



Expert Monitor's Report

Environmental Health and Safety
Report (Second Round),
Murray v. County of Santa Barbara,
Case No. 2:17-cv-08805-GW-JPR

On-Site Review: June 6-10, 2022

Produced by:

Sabot Consulting

Julian Martinez, Director

Daniel Godinez, Environmental Health and Safety Expert

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Executive Summary

This is the second Expert Monitoring Review of the Santa Barbara County Jail (SBCJ), Main Jail (MJ), and the first review of the Northern Branch Jail Facility (NBJ) to measure Santa Barbara County's compliance with the *Murray v. Santa Barbara County* Remedial Plan, which addresses Environmental Health and Safety conditions and policies and procedures within Santa Barbara County jails. The on-site Expert Monitoring Review of NBJ was conducted on June 6, 2022, and the review of the MJ was conducted on June 6-10, 2022. The pre-document production rating period was from July 1, 2021, through March 31, 2022.

The Expert Monitoring Review of the MJ included a review of pre-monitoring documents produced by Santa Barbara County, on-site observations of the Northwest housing units, West Module housing units, Intake (IRC), South Module housing units, East Module housing units, recreational yards, clinics, dental treatment room, kitchen, and main laundry. Time constraints did not permit the Reviewer to access conditions in every cell or building within the facility. Additionally, due to COVID-19 positive cases and restrictions, various housing units/cells were not available for monitoring. The Expert interviewed twenty-nine (29) incarcerated persons from various housing units/modules.

The Expert Monitoring Review of NBJ included on-site observations of housing units A, B, E, F, G, H, and J, Kitchen, Laundry, Visiting, and the Health Care Clinic. Time constraints did not permit the Reviewer to access conditions in every cell or building within the facility. Additionally, due to COVID-19 positive cases and restrictions, various housing units/cells were not available for monitoring. The Expert interviewed nine (9) incarcerated persons from various housing units. Based on the NBJ commencing activation in February 2022 and continuing through June 2022, the pre-monitoring documents were not inclusive of the entire document production period.

An exit meeting was conducted with Santa Barbara County Jail (SBCJ) custody and medical administrative staff, and counsel from the Santa Barbara County Counsel's Office. Plaintiff's Counsel representatives Aaron Fischer and A.D. Lewis were present during the exit conference call.

The Expert recognizes the impact COVID-19 and staffing shortages have on the operations of the SBCJ and implementation of the Santa Barbara County Remedial Plan requirements. The Expert recognizes that the County is continuing the process of implementing essential elements of the Santa Barbara County Remedial Plan.

The Expert's report identifies areas of non-compliance and areas that could not be measured for determination of substantial compliance due to the County's inability to provide supporting documents. However, it is the Expert's position that with sufficient staffing and/or allocation of other resources, the County will continue to implement vital components of the Santa Barbara County Remedial Plan, and the areas that were determined to be in non-compliance and/or could not be measured for compliance will progress into substantial compliance.

This report details the pre-monitoring tour document review, on-site monitoring, staff, and incarcerated persons' interviews, and findings and recommendations/actions the County must implement to achieve substantial compliance with the Santa Barbara County Remedial Plan.

Introduction

Murray v. Santa Barbara County is a federal class-action lawsuit challenging facility deficiencies in environmental health and safety, which includes general cleanliness, maintenance, and sanitation matters of concern at the SBCJ.

The terms of the *Murray v. Santa Barbara County* Stipulated Judgment includes the Santa Barbara County Remedial Plan, which outlines specific conditions in the SBCJ that the County agreed to remedy. Under the Stipulated Judgment, the County agreed to develop implementation plans to reform specific policies, procedures, and practices in the SBCJ.

The Stipulated Judgment also required the County to retain experts to monitor the County's implementation of and compliance with the Stipulated Judgment.

The Settlement Monitor's Activities

The Stipulated Judgment describes the duties and responsibilities of the Expert for evaluating and determining Santa Barbara County's compliance with the Santa Barbara County Remedial Plan.

A. Role of the Expert

The duties of the Remedial Plan Experts are as follows. The Remedial Plan Expert is required to advise the parties on Defendant's compliance or non-compliance with the Remedial Plan, to assist the parties and Court with Dispute Resolution matters, and to provide testimony, if required, in any proceedings before the Court.

Within 180 days after entry of the Stipulated Judgment, and then annually thereafter during the term of this Stipulated Judgment, the Remedial Plan Experts must complete a review and non-confidential report (Annual Report) to advise the parties on Defendant's compliance or non-compliance with the Remedial Plan.

In each Annual Report, the Remedial Plan Experts must state their opinion as to whether Defendants are or are not in substantial compliance with each component of the Remedial Plan within the Remedial Plan Expert's respective area of expertise. These opinions are referred to in the Stipulated Judgment as "Substantial Compliance Determinations."

The Annual Report will provide, to the extent possible, specific recommendations as to how Defendants may reach substantial compliance. The parties shall have an opportunity to respond to any finding regarding Defendant's substantial compliance with a provision of the Remedial Plan. The parties shall submit any such response to the Remedial Plan Experts and all counsel within 30 calendar days of completion of the Annual Report. Such response(s) shall be appended to the final report.

With appropriate notice, the Remedial Plan Experts shall have reasonable access to all parts of any facility. Access to the facilities will not be unreasonably restricted. The Remedial Plan Experts shall have access to custody and health care staff and persons incarcerated in the jails, including confidential and voluntary interviews, as is reasonable, to complete a report and provided it does not jeopardize the security or other privileged information. The Remedial Plan Experts shall also have access to non-privileged documents, including budgetary, custody, and health care documents, and institutional meetings, proceedings, and programs to the extent the Remedial Plan Experts determine such access is needed to fulfill their obligations. The Remedial Plan Experts' tours shall be undertaken in a manner that does not unreasonably interfere with jail operations, as determined by jail administrators. The Remedial Plan Experts shall have reasonable access to individual incarcerated persons' health records, including mental health and custody records.

B. Monitoring Process

The Expert used the following rating system to determine SBCJ's compliance with the requirements of the Remedial Plan.

The specific definitions of the rating categories the Expert used are as follows:

Substantial Compliance:

Indicates compliance with all or most components of the relevant provision of the Settlement Agreement and that no significant work remains to accomplish the goal of that provision.

Partial Compliance:

Indicates compliance with some components of the relevant provision of the Settlement Agreement and that significant work remains to reach substantial compliance.

