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CITY COUNCIL MEETING

DECEMBER 8, 1982

REPORT FROM  
S.J. LOCAL  
HEALTH DISTRICT  
RE INSPECTION  
OF LODI JAIL

Pa 3/5

City Clerk Reinche presented a letter which had been received from the San Joaquin Local Health District regarding the inspection of the jail maintained by the City of Lodi.

BOARD OF TRUSTEES

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SAN JOAQUIN LOCAL HEALTH DISTRICT

1601 East Hazelton Avenue, P.O. Box 2009

Stockton, California 95209

(209) 466-6781

Jack J. Williams, M. D., District Health Officer



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RECEIVED

1982 NOV 29 PM 4:59

November 23, 1982  
ALICE M. REIMCHE  
CITY CLERK  
CITY OF LODI

Norma Lammers, Executive Officer  
Board of Corrections  
State of California  
600 Bercut Drive, Suite A  
Sacramento, California 95814

Dear Ms. Lammers:

re: Inspection of Jail Maintained by the City of Lodi,  
San Joaquin County

As required by Section 459 of the California Health and Safety Code, an inspection has been made of the Jail maintained by the City of Lodi. This is a short-term confinement facility.

The enclosed copy of the report of inspection indicates that food, clothing, and bedding provided in this facility equal or exceed the minimum standards and requirements prescribed by the Board of Corrections for feeding, clothing, and care of prisoners in detention facilities, as specified in Title 15, California Administration Code, and the Health and Sanitation Guidelines published by the Board of Corrections for the Establishment and Operation of Local Detention Facilities. Sanitation standards required by Article 2, Chapter 11, Division 22 of the California Health and Safety Code have been maintained in the facility operated by the City of Lodi.

Very truly yours,

*Jack J. Williams, M.D.*  
JACK J. WILLIAMS, M.D.  
District Health Officer

JJW/lis  
Enc.

cc: City Council of Lodi  
Police Chief Marc Yates, City of Lodi ✓  
State Dept. of Justice, Bureau of  
Identification

INFORMATION COPY: HENRY GLAVES, CITY MANAGER ✓✓

ADULT DETENTION FACILITY  
SUMMARY OF EVALUATION FORM



Name of Facility City of Lodi Jail Date Inspected 9/22/1982

Location 210 W. Elm St., Lodi, San Joaquin County  
Street City County

Facility Administrator V. Raggi Captain 368-0616  
Name Title Phone

Facility Type (Check one, see T15-1006 for definitions):

Temporary Holding (less than 9 hours) \_\_\_\_\_ Short Term Confinement X

Evaluator(s): Ted Norgard Title Registered Sanitarian  
Dan Guerra Registered Sanitarian

Census This Date: Males 0 Females 1 Juveniles 0

SUMMARY OF EVALUATION

I. Environmental Evaluation

All facilities are in good condition and clean.

II. Nutritional Evaluation

T.V. type frozen dinners are served on a six hour schedule, and meals are supplemented by powdered milk, orange juice, and bread.

III. Medical Care

Those inmates with health problems are immediately transferred to Local Hospitals such as Lodi Community or Memorial. The mentally disturbed go to the State Hospital.

I. ENVIRONMENTAL EVALUATION

25

FOOD SERVICE AREAS	YES	NO	N/A	REMARKS
1. a. Kitchen facilities, sanitation and food storage comply with Division 22, Chapter 11, Article 2 of the Health and Safety Code. (T15-1245)	X			Storage only of frozed type dinners, condiments.
b. Facility would be licensed under the provisions of the California Restaurant Act. See attachment No. 1.			X	
BEDDING AND LINENS	YES	NO	N/A	REMARKS
2. The standard issue of clean, suitable bedding and linen, for each inmate entering a living area, includes at least one serviceable mattress, one sheet or mattress cover, one towel, one freshly laundered or dry cleaned blanket. (T15-1270)	X			Towels issued at time of shower, sheets at night.
3. There is a written schedule for exchange of freshly laundered and/or sanitized bedding and linen. (T15-1271)	X			
a. Washable items such as sheets mattress covers and towels shall be exchanged at least once each week.			X	Seventy-two hour maximum occupancy.
b. Where a top sheet is not issued, blankets are laundered or dry cleaned at least once each month.			X	
4. All mattresses have an easily cleaned, non-absorbent ticking. (T15-1272)	X			
FACILITY SANITATION AND SAFETY	YES	NO	N/A	REMARKS
5. Toilet bowls, wash basins, drinking fountains, and showers are a. in good repair.	X			
b. clean.	X			
6. Floors, walls, grillework and ceilings clean and in good repair.	X			
7. There is provision for a comfortable living environment in conformance with the heating, ventilating, and air conditioning requirements of Part 4, and the energy conservation requirements of Part 6, Title 24, California Administrative Code. (T15-1105(g))	X			

