and all appurtenances of the structure properly constructed, maintained, and clean? Sec. 12.06 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155.	Are all walls, ceilings, and area partitions light colored? Sec. 12.06 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156.	Is applicable lighting at least 20 foot candles and clean? Sec. 12.06 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157.	Does bed spacing meet the following requirements? Sec. 12.06 (c)			
	a. 12" from the floor (clear space)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. 36" clear ceiling height (above mattress)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. 27" between double bunks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. 36" laterally <u>and</u> end-to-end	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. 6' between inmates' heads if a solid barrier is not used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158.	Are all facilities free of offensive odors and have adequate ventilation? Sec. 12.06 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159.	If utilizing natural ventilation, does the opened window area equal one-tenth of the floor space in the inmate residential area? Sec. 12.06 (d) (1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160.	If mechanical ventilation or cooling systems are used: Sec. 12.06 (d) (2)			
	a. Are they clean?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Properly maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Are dust filters removable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
d. Provide 10 cubic feet of fresh/ purified air per minute for each inmate? Sec. 12.06 (d) (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161. Are all toilet rooms provided with direct openings to the outside or provided with mechanical ventilation to the outside? Sec. 12.06 (d) (3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
162. Does the facility have adequate heating (at least 60 degrees Fahrenheit at a point twenty (20) inches above the floor in inmate sleeping areas)? Sec. 12.06 (d) (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163. Where laundry facilities are provided, are they: Sec. 12.06 (4)			
a. Adequate to insure ample quantities of clean clothing, bed linens, and towels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Soundly constructed and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clean?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide adequate lighting and ventilation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Offer exterior ventilation for dryers and dry cleaning machines? Sec. 12.06(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164. Are beds and bedding kept in good repair, clean, and sanitized regularly? Sec. 12.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165. Are sheets and personal clothing washed weekly and properly stored? Sec. 12.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166. Are blankets cleaned quarterly and stored properly? Sec. 12.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167. Are inmates that are held longer than 24 hours provided clothing and personal comfort items? Sec. 12.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168. Are residential areas clean and containing no perishable foods? Sec. 12.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169. Are bath room facilities cleaned daily? Sec. 12.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170. Are cleaning supplies/facilities clean, well vented, and appropriately stored? Sec. 12.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171. Is the facility free of vermin? Sec. 12.10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
172. Are all openings sealed or screened? Sec. 12.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173. Are pesticides appropriately applied and stored? Sec. 12.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174. Are outdoor exercise facilities clean and well drained? Sec. 12.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
175.	If bath room facilities are provided, are they clean and properly maintained? Sec. 12.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176.	Are industrial facilities clean and well lit (30 ft. candles)? Sec. 12.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177.	If noise levels exceed an average of 90 dba in 8 hours in industrial facilities, is appropriate ear protection provided? Sec. 12.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178.	Are formal sanitation inspections conducted by the Officer-in-Charge or designee at least once each week? Sec. 12.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