Non-Compliance:

Indicates non-compliance with most or all the components of the relevant provision of the Settlement Agreement and that significant work remains to reach partial compliance.

Un-ratable:

Shall be used in cases where the Experts have not been provided data or other relevant material necessary to assess compliance or factual circumstances during the monitoring period making it impossible for a meaningful review to occur at the present time.

VI. ENVIRONMENTAL HEALTH AND SAFETY

A. Environmental Health and Safety Monitor

1. Does the Santa Barbara County designate an Environment of Care Monitor?

(MJ) On July 12, 2021, Sheriff's Service Technician (SST) James Zandona was assigned as the Environment of Care Monitor (ECM) for the MJ. SST Zandona is solely assigned to perform the duties and responsibilities of the ECM, which are required by the Santa Barbara County Remedial Plan.

Substantial Compliance

(NBJ) On or about March 1, 2022, Corporal D. Pena-Torres was assigned as the ECM for the NBJ. The Expert interviewed Corporal Pena-Torres, who stated she has other various duties and responsibilities; for example, she covers staff vacancies as needed. Due to the recent activation of NBJ, the ECM will be required to perform various functions such as establishing policies and/or procedures, creating schedules and documents, and performing inspections mandated by the Remedial Plan. Although Corporal Pena-Torres is designated as the ECM for the NBJ as required by the Santa Barbara County Remedial Plan, the Expert cannot determine if Corporal Pena-Torres has sufficient time to perform the duties and responsibilities that are required of the ECM. The Expert will review whether Corporal Pena-Torres has sufficient time to perform the duties and responsibilities of the ECM, as well as her other assigned duties, during future monitoring.

Substantial Compliance

2. Does the ECM have a Duty Statement?

(MJ) The MJ has an ECM Job Duty Statement in place.

Substantial Compliance

(NBJ) The NBJ does not have a Duty Statement for the ECM in place.

Non-Compliance

The Expert recommends that NBJ create the ECM Duty Statement consistent with the Santa Barbara Remedial Plan requirements and provide the ECM with sufficient authority to perform the duties outlined in the Santa Barbara Remedial Plan.

3. Are the duties of the ECM established in writing and consistent with the Remedial Plan?

(MJ) The ECM Job Duty Statement contains various functions which are required by the Santa Barbara Remedial Plan; however, it is unclear which functions the ECM is required to directly perform; which functions the ECM is required to monitor, and what documentation the ECM is required to maintain.

The Expert recommends the MJ revise the ECM Job Duty Statement and clearly identify the duties and responsibilities the ECM is required to directly perform, which functions the ECM is required to monitor, and what documents and/or records the ECM is required to collect and/or maintain.

Partial Compliance

(NBJ) The Expert was unable to evaluate this requirement as the ECM Duty Statement is not available.

The County must develop the NBJ ECM and ensure the duties of the ECM are consistent with the Santa Barbara Remedial Plan.

Non-Compliance

4. Does the ECM have sufficient authority to carry out such duties as outlined in the Remedial Plan?

(MJ) The current ECM, J. Zandona, reports directly to the Compliance Unit Sergeant, who reports to the Compliance Unit Lieutenant, who reports to the Commander, and the Commander reports directly to the SBCJ Chief. Based on SBCJ's reporting structure, the ECM appears to have sufficient authority to carry out such duties as outlined in the Remedial Plan.

Substantial Compliance

(NBJ) The current ECM, Corporal D. Pena-Torres, has delegated authority from the Compliance Unit Lieutenant, who reports to the Commander. Who reports directly to the SBCJ Chief. Based on SBCJ's reporting structure, the ECM appears to have sufficient authority to carry out such duties as outlined in the Remedial Plan.

Substantial Compliance

B. Cleanliness and Sanitation of Jail Facilities

1. (1). Did SBCJ establish a Sanitation Plan to ensure all jail facilities maintain appropriate cleanliness?

(MJ) MJ provided the Expert with a copy of the SBCJ Sanitation and Maintenance Plan for MJ. The Expert noted the Sanitation Plan is a draft that is under development.

The County must finalize the MJ Sanitation Plan.

Partial Compliance

(NBJ) Although the NBJ Sanitation Plan was not produced, SBCJ intends to utilize a single Sanitation Plan for both the MJ and NBJ.

The Expert recommends that NBJ finalize and implement the Sanitation Plan to ensure all jail facilities maintain appropriate cleanliness.

Partial Compliance

1. (2). Does the Sanitation Plan provide information for cleaning issues requiring an established cleaning schedule, and the documentation of such cleaning?

(MJ) The Expert noted the MJ Sanitation Plan is currently in the development stage. The draft Sanitation Plan does not include information for cleaning all areas within the MJ or contains an established cleaning schedule. Although the MJ provided the Expert documentation of cleaning for some locations, various locations are not included.

The Expert recommends the MJ Sanitation Plan include detailed cleaning schedules that identify the staff positions responsible for maintaining appropriate cleanliness, disinfection, or sanitizing of all locations, which includes housing units, health care clinics, kitchen, laundry, visiting rooms, and common areas. The Sanitation Plan should include appropriate cleanliness of floors, showers, toilets, sinks, hallways, cell bars, windows, lights, fans, and air vents. The Sanitation Plan must also identify the equipment and supplies/products that are utilized to achieve each task and frequency of cleaning. The Sanitation Plan should ensure documentation is maintained of such cleaning and the steps taken to address identified cleaning and disinfection needs.

Partial Compliance

(NBJ) The Expert was unable to evaluate this requirement as a Sanitation Plan, cleaning schedule, or documentation of such cleaning were not available.

The Expert recommends the NBJ Sanitation Plan contain information for cleaning and include an established cleaning schedule and the requirement that documentation of such cleaning be maintained.

Non-Compliance

- a) Does the sanitation plan include a schedule and/or instructions for incarcerated persons' daily access to supplies and equipment to conduct cleaning and disinfection of housing units, including floors, toilets, sinks and showers, and with a cleaning chemical that sufficiently eliminates pathogens found in living and common areas?