FACILITY SANITATION AND SAFETY (contd.)	Yes	No	N/A	REMARKS
8. a. Floor drains are flushed daily.	X			
b. Traps contain water to prevent escape of sewer gas.	X			
c. Covers present.	X			
9. Inmates are not permitted to store highly perishable food in living areas.	X			Cells are bare and clean.
10. A written plan exists for maintaining an acceptable level of cleanliness, repair and safety throughout the facility and there is a schedule of self inspections. (T15-1280)	X			
11. No structural or other safety hazard present.	X			
12. Entire facility free of vermin, or vermin signs, and general housekeeping is satisfactory.	X			
13. First aid kits, approved by the responsible physician, are available. (T15-1281)	X			

(45)

**SUMMARY OF ENVIRONMENTAL CONDITIONS:**

All facilities are in good condition and clean.

II. NUTRITIONAL EVALUATION

415

FREQUENCY OF SERVING	YES	NO	N/A	REMARKS
1. Food is served three times in any 24-hour period. (T15-1240).		X		Two times a day.
a. At least two meals include hot food.	X			
b. Supplemental food served if more than 14 hours between any meal.			X	
c. At least 15 minutes is allowed for actual consumption of meals.	X			
d. If a regularly scheduled meal is missed, a sandwich and beverage is provided in lieu.	X			
MINIMUM DIET	Yes	No	N/A	REMARKS
2. In Short-term and Type I adult facilities, the minimum diet in any 24-hour period for persons held under 48 hours is one-half the servings specified from each of the four groups listed below: (T15-1241)	X			
a. Meat group - minimum of two daily servings.	X			
b. Milk or milk equivalent group - Minimum 32 fluid ounces for: Youth 15-17 years Pregnant Females Nursing Mothers Minimum 16 ounces all others	X			
c. Vegetable/Fruit Group - Minimum of six servings, with one serving a "good" or "fair" source of Vitamin C.	X			
d. Bread/Cereal group minimum - Adult: Female - 8 servings Male - 12 servings	X			
FOOD SERVICE	Yes	No	N/A	REMARKS
3. A food vendor or restaurant provides meals by contract.		X		

25

FOOD SERVICE (contd.)	Yes	No	N/A	REMARKS
4. a. There is a written procedure for medical screening of food handlers. (T15-1244)			X	
b. Food handlers wear clean outer garments, keep hands clean, confine their hair, and do not smoke in food preparation and services areas.			X	
5. All kitchen facilities, sanitation, and food preparation service and storage comply with Health and Safety Code, Division 22, Chapter 11, Article 2. (T15-1245)	X			
6. Food is served only under the immediate supervision of a staff member. (T15-1246)	X			
7. There is an accounting system which provides cost per meal served. (T15-1249)	X			

SUMMARY OF NUTRITIONAL EVALUATION:

T.V. type frozen dinners are served on a six hour schedule, and meals are supplemented by powdered milk, orange juice, and bread.

III. MEDICAL SERVICES EVALUATION

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MEDICAL SERVICES	Yes	No	N/A	REMARKS
1. The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all prisoners. (T15-1200)	X			
a. A physician is available.	X			At hospital, Community Municipal.
b. Security regulations applicable to facility staff apply to medical personnel.			X	
2. a. There is a medical review of every death in custody. (T15-1218)	X			
b. Only a licensed physician performs autopsies.	X			
3. The facility segregates all inmates with communicable diseases. (T15-1051)			X	These inmates are taken to the hospital immediately.
a. In absence of medically trained personnel at the time of booking, an inquiry is made to determine if the inmate has or has had tuberculosis, has hepatitis, a venereal disease or other special medical problem.	X			
b. Response noted on booking form.	X			
4. The facility segregates all mentally disordered inmates. (T15-1052)	X			These inmates are taken to the State Hospital
a. A physician's opinion is secured at the next daily sick call or in all cases within 24 hours.	X			
b. There are provisions for transfer of such inmates to a medical facility for diagnosis, treatment, and evaluation of such suspected mental disorder, according to Penal Code Section 4011.6.	X			
5. a. Prisoners are allowed to keep prescribed orthopedic or prosthetic appliance unless an immediate risk to security has been determined. (2656 Penal Code)	X			
b. An appeal of removal of such device is available to the inmate.	X			

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MEDICAL SERVICES	Yes	No	N/A	REMARKS
6. At their request, female inmates allowed to continue use of materials for: (4023.5 Penal Code) a. Personal hygiene regarding menstrual cycle.	X			
b. Birth control measures as prescribed by their physicians.	X			

**SUMMARY OF MEDICAL EVALUATION:**

Those inmates with health problems are immediately transferred to Local hospitals such as Lodi Community or Memorial. The mentally disturbed to to the State Hospital.