171 Unit 2 Block "B" Pests in shower area

ORDER AND DISCIPLINE

	YES	NO	N/A
179. Are rules and regulations governing the conduct of inmates and visitors posted and available to each inmate and all visitors? Sec. 13.01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180. Does the facility have written procedures for steps to be taken for breaches of discipline by inmates or visitors? Sec. 13.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181. Are translations for disabled and/or non-English- speaking inmates provided? Sec. 13.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182. Does the Officer-in-Charge establish a disciplinary committee or a hearing officer for disciplinary infractions? Sec. 13.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183. Are staff members who are witnesses to a rule infraction prohibited from sitting on the disciplinary committee? Sec. 13.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184. When a disciplinary infraction occurs, is a written report completed and forwarded to the Officer-in-Charge or designee? Sec. 13.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
185. Does the report contain at a minimum: Sec. 13.05			
a. Date of infraction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Place and time of infraction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Date of report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Specific rules violated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Details of the incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Actions taken by employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Names of witnesses (as security allows)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
186. Does the Officer-in-Charge or designee cause an investigation of the alleged infraction(s) and forward the report to the disciplinary hearing officer or committee? Sec. 13.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
187. Are inmates, accused of violating rules, notified in writing of the charges brought against them and given at least 24 hours advanced notification of impending disciplinary action? Sec. 13.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
188. Are disciplinary hearings held within seven working days (excluding holidays) after the incident? Sec. 13.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
189.	If a continuance is permitted, is documentation provided justifying the extension and is the hearing held within the maximum time of ten (10) days? Sec. 13.08 (a) (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
190.	Does the committee or hearing officer determine that the inmate understands the charges and the possible actions that can result? Sec. 13.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
191.	Does the committee chairperson, or majority, or hearing officer have authority to call for witnesses, evidence, and/or documents? Sec. 13.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
192.	Are reasons for not calling witnesses or restricting information documented by the committee or hearing officer? Sec. 13.09 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
193.	When an inmate is unable to defend himself due to language or literacy problems, does the committee or hearing officer offer staff assistance to the inmate? Sec. 13.09 (c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
194.	Are charged inmates allowed to be present at the hearing unless, a written waiver is obtained, the inmate refuses or security is threatened? Sec. 13.10 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
195.	If an inmate is not present, does the committee or hearing officer record the reason? Sec. 13.10 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
196.	Does the inmate receive a written decision from the committee or hearing officer? Sec. 13.10 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
197.	Does the inmate have the right to appeal the decision to the Officer-in-Charge or designee? Sec. 13.10 (d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
198.	Are all steps in the process maintained as a written record? Sec. 13.10 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
199.	Are "Not Guilty" decisions noted on the report? Sec. 13.10 (e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
200.	Are decisions of guilt based solely on witnesses, evidence and documentation? Is a statement to this effect made part of the official record? Sec. 13.10 (f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201.	The Officer-in-Charge or designee cannot increase an inmate's punishment. Sec. 13.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
202.	Is corporal punishment prohibited? Sec. 13.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
203.	Does the facility adhere to procedures for placing inmates in administrative confinement, including documentation? Sec. 13.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
204.	When an inmate is released from confinement, administrative or disciplinary, is the date and time recorded and maintained? Sec. 13.13 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
205.	Do inmates in administrative confinement receive privileges comparable to general population inmates? Sec. 13.13 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
206.	Does the Officer-in-Charge or designee see and talk with inmates in administrative or disciplinary confinement twice daily? Sec. 13.14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
207.	Is the attitude and general condition of the inmate in confinement documented? Sec. 13.14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

CONTRABAND

- | | | YES | NO | N/A |
|------|---|-------------------------------------|--------------------------|--------------------------|
| 208. | Has the Officer-in-Charge or designee established a list of acceptable items, anything else being considered contraband? Sec. 14.01 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 209. | Unless needed for a hearing or trial, are confiscated monies placed in the inmate welfare fund or into the inmate's canteen account? Sec. 14.02 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: (Attach additional sheets as needed)

ADMISSION, CLASSIFICATION AND RELEASE OF JUVENILES

		YES	NO	N/A
216.	Are juveniles not transferred to the adult system by direct file, waiver or grand jury indictment or who have not been found to have committed a criminal offense as an adult held in temporary custody if release is not possible? Sec. 17.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
217.	Juveniles held in temporary custody are held in an area of the facility for fingerprinting and photographing and transportation to an appropriate juvenile facility. The time held does not exceed six hours. Sec. 17.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
218.	Are juveniles, held in temporary custody, kept out of sight and sound of adult inmates? Sec. 17.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
219.	Are juveniles held only if the facility has adequate staff to monitor them at all times? Sec. 17.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
220.	Prior to admitting the juvenile, are all appropriate and legal documents presented? Sec. 17.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
221.	Does this documentation remain part of the juvenile's permanent file? Sec. 17.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
222.	Unless wanted in another jurisdiction as an adult, juveniles are not housed in an adult jail unless: Sec. 17.03			
a.	The juvenile has been indicted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The juvenile waived	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The juveniles was direct filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Adult sanctions were imposed by the court	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
223.	Can juveniles taken to a facility for criminal traffic violations demand to be taken before a magistrate, and if the demand is not made, the facility immediately notifies the parents, responsible adult, or guardian of the juvenile? Sec. 17.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
224.	If a juvenile is charged with a traffic offense involving death or injury, under no circumstances is the juvenile placed with adults? Sec. 17.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

HOUSING OF JUVENILES

		YES	NO	N/A
225.	A juvenile transferred for prosecution as an adult is not housed with adults, nor is a juvenile who is wanted for prosecution as an adult in another jurisdiction? Sec. 18.01 (a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
226.	Does the facility have a housing area designated for juveniles and have sufficient staff to supervise and monitor the juveniles at all times? Sec. 18.01 (b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
227.	When a juvenile is housed as an adult, is all of the below criteria met: Sec. 18.02			
a.	The courts have certified the juvenile for prosecution as an adult.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The juvenile has been tried as an adult.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The juvenile was found guilty as an adult.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The juvenile was sentenced as an adult.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
228.	Is a juvenile being housed with adult sanctions being housed only with inmates with the same classification? Sec. 18.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Attach additional sheets as needed)