(MJ) The MJ Sanitation Plan does not contain a schedule or clear and complete instructions for incarcerated persons' daily access to supplies and equipment. However, based on the Expert's observations, incarcerated person interviews, and staff interviews, incarcerated persons are provided access to some cleaning supplies and equipment. Incarcerated persons are provided bottles that contain a water diluted mixture of Virex II 256 cleaner, which is a disinfectant and deodorant, and/or Oxivir Five 16, which is a one-step disinfectant cleaner. The Expert also noted the following cleaning supplies are provided; one (1) mop, broom, soft hand brush, and soft sponge, which measures approximately 2¾ by 2¼ inches.

During interviews, most incarcerated persons stated they do not receive enough cleaning solution, or the solution is watered down and does not properly clean. The cleaning solutions are provided once in the morning for cleaning and sometimes again in the evening for sanitizing. Incarcerated persons also stated that on many weekends and holidays, cleaning supplies and equipment are not always provided.

The Expert recommends the MJ Sanitation Plan include a schedule with clear and specific instructions for incarcerated persons' daily access to cleaning supplies and equipment for cleaning and disinfection of housing units, including floors, toilets, sinks, and showers. The Sanitation Plan must also include the type and amount of cleaning disinfectant each incarcerated person and/or dormitory must be provided to adequately clean and disinfect their living and common areas.

The Expert also noted some equipment provided to clean is inadequate or worn down beyond the ability to properly clean and disinfect. For example, some mop heads (yarn) were worn down and thin and/or extremely dirty. The bristles of some hand-soft brushes were bent and unusable. The soft sponges are too small in size and incapable of scrubbing or cleaning mold, stubborn stains, soap, or built-up dirt.

The Expert recommends mop heads are frequently washed, and worn-down equipment is replaced. The Expert also recommends that incarcerated

persons are provided adequately sized non-scratch scrub sponges or scouring pads and/or bristle brushes which can adequately clean mold, soap, and built-up dirt. The Sanitation Plan should also include information with instructions to accomplish these tasks, including a procedure for periodic checking of equipment to determine the need for replacement.

Partial-Compliance

(NBJ) The NBJ did not provide the Expert with a Sanitation Plan, schedule, and/or instructions for incarcerated persons' daily access to supplies and equipment to conduct cleaning and disinfection of housing units, including floors, toilets, sinks, and showers, with a cleaning chemical that sufficiently eliminates pathogens found in living and common areas.

Although the NBJ does not have a Sanitation Plan in place, based on the Expert's observations, incarcerated person interviews, and staff interviews, incarcerated persons are provided access to cleaning supplies and equipment. Incarcerated persons are provided one or more bottles that contain a water diluted mixture of Waxie 143 Cleaner/Degreaser, Waxie 730 HP Disinfectant Cleaner, Waxie 210 Neutral Cleaner/Floors, and Waxie 543 Glass and Surface Cleaner. During interviews, all incarcerated persons stated they are provided cleaning solutions and equipment to properly clean. Most housing units appeared clean without any significant issues.

The Expert recommends that NBJ create a Sanitation Plan which includes a schedule with instructions for incarcerated persons' daily access to supplies and equipment to conduct cleaning and disinfection of housing units, including floors, toilets, sinks, and showers. The Sanitation Plan must also include the type and amount of cleaner disinfectant each incarcerated person and/or dormitory must be provided to adequately clean and disinfect their living and common areas.

Non-Compliance

- b) Does the Sanitation Plan contain a schedule for jail staff to complete weekly inspections of housing units, including floors, toilets, sinks, and showers, and prompt steps to address identified cleaning and disinfection needs?

(MJ) The MJ Sanitation Plan, which is in the development stage, does not contain a clear or complete schedule to complete weekly inspections of all housing units, including floors, toilets, sinks, and showers. The Sanitation Plan does not indicate what steps should be taken to address identified cleaning and disinfection needs and/or does not contain documentation of weekly inspections for all housing units, floors, toilets, sinks, and showers. Additionally, while touring the housing units, the Expert observed mold, rust, dirty drains, soap, and/or built-up dirt in various showers. Some toilets and sinks contained dirt, mold, or soap build-up. Some walls had what appeared to be food or dirt

stains. Baseboards and corners required cleaning to remove excess dirt and grime build-up.

The Expert recommends the MJ Sanitation Plan contain a schedule and identified staff positions that are assigned to complete weekly inspections, with clear instructions to inspect each housing unit, including floors, toilets, sinks, and showers. The Sanitation Plan should also contain the steps which should be promptly taken to address identified cleaning and disinfection needs and instruction on documenting these aforementioned tasks.

Partial Compliance

(NBJ) The NBJ did not provide the Expert with a Sanitation Plan, schedules to complete weekly inspections, and/or documentation of weekly inspections.

The Expert recommends NBJ create a Sanitation Plan which contains a schedule and identified staff positions that are assigned to complete weekly inspections, with clear instructions to inspect each housing unit, including floors, toilets, sinks, and showers. The Sanitation Plan should also contain the steps which should be promptly taken to address identified cleaning and disinfection needs and instructions on documenting these aforementioned tasks.

Non-Compliance

- c) Does the Sanitation Plan include a schedule for the daily cleaning of intake, health care clinics, kitchen, laundry, and other common areas, such as hallways and the tunnel?

(MJ) The MJ Sanitation Plan is in the development stage and does not contain a clear or complete schedule to complete daily cleaning of intake, health care clinics, kitchen, laundry, and other common areas, such as hallways. Based on the "tunnel" no longer being used, the Expert did not review/evaluate the tunnel. The MJ provided the Expert with a document titled "Lobby Crew Cleaning Checklist" from October 2021 through March 2022. A review of the document reflects that the intake, health care clinics, and other common areas are not cleaned daily as required by the Remedial Plan. During the monitoring review, it was noted the Lobby Crew is only assigned to work Mondays, Wednesdays, and Fridays. This schedule is inconsistent with the requirements of the Remedial Plan for daily cleaning.

During the monitoring review, the following was noted:

Intake - Common areas and rooms, such as holding cells and the dress-in/dress-out room, were not clean and appeared to only receive superficial cleaning. These areas require deep cleaning.

Health Care Clinics - In addition to the Lobby Crew, MJ contracts with the Big Green Cleaning Company to clean health care clinics two (2) days per week. A review of the West Treatment Room, East Treatment Room, Central Treatment Room, IRC Medical Clinic, and Dental Treatment Room revealed that superficial cleaning is completed in these areas. All of these treatment rooms are in need of deep cleaning. Some rooms appeared to have floors and/or walls with stains or built-up dirt and dusty equipment, some vents were dusty and/or clogged, and sinks were dirty and had hard water build-up.