Medical

Inspection

Results



June 14, 2010

Director Marilyn Chandler Ford
Volusia County Corrections Department
1300 Red John Drive
Daytona Beach, FL 32120-2865

Director Ford:

Thank you for the opportunity to inspect your jail medical program for compliance with the Florida Model Jail Medical Standards. I would like to extend a special thanks to Director of Nursing Samuel Montgomery; he was very knowledgeable, professional and courteous during the inspection process.

Christine Edmund RN, Jean Barthelemy RN, and myself conducted the inspection, which occurred on June 4, 2010. The inspection included a tour of the medical areas at both the Correctional Facility and the Branch Jail. Medical record reviews, policy reviews, personnel licenses and CPR and staff interviews were also conducted. There were no serious violations noted of any Florida Model Jail Medical Standards during this inspection.

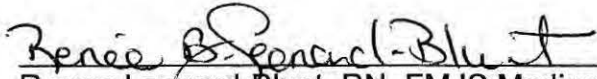
Forty-seven (47) medical records were reviewed. These included a sampling of individuals with chronic medical problems, pregnant females, and those with mental health problems. The medical records reviewed were organized, and allowed the team to review the records with ease, and showed evidence of continuity of care. Your medical records supervisor Maria Rodriguez and her staff Michelle Castelli are to be commended for a job well done in maintaining the health records.

Although there were a few minor issues during our visit they were immediately addressed.

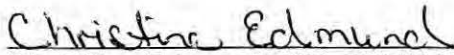
Please thank your staff for their assistance during our inspection of your medical services. Your staff, along with Prison Health Services, should be commended for maintaining a high quality of health care for the inmates.

Please thank your staff for their assistance and hospitality during our inspection of your facility.

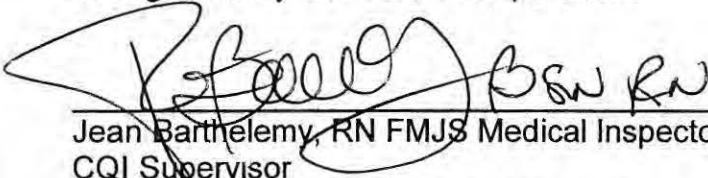
Sincerely,



Renee Leonard Blunt, RN, FMJS Medical Inspector
Director of Nursing
Corrections Health Services
Orange County Corrections Department



Christine Edmund, RN, FMJS Medical Inspector
Nursing Unit Supervisor
Corrections Health Services
Orange County Corrections Department



Jean Barthelemy, RN FMJS Medical Inspector
CQI Supervisor
Osceola County Department of Corrections

Cc: Tamara Perrine, HSA Prison Health Services

APPENDIX D

FLORIDA MODEL JAIL STANDARDS ANNUAL MEDICAL INSPECTION REPORT

Part I – Facility Identification

Name of Facility: Volusia County Branch Jail

Facility Type: County Jail

Mailing Address: 1300 Red John Road

City: Daytona Beach County: Volusia Phone: 386-254-1555

Agency Head: Dr. Marilyn Ford Facility Administrator: Warden Bart Masker

Chairperson – County Commission: Frank Bruno

Date and time of Inspection: June 4, 2010

Date of Last Inspection: June 5, 2009

Health Care Services Provided By: Agency Staff ☐ Contract ☒

If Provided By Contract, Company Name: Prison Health Services

Health Services Administrator: Tammy Perrine

Medical Inspector(s) and Agency:

(Please attach additional sheets as needed and ensure all participating inspectors are listed.)

1. Renee Leonard-Blunt {Lead} – Orange County

2. Christine Edmund – Orange County

3. Jean Barthelemy – Osceola County

4. _____

5. _____

Facility Population on Date of Inspection: 977

Health Services Staff:	Males	Females
Physicians	<u>1</u>	<u>0</u>
ARNP/PA	<u>0</u>	<u>1</u>
RNs	<u>4</u>	<u>6</u>
LPNs	<u>2</u>	<u>15</u>
CNAs	<u>0</u>	<u>0</u>
EMTs	<u>0</u>	<u>0</u>
Other Staff	<u>2</u>	<u>8</u>
TOTALS	<u>9</u>	<u>30</u>

APPENDIX D

FLORIDA MODEL JAIL STANDARDS ANNUAL MEDICAL INSPECTION REPORT

Part I – Facility Identification

Name of Facility: Volusia County Correctional Facility

Facility Type: County Jail

Mailing Address: 1354 Indian Lake Road

City: Daytona Beach County: Volusia Phone: 386-254-1565

Agency Head: Dr. Marilyn Ford Facility Administrator: Warden M. Pronovost

Chairperson – County Commission: Frank Bruno

Date and time of Inspection: June 4, 2010

Date of Last Inspection: June 5, 2009

Health Care Services Provided By: Agency Staff ☐ Contract ☒

If Provided By Contract, Company Name: Prison Health Services

Health Services Administrator: Tammy Perrine

Medical Inspector(s) and Agency:

(Please attach additional sheets as needed and ensure all participating inspectors are listed.)

1. Renee Leonard-Blunt {Lead} – Orange County

2. Christine Edmund – Orange County

3. Jean Barthelemy – Osceola County

4. _____

5. _____

Facility Population on Date of Inspection: 435

Health Services Staff:	Males	Females
Physicians	<u>1</u>	<u>0</u>
ARNP/PA	<u>0</u>	<u>1</u>
RNs	<u>4</u>	<u>6</u>
LPNs	<u>2</u>	<u>15</u>
CNAs	<u>0</u>	<u>0</u>
EMTs	<u>0</u>	<u>0</u>
Other Staff	<u>2</u>	<u>8</u>
TOTALS	<u>9</u>	<u>30</u>

PART II - MEDICAL SECTION

Note: A "Yes" response indicates compliancy with the applicable standard. Non-compliance of any bold printed questions shall be considered serious violations.

	YES	NO	N/A
1. Is there an agreement with the Health Authority licensed in the State of Florida for the provision of medical care and services as set forth in this section? Sec.7.01 & 7.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there standard operating procedures for the medical section, which is reviewed at least annually by the Health Authority that covers:			
a. Medical screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Health appraisal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical exam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Necessary medical, mental, and dental services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Emergency medical and dental services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Notification of next of kin in case of life threatening illness, injury, or death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Prenatal care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Delousing procedures, approved by the Health Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Detox procedures under medical supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Control of pharmaceuticals in compliance with FSS 893	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Procedures for the facility physician to review health appraisals and identify problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Comprehensive quality improvement system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the screening at receiving consist of, at a minimum, a visual observation by staff and completion of a screening form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the screening include inquiry into and logging of: Sec. 7.03			
a. Current illnesses and health problems, including any infectious diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medications being taken and special health needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Behavior condition such as mental state	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Notation of observable deformities or injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Skin and body condition, such as rashes, needle marks, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inquiry into drug and alcohol use, method, and amount	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
g. Any other health problem as designated by medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are medical records maintained on each admitted for at least seven years following release, transfer or death? (Records may be maintained in hard copy or electronic format.) Sec. 7.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is each inmate given a health appraisal, including physical hands on examination by appropriately trained medical personnel within 14 days of admission? Sec. 7.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Health Authority proscribe the extent of the examination, but include as a minimum: (Sec. 7.05)			
a. Review of screening forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Collection of additional for medical, dental, and psychiatric and immunizations histories including gynecological histories for females	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Laboratory or diagnostic tests as deemed necessary by the Health Authority to detect communicable diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Recording of height, weight, pulse, blood pressure, and temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other tests or exams as deemed appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medical examinations with comments about mental and dental status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Review of all results by a physician when required by Section 7.02 (j) of this standard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the form used for the health appraisal approved by the Health Authority? (Sec. 7.05 (h))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the facility have an agreement or understanding with one or more health care providers for emergency or regular medical services within the facility or at a designated location? Sec. 7.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a list of names, phone numbers, and call days of emergency health care providers available at each facility? Sec. 7.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are first aid supplies, as designated by the Health Authority, readily available in the facility at all times? Sec. 7.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are personnel trained in first aid on duty at all times as required by FSS 943? Sec. 7.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
13.	Does the Health Authority or designee inspect all first aid supplies monthly? Sec. 7.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is a procedure established and maintained that allows for inmates to submit a written request for medical care which may or may not require a clinical visit? Sec. 7.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Are all such medical requests screened daily by designated medical personnel who will make appropriate referrals? Sec. 7.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are all requests received during formal sick call or medication rounds screened and referred when received? Sec. 7.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Is a sick call procedure established and maintained for inmates to report for and receive appropriate medical services for non- emergency illness or injury? Sec. 7.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Is a sick call procedure made available daily and supervised by the Health Authority? Sec. 7.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Is treatment initiated when appropriate and within a time frame provided by the Health Authority? Sec. 7.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Does the facility have an agreement or understanding with a licensed dentist to provide emergency dental care? Sec. 7.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are medications administered according to the directions of a designated physician? 7.14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Is health record information transmitted to any appropriate health care provider upon request of the physician or medical facility and written approval of the inmate? Sec. 7.16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Are inmates who are admitted under the influence of alcohol or drugs separated from the general population and kept under close supervision for a reasonable amount of time? Sec. 7.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Unless authorized in writing by the Health Authority or designee, inmates determined by medical to have suicidal tendencies or suffer from seizures are assigned to quarters that have close supervision or direct observation? Sec. 7.18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Are certificates and licenses of facility medical staff kept on file at a central location within the facility? Sec. 7.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Does the facility have a written procedure whereby an inmate shall be tested for infectious disease consistent with guidelines established by the Center for Disease Control? Sec. 7.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Are inmates test results confidential and shared only with	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