Kitchen - Main kitchen staff provided the Expert with an example of a daily cleaning checklist. The Expert was unable to verify if the kitchen staff completed the daily cleaning checklists throughout the entire review period. The main kitchen is cleaned by incarcerated persons/kitchen workers after meals are cooked and served. Most of the daily cleaning appears to be superficial and does not involve deep cleaning. For example, various locations within the kitchen appeared to have mold and rust. The walls appeared to have dirt or food stains on them and were in need of cleaning and/or painting. Many areas, such as storage rooms, refrigerators, and freezers, contained debris under or behind racks, tables, or stored items/boxes. Various areas need repairs, such as broken tiles and paint.

Laundry - The MJ provided the Expert with the "Laundry Department Daily Cleaning Checklists" for October 2021 through March 2022. Each form contains one (1) week of checks to complete the following tasks:

- Rinse out all blue laundry bins.
- Wipe down all countertops.
- Wipe down all machines inside and out.
- Clean out lint traps on all dryers.
- Sweep and mop laundry room floor.
- Empty all trash cans.

The laundry room is cleaned by incarcerated persons/laundry workers. Sections of the laundry room appeared cleaned and organized; however, although the MJ has made attempts to prevent birds from entering the laundry room by hanging shiny reflective strips near entrances, birds were nested inside the building and flying where clean clothing is stored. Bird droppings were noted in various areas. Birds can contaminate clean clothing with mites and fleas, and bird droppings can contaminate clean clothing and breed parasites.

Common Areas and Hallways – Various hallways were swept but had debris or dirt built-up in baseboards and corners. Some walls contained what appeared to be food stains and required cleaning and/or painting. Common areas such as recreational yards need cleaning, sweeping, and power washing. Yard toilets contained mold and/or debris build-up.

The Expert recommends the MJ Sanitation Plan include a schedule for the daily cleaning of intake, health care clinics, kitchen, laundry, and all other common areas and hallways. The Sanitation Plan should also contain the steps which should be promptly taken to address identified cleaning and disinfection needs and how to document findings and results.

Non-Compliance

(NBJ) The NBJ did not provide the Expert with a Sanitation Plan and schedule for daily cleaning of intake, health care clinics, kitchen, laundry, and other common areas, such as hallways.

During the monitoring review, the following was noted:

Intake – This area appeared clean, with no significant issues or problems observed.

Health Services and Medical/Mental Health Housing - The Expert was unable to conduct a thorough review of all cells/rooms as certain locations housed COVID-19 positive incarcerated persons. Medical and health services appeared clean, with no significant issues observed. The Expert was informed a deputy or incarcerated person workers conduct cleaning of each cell/room after each use.

Kitchen – The main kitchen is cleaned by incarcerated persons/kitchen workers after meals are cooked and served. No significant issues or problems were observed in this area.

Laundry – The laundry room is cleaned by incarcerated persons/laundry workers. The laundry room appeared clean and organized. There were no significant issues or problems in this area.

Common Areas and Hallways – Various hallways were swept and clean. No significant issues or problems were observed in this area. Some common areas, such as recreational yards, needed minor sweeping.

While no significant cleanliness or sanitation issues were observed, the Expert recommends the NBJ Sanitation Plan include a schedule for the daily cleaning of intake, health services/medical housing, kitchen, laundry, and other common areas. The Sanitation Plan should also contain the steps which should be promptly taken to address identified cleaning and disinfection needs and how to document findings and results.

Non-Compliance

- d. Does the Sanitation Plan include a schedule for the weekly cleaning of visitation rooms and classrooms, and more frequently as needed?

(MJ) The Sanitation Plan is in the development stage and does not include a schedule for the weekly cleaning of visitation rooms and classrooms, including the frequency.

The MJ provided the Expert copies of the "Lobby Crew Cleaning Checklist," which indicates "Visitation" and "Visitation Area" locations. The checklist does not identify each visiting room or "Professional Visitor" (PV) visiting rooms at MJ. The Lobby Crew logs contain check marks indicating the cleaning of a visiting room/location for several dates each month, from October 15, 2021, through March 30, 2022. However, based on the above, it could not be determined which visiting room or PV visiting room was cleaned.

During the on-site review, the Expert noted the Main Visiting Room appeared clean with no significant issues or problems. The Expert was informed that due to COVID-19 restrictions, visiting rooms are not open to the public. The Expert was informed the Main Visiting Room had not been used for approximately one (1) month due to COVID-19 positive cases. The Expert noted various PV visiting rooms were not clean with significant issues or concerns. Most PV visiting rooms contained debris, dirt, or grime build-up, the walls had graffiti, the safety glass was dirty, and there was debris between the glass and grills. One PV visiting room contained a significant amount of hair and what appeared to be urine on the floor.

The Expert recommends the MJ Sanitation Plan include a schedule for the weekly cleaning of visitation rooms and classrooms and more frequent cleaning as needed.

Non-Compliance

(NBJ) The NBJ did not provide the Expert with a Sanitation Plan and schedule for the weekly cleaning of visitation rooms and classrooms.

During the on-site review, the Expert was informed that due to COVID-19 restrictions, visiting rooms are not open to the public but may be used for attorney visits. The Expert noted no problems or issues in the visiting rooms. Due to time constraints, the Expert was unable to review any classrooms.

The Expert recommends the NBJ Sanitation Plan include a schedule for the weekly cleaning of visitation rooms and classrooms, and more frequently as needed.

Non-Compliance

- e. Does the Sanitation Plan include a schedule for the biweekly power washing of shower areas?

(MJ) The MJ Sanitation Plan, which is in the development stage, does not include a schedule for the biweekly power washing of shower areas.

During the on-site review, MJ staff informed the Expert that power washing of showers is completed when incarcerated persons are participating in the yard/recreational activities and dorms/tanks are empty. As a result of COVID-19 restrictions, the yard/recreational activities have been canceled for an indeterminate period, and therefore power washing of showers has been on hold. As previously noted, showers appeared unclean and require biweekly power washing or frequent deep cleaning.

Additionally, MJ provided the "Biweekly Module Shower Power Washing Logs" from July 2021 through March 2022. The logs contain a location and dates. The logs appear to have missing dates for various shower locations or missing notes with explanations. It is also unclear from the documents who completed the power washing or the results of the washing.