those that have a need to know? Sec. 7.22

		YES	NO	N/A
28.	Are inmate test results exempt from public records law, FSS 119? Sec. 7.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Is inmate test results part of the inmate's permanent medical record? Sec. 7.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Upon transferring an inmate to another facility, does a summary or a copy of the inmate's medical file accompany the inmate to the receiving facility? Are the medical records sealed in an envelope marked "Confidential Health Information"? Sec. 7.16 & 7.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Do pregnant inmates receive prenatal care and necessary treatment for their condition and exempt from inappropriate work details as determined by medical personnel? Sec. 7.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Add additional sheets as appropriate.)

PART III - PHARMACY – LICENSING AND INSPECTION

- | | YES | NO | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 32. Does the facility have an agreement with a consultant pharmacist or dispensing physician if medicinal drugs in quantities other than individual prescriptions are stocked? Sec.7.26.01 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Does the facility have procedures relating to safe handling and storage of medical drugs? Sec. 7.26.01 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments (Add additional sheets as appropriate.)

PART IV - STORAGE AND HANDLING OF INDIVIDUAL PRESCRIPTIONS

	YES	NO	N/A
34. Does the policy and procedure for each facility, which maintains only individual prescriptions, include as a minimum: Sec. 7.27.01 & 02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Prescription drugs that are not ordered or stocked in bulk quantities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual prescriptions that are labeled with:			
1) Name and address of pharmacy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Date of dispensing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Name of prescribing practitioner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Name of patient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Directions for use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Necessary warning statements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Name and strength of medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Prescription number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Are all medications, individual prescriptions, bulk over-the-counter medications, needles and syringes kept in a locked area, except when being dispensed? Sec. 7.27.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Is a log recording the issuance of prescribed medication maintained and made part of the inmate's file? Sec. 7.27.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Does the log contain at a minimum: Sec. 7.27.05			
a. Name and number of the inmate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Name and strength of medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Direction for use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Date and time of issue?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Initials of issuing personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Amount of medication used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Special instructions or limitations on use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. When the inmate refuses medication, is the word "refused" written in the amounts issued column?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Is unused medication stored in a separate container labeled with: Sec. 7.27.07			
a. Prescription number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
b. Name of issuing pharmacy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quantity of unused medication?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is unused medication, controlled or non-controlled, destroyed by appropriate means in accordance with the Florida Board of Pharmacy Rule 21s-19.00, Florida Administrative Code, Methods of Destruction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. When the inmate is transferred or released, are at least three (3) days of medications issued, unless otherwise directed by the facility physician? Sec. 7.27.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. When an inmate being released refuses medication, is the word "refused" entered into the amount issued column? Sec. 7.27.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does medication requiring refrigeration comply with HRS Chapter 10-D which requires: Sec. 7.27.11			
a. Drugs and non-prescription medication shall be refrigerated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When a general use refrigerator is used, all medication shall be kept in a separate, covered, waterproofed labeled receptacles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The refrigerator shall be maintained between 39 degrees Fahrenheit and 46 degrees Fahrenheit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Add additional sheets as appropriate.)