During the on-site review, the Expert observed showers in various housing units with mold or mildew, soap or dirt build-up, and hair or debris. Some showers contained odors emitting from the drain. Certain showers appeared as if they had not been power washed for an extended period of time.

The Expert recommends the MJ Sanitation Plan include a schedule for the biweekly power washing of all SBCJ shower areas. The Expert further recommends that the "Biweekly Module Shower Power Washing Logs" include detailed information identifying the staff member who completed the power washing and note all dates on the log. MJ should review the log and ensure all showers at the MJ are listed on the log. As previously noted, showers appeared unclean and require power washing or frequent deep cleaning.

The Expert further recommends MJ create backup plans to continue deep cleaning and/or power washing showers when yard/recreational activities are canceled. The need for cleaning and disinfection of showers does not diminish during yard/recreational restrictions.

Non-Compliance

(NBJ) The NBJ did not provide the Expert with a Sanitation Plan or schedule for the biweekly power washing of shower areas.

During the on-site review, the Expert did not note or identify significant issues or problems with showers.

The Expert recommends NBJ create a Sanitation Plan which includes a schedule for the biweekly deep cleaning and/or power washing of all shower areas.

Non-Compliance

- f. Does the Sanitation Plan include a schedule for the weekly cleaning of cell bars, windows, and lights?

(MJ) The MJ Sanitation Plan, which is in the development stage, does not include a schedule for the weekly cleaning of cell bars, windows, and lights.

The MJ provided logs titled "Weekly Cleaning Log of Cell Bars, Windows, and Lights" from July 2021 through March 2022. The logs identify a location and date. It is not clear who conducted the cleaning for each week/month, and/or the log contains missing dates for certain weeks. It is also unclear if the locations listed on the logs are modular bars, doorway bars, or shower bars. During the on-site review, the Expert noted some housing unit/modular bars, shower bars, or windows contained dust, debris, and grime.

The Expert recommends the MJ Sanitation Plan include a schedule for the weekly cleaning of cell bars, windows, and lights. It is also recommended the logs identify the staff member who conducted the weekly cleaning and that any missed cleanings be documented with an explanation.

Non-Compliance

(NBJ) The NBJ did not provide the Expert with a Sanitation Plan or schedule for the weekly cleaning of cell bars, windows, and lights.

During the on-site review, the Expert did not note or identify issues or problems with cell bars, windows, or lights.

The Expert recommends that NBJ create a Sanitation Plan which includes a schedule for the weekly cleaning of cell bars, windows, and lights.

Non-Compliance

- g. Does the Sanitation Plan include a schedule for the quarterly cleaning of fans and air vents, and more frequently as necessary to ensure that they are clean and free of mold, mildew, and/or accumulation of dirt and dust?

(MJ) The MJ Sanitation Plan, which is in the development stage, does not include a schedule for the quarterly cleaning of fans and air vents to ensure that they are clean and free of mold, mildew, and/or accumulation of dirt and dust.

The MJ provided the Expert with an untitled log listing locations such as cells, offices, showers, fans, bars, and vents. The log contains column titles of "area," "quantity," and "date cleaned;" however, it does not clearly identify vents or fans, item cleaned, or who conducted the cleaning. The Expert noted

some air vents were clear or clean, while others were dusty or dirty. For example, some vents in the health care clinic were severely dusty or covered with lint. Some cell vents appeared to be dusty, covered with paper, or covered with what appeared to be toilet paper. Hallway fans in the housing units appeared to be clean. During interviews, incarcerated persons complained some buildings/modules have little or bad air circulation, bad odors emitting from the vents, and some vents were dirty and not cleaned.

The Expert recommends the MJ Sanitation Plan includes a schedule for the quarterly cleaning of all fans and air vents. It is also recommended the cleaning logs contain a title, identify all location fans and/or air vents, and identify the individual who completed the cleaning.

Non-Compliance

(NBJ) The NBJ did not provide the Expert with a Sanitation Plan or a schedule for the quarterly cleaning of fans and air vents and more frequent cleaning as necessary to ensure that they are clean and free of mold, mildew, and/or accumulation of dirt and dust.

During the on-site review, the Expert did not note or identify issues or problems with fans or air vents. During interviews, incarcerated persons did not report any problems with air ventilation.

The Expert recommends NBJ create a Sanitation Plan which includes a schedule for the quarterly cleaning of fans and air vents and more frequent cleaning as necessary to ensure that they are clean and free of mold, mildew, and/or accumulation of dirt and dust.

Non-Compliance

2. Does the SBCJ provide incarcerated people orientation upon intake regarding the jail's expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers?

(MJ) As part of document production, the MJ provided a copy of the "Custody Operations Orientation Handbook," which was updated in March 2022. The Expert noted the Handbook does address cleanliness, elimination of clutter, and the proper use of personal property containers.

During the on-site review, the Expert noted that many incarcerated persons continue to own excessive amounts of personal property, which they are unable to fit in their issued property box. During interviews, some incarcerated persons complained the property boxes provided are too small and that it is impossible to store all their personal belongings in them, which includes consumable commissary. The Expert noted many of the living area rules and conditions of cells outlined in the "Custody Operations Orientation Handbook"

are not enforced, such as rules related to excessive property, cleanliness, and obstructing vents, lights, and windows.

During interviews, the Expert was informed by newly arrived incarcerated persons that they were not provided an orientation regarding expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers. Most incarcerated persons stated they did receive an Orientation Handbook. Some incarcerated persons stated the cleanliness expectations are provided in a video on television. The Expert was informed by the MJ staff that an orientation video is played at least once per day on television; however, the Expert was unable to view or confirm the contents of the video.

The Expert recommends that newly arrived incarcerated persons are provided orientation regarding the jail's expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers. The orientation should be provided in a manner that provides incarcerated persons the opportunity to ask questions about the expectations if needed. The Expert recommends staff conduct daily and weekly inspections, and the enforcement of established rules, to assist with the reduction of clutter and help keep living areas clean. It is also recommended that the MJ staff be more proactive in enforcing the rules, policies, and procedures regarding expectations for cleanliness, elimination of clutter, and the proper use of personal property containers. Additionally, the Expert recommends that the MJ staff review whether the issued property containers can adequately store the County property issued to incarcerated persons (e.g., clothing, footwear, documents, etc.) and the amount of personal property, including commissary items. The MJ may need to consider a more adequately sized storage container that will effectively allow incarcerated persons to store personal property amounts/items they are allowed to retain.

Partial Compliance

(NBJ) The NBJ did not provide the Expert with documentation or information regarding incarcerated person's orientation upon intake.

During the on-site review, the Expert noted minor problems with clutter and/or cleanliness.

The Expert recommends that newly arrived incarcerated persons are provided orientation regarding the jail's expectations and procedures for cleanliness, elimination of clutter, and proper use of personal property containers. The orientation should be provided in a manner that provides incarcerated persons the opportunity to ask questions about the expectations if needed. The Expert recommends staff conduct daily and weekly inspections, and the enforcement of established rules, to assist with the reduction of clutter and help keep living areas clean.

Partial Compliance

3. (1). Did the SBCJ establish procedures to maintain cleanliness in housing areas where an incarcerated person is unable or unwilling to adequately clean?

(MJ) The Expert was informed that the procedures to maintain cleanliness in housing areas where an incarcerated person is unable or unwilling to adequately clean are in the process of being developed.

The Expert recommends that the MJ staff draft and implement the procedures to maintain cleanliness in housing areas where an incarcerated person is unable or unwilling to adequately clean.

Non-Compliance

(NBJ) The Expert was informed that the procedures to maintain cleanliness in housing areas where an incarcerated person is unable or unwilling to adequately clean are in the process of being developed.

The Expert recommends the NBJ staff complete and implement the procedures to maintain cleanliness in housing areas where an incarcerated person is unable or unwilling to adequately clean.

Non-Compliance

3. (2). Do the procedures provide direction to staff to ensure appropriate assistance is provided to incarcerated persons who are expected to participate in cleaning and have a mental illness, intellectual and developmental disabilities, or other special needs?

(MJ) The Expert was informed procedures are in the process of being developed.

During the on-site review, the Expert interviewed housing unit staff/Deputies to identify what they would do in cases where an incarcerated person was unable to clean their cell or living area due to the incarcerated person's disability (mental illness, developmental disability, or other special needs). Most Deputies stated they would remove the incarcerated person from their cell and clean the cell. Deputies working in the Restrictive Housing Unit stated they would take the incarcerated person out of their cell and place them in the shower area while staff cleaned the cell.

During the on-site review, the Expert observed some cells in the North West Restrictive Housing Unit and IRC were exceptionally dirty and contained excessive amounts of clutter and garbage and had dirty floors and toilets. Some IRC cells had multiple food containers with bugs and/or gnats

throughout the cell. It appeared some cells had not been cleaned for a period of time, or food containers had not been collected after multiple meals. While observing some incarcerated persons in these cells, the Expert noted cell conditions might be related to the incarcerated person's mental health.

The Expert recommends that the MJ complete and implement procedures to maintain cleanliness in housing areas where an incarcerated person is unable or unwilling to adequately clean. The procedures should provide direction for staff to ensure appropriate assistance is provided to incarcerated persons, who are expected to participate in cleaning, and based on their mental illness, intellectual and developmental disabilities, or other special needs, are unable or willing to adequately clean their housing area.

Non-Compliance

(NBJ) The Expert was informed procedures are still being developed.

During the on-site review, the Expert did not observe any significant problems or concerns in the housing units.

The Expert recommends NBJ complete and implement the procedures to maintain cleanliness in housing areas where an incarcerated person is unable or unwilling to adequately clean. The procedures should provide direction for staff to ensure appropriate assistance is provided to incarcerated persons who are expected to participate in cleaning and have a mental illness, intellectual and developmental disabilities, or other special needs.

Non-Compliance

4. (1). Did the SBCJ develop and implement a policy and procedure(s) for effective cleaning, disinfection, distribution, and repair of mattresses?

(MJ) The MJ provided a document titled "Cleaning of Mattresses, Property Boxes, and Empty Cells," which provides instructions for cleaning mattresses, property boxes, and empty cells for specific housing units. Per these documented instructions, Restrictive Housing Unit mattresses would remain in the cell to be cleaned. Staff reported this process was implemented in November 2021. Based on the instructions, Property Officers identify incarcerated persons who are released from custody to obtain their mattresses. The Property Officers then clean the mattresses by using Purell Professional Surface Disinfecting Wipes or Perk Disinfecting wipes. The cleaned mattresses are then placed in the "Mattress Room" for distribution, as needed. Damaged mattresses are taken to the Laundry Department and given to the Laundry Coordinator for repair or replacement. Before the end of the shift, Property Officers are required to document the mattresses cleaned and inspection completed on the Property Office Recap Report. MJ also created a

PowerPoint presentation that provides the aforementioned instructions with pictures/visuals.

During the on-site review, the Expert received copies of the "Property Office Recap Reports" from November 2021 through March 2022. The Expert reviewed three (3) days of Property Office Recap Reports for each of these months for a total of 15 days. The Expert noted inconsistencies in the reports and was unable to determine if all mattresses that required cleaning were cleaned. For example, on many days, there were more incarcerated persons released from custody requiring mattresses to be cleaned, but the documentation indicated a smaller number of mattresses were cleaned. Additionally, although the instructions indicate Restrictive Housing Unit mattresses would remain in the cell to be cleaned, it was unclear if Restrictive Housing Unit mattresses were cleaned. During interviews, some incarcerated persons informed the Expert they were issued a clean and serviceable mattress, while other incarcerated persons stated their issued mattress had stains, sweat, or body odors.

The Expert notes the instructions and PowerPoint presentation provided are a great start in the development of a standardized policy and procedure for the cleaning of mattresses. The Expert recommends that the MJ develop standardized procedures for the effective cleaning, disinfection, distribution, and repair of mattresses for all housing units and incorporate the procedures into a policy. It is also recommended that the MJ create a pre-printed document/Chrono form to document when a clean and serviceable mattress is issued to an incarcerated person. The incarcerated person accepting a clean and serviceable mattress can sign the document/form to acknowledge acceptance. The document/form would be used to demonstrate compliance with this requirement of the Remedial Plan.

Partial Compliance

(NBJ) During the on-site review, the Expert was informed that the policy and procedure for the effective cleaning, disinfection, distribution, and repair of mattresses are in the process of being developed.

The Expert recommends that NBJ develop and implement a standardized policy and procedure for the effective cleaning, disinfection, distribution, and repair of mattresses.

Non-Compliance

4. (2). Does the policy provide a process for inspection and replacement of all frayed and cracked mattresses or mattresses that cannot be disinfected sufficiently to eliminate harmful bacteria?

(MJ) The document titled "Cleaning of Mattresses, Property Boxes, and Empty Cells" provides brief instruction which states, "Damaged mattresses will be taken to the Laundry Department and given to the Laundry Coordinator for repair or replacement." The instructions are brief and do not provide sufficient information on who is responsible for taking damaged mattresses to the Laundry Department, how inspections will be completed, and how to replace or repair all frayed and cracked mattresses. Additionally, during the on-site review, the Expert was informed that a policy and procedure for inspection and replacement of all frayed and cracked mattresses and mattresses that cannot be disinfected sufficiently to eliminate harmful bacteria was being developed.

During interviews, some incarcerated persons informed the Expert they were issued a clean and serviceable mattress, while other incarcerated persons stated their issued mattress had tears/rips, was too thin, and/or had sweat/body odors.

The Expert noted the Main Laundry Room contains an area to repair mattresses. Torn or frayed mattress covers are removed and replaced with newly sown vinyl covers.

The Expert recommends that the MJ develop and implement a standardized policy and procedure for inspection and replacement of all frayed and cracked mattresses. The policy must also include a process to document when a clean and serviceable mattress is issued to an incarcerated person, both upon initial housing placement and at any time during the person's incarceration.

Partial-Compliance

(NBJ) During the on-site review, the Expert was informed that the policy and procedures for inspection and replacement of all frayed and cracked mattresses and mattresses that cannot be disinfected sufficiently to eliminate harmful bacteria are in the process of being developed.

The Expert recommends the NBJ develop and implement a standardized policy and procedure(s) for effective cleaning, disinfection, distribution, and repair of mattresses. The policy must also include a process to document when a clean and serviceable mattress is issued to an incarcerated person, both upon initial housing placement and at any time during the person's incarceration.

Non-Compliance

5. Does SBCJ ensure that newly arrived incarcerated persons receive a clean and serviceable mattress?

(MJ & NBJ) During interviews, some incarcerated persons informed the Expert they were issued a clean and serviceable mattress, while other

incarcerated persons stated their issued mattress had tears/rips, was too thin, and/or had sweat/body odors. As the Expert previously noted, a standardized policy and procedure need to be created and implemented, which should include a method to document when a clean and serviceable mattress is issued to incarcerated persons.

Partial Compliance

6. (1). Does the SBCJ establish procedures so that a cell is cleaned prior to an incarcerated person's placement in that cell?

(MJ & NBJ) The Expert was informed that procedures for a cell to be cleaned prior to an incarcerated person's placement in that cell are in the process of being developed and not yet available.

The Expert recommends that the MJ/NBJ establish and implement procedures for a cell to be cleaned prior to an incarcerated person's placement in that cell. The procedures must also contain a method to document the cell was cleaned prior to an incarcerated person's placement in that cell.

Non-Compliance

6. (2). Does SBCJ have documentation and or verification of cell cleaning prior to an incarcerated person's placement in that cell?

The Expert was unable to rate this requirement as the MJ and NBJ did not provide documentation or verification of cell cleaning prior to an incarcerated person's placement in a cell.

(MJ) During interviews, some incarcerated persons informed the Expert they were assigned to a clean cell, while other incarcerated persons stated their cell was dirty.

(NBj) During interviews, most incarcerated persons informed the Expert they were assigned to a clean cell.

The Expert recommends that the MJ/NBJ develop a method to document and provide verification of cell cleaning prior to an incarcerated person's placement in a cell.

Non-Compliance

7. Does the SBCJ ensure that the plastic beds, or "boats," are cleaned and disinfected anytime they are assigned to a different incarcerated person or when there is a biohazardous or bloodborne incident involving the mattress or "boat"?

SBCJ indicated they were committed to discontinuing the use of plastic beds or "boats." The County reports the plastic bed or "boats" have not been utilized since the onset of the COVID-19 pandemic. However, SBCJ indicated it is in the process of drafting a policy on the use of "boats" if unforeseen circumstances require their use.

The Expert was provided a document titled "Inmate Plastic Bed, No Bed Assignment Form." The form is designed to be completed by the Classification staff to provide an explanation of when a plastic bed is issued and the condition of the plastic bed upon issuance. The form indicates plastic beds must be sanitized by being wiped clean with Purell Disinfecting Surfaces Wipes or sprayed with Lysol and wiped clean. The Expert notes the form is a great start in documenting the issuance of a plastic bed to an incarcerated person.

During the on-site review, the Expert did not observe any incarcerated persons assigned to a plastic bed or "boat."

The Expert recommends that SBCJ complete a policy and procedure on the use, cleaning, and disinfection of plastic beds or "boats" anytime they are assigned to a different incarcerated person or when there is a biohazardous or bloodborne incident involving the mattress or "boat."

Partial Compliance

C. Laundry

1. (1). Is clothing and linen exchange completed for all incarcerated persons at least weekly and more frequently when circumstances warrant?

(MJ) The Expert noted that the MJ has a clothing and linen exchange schedule and conducts the exchange weekly.

The Expert noted clothing and linen exchange is mandatory in certain housing units, while other housing units offer weekly one-for-one clothing and linen exchange.

Based on policy, incarcerated persons are issued the following clothing items; two (2) pairs of socks, two (2) sets of clean undergarments, two (2) white t-shirts, one (1) set of clean outer garments, one (1) clean mattress cover or sheet, one (1) clean towel, and two (2) blankets. Once per week, based on the assigned housing unit, incarcerated persons are offered the opportunity to exchange one-for-one clothing and sheets. Blankets are exchanged once per month.

During incarcerated person interviews, all incarcerated persons stated they are either required or offered (based on housing unit) clothing exchange weekly. Some incarcerated persons stated they keep certain linen or clothing that fits properly or is newer and have little wear, and they prefer to wash clothing themselves to avoid exchanging for items that do not fit, have stains, or are ripped/damaged.

When circumstances warrant, the MJ staff are required to exchange clothing on non-laundry days. However, incarcerated persons stated staff does not always exchange clothing and that the clothing exchange is dependent on the staff member(s) they ask.

Some incarcerated persons stated due to the number of clothing items issued, they need to wash clothing in their cell or modular to ensure they have sufficient clean clothing for the week. However, when they wash clothing, it is difficult for the incarcerated persons to find a place to dry the clothing. Incarcerated persons claim they are limited in the amount of space they are allowed to hang the clothing to dry.

Additionally, some incarcerated persons stated they are sometimes issued clothing or linen that is stained, damaged/ripped, or the wrong size. When they request an exchange, some staff will exchange for items that are in better condition, while some staff refuses to exchange the items. All incarcerated persons stated the clothing exchange request is dependent on the staff member(s) they ask.

While touring the main laundry, the Expert observed washed clothing that had been sorted and folded by incarcerated person laundry workers and was prepared for re-issuance. Within the stacks of clothing, some items appeared to have stubborn stains, and some whites were off-white in color or appeared to be ripped or damaged.

The Expert recommends the MJ re-evaluate and consider increasing the number of undergarments issued per week. For example, increase the amount from two (2) socks, two (2) undergarments, and two (2) t-shirts to four (4) of each, and increase the outer garments from one (1) set to two (2) sets. This increase would better allow each incarcerated person to have sufficient clean clothing that will last one (1) week. If increasing the number of clothing items is not a consideration, the MJ should consider increasing the ability for incarcerated persons to conduct clothing exchange two (2) times per week and allow incarcerated persons the opportunity to have sufficient clean clothing for the week.

The Expert further recommends that Laundry workers receive more training and direction in sorting clothing and linen to remove items that do not appear clean, have been altered, or are ripped/damaged. It is also recommended that proper amounts of detergent and/or bleach are added to each wash or that washing machines are not overloaded to ensure a more thorough cleaning of the clothing and linen items.

Partial Compliance

(NBJ) The Expert noted that NBJ conducts clothing and linen exchange on a weekly basis.

Based on the schedule and information received during the on-site review, incarcerated persons are offered and/or provided clothing and linen exchange at least weekly. Incarcerated persons are offered the opportunity to submit a nylon mesh clothing bag with one (1) outer clothing/uniform, one (1) t-shirt, one (1) boxer/underwear, and one (1) pair of socks, and nightgown, brassiere. The bags are collected during the night shift on a weekday, taken to the laundry for washing, and subsequently distributed on the next day by the day shift. All housing units exchange one (1) mattress cover and one (1) towel on Fridays.

During interviews, many incarcerated persons informed the Expert they prefer to wash their own clothing to ensure they have clean clothes for the entire week. Two (2) incarcerated persons stated they are not provided clothing that is clean or smells clean. One (1) incarcerated person assigned to B Unit claimed he had not had a clothing exchange in almost four (4) weeks, while another incarcerated person in B Unit claimed he had not had a clothing exchange since his arrival or more than one (1) week. However, based on the B Unit Recap Report, "Laundry" was issued on May 30, 2022. The Expert was

unable to determine if the Unit Recap Report log indicates linen or clothing was exchanged. The Expert was unable to verify or confirm incarcerated persons' claims based on time constraints and not having sufficient time to interview additional incarcerated persons or verify additional unit logs and written documentation.

When circumstances warrant, NBJ staff are required to exchange clothing on non-laundry days. Most all incarcerated persons stated staff would exchange clothing when they asked, and the exchange was completed on the same day.

The Expert recommends NBJ re-evaluate and consider increasing the number of undergarments issued per week. For example, increase the amount from two (2) socks, two (2) undergarments, and two (2) t-shirts to four (4) of each, and increase the outer garments from one (1) set to two (2) sets. This increase would better allow each incarcerated person to have sufficient clean clothing to last one (1) week. If increasing the number of clothing items is not a consideration, the NBJ should consider increasing the ability for incarcerated persons to conduct clothing exchange two (2) times per week and allow incarcerated persons the opportunity to have sufficient clean clothing for the week.

Partial Compliance

1. (2). Are kitchen workers provided clean kitchen uniforms daily?

(MJ) The Expert noted that based on kitchen staff and incarcerated person/kitchen worker interviews; kitchen workers are provided washed and clean uniforms daily.

Incarcerated kitchen workers that were interviewed stated they are provided clean, washed kitchen uniforms daily. The Expert noted that the MJ changed the kitchen uniforms from a white uniform to a dark green/dark blue color uniform and that all incarcerated kitchen workers appeared to be wearing clean uniforms.

Incarcerated persons stated if their uniform becomes dirty or soiled during work hours, staff will issue them clean uniforms promptly.

Substantial Compliance

(NBJ) The Expert noted that incarcerated person kitchen workers were wearing clean uniforms. Based on time constraints, the Expert was unable to interview incarcerated person kitchen workers.

Substantial Compliance

1. (3). When an incarcerated person presents to jail staff clothing or linen that are soiled and/or reasonably requests a clothing/linen exchange, does jail staff ensure a prompt exchange, and in all cases, by the end of the shift?

(MJ) As the Expert previously noted, in situations where an incarcerated person presents to jail staff clothing or linen that is soiled, or they need an urgent exchange of clothing/linen, incarcerated persons stated certain staff would exchange the items. Incarcerated persons stated it depends on which staff member you ask as some Custody Deputies will complete the exchange, while other Custody Deputies will not. Incarcerated persons stated that in some cases, the clothing is exchanged on the same day, while in other cases, the exchange may take one (1) or two (2) days.

During staff interviews, Deputies indicated they would exchange clothing or linen under certain conditions, such as those that have been damaged or have become soiled.

Partial Compliance

(NBJ) In situations where an incarcerated person presents to jail staff clothing or linen that is soiled, or they need an urgent exchange of clothing/linen, most incarcerated persons stated staff would exchange clothing when they ask, and the exchange is completed on the same day.

During staff interviews, Deputies indicated they would exchange damaged or soiled clothing and linen. The Expert was unable to verify compliance due to time constraints.

Partial Compliance

2. Does SBCJ provide, document, and maintain records of training provided to incarcerated workers and staff assigned laundry duties on chemical safety, biohazardous and bloodborne contaminated clothing and linens, use of personal protective equipment, and Material Safety Data Sheets (MSDS)?

(MJ) The MJ provided the Expert copies of three (3) certificates of completion for Bloodborne Pathogens Training. The training was completed online by three (3) Laundry employees in August 2021 by the American Red Cross Training Services. The training is designed for those individuals who are at risk for on-the-job exposure to blood and other bodily fluids in the workplace. The course is one of the requirements of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard and is valid for a period of one (1) year.

The MJ also provided the Expert with a copy of the "Laundry Department Inmate Worker Orientation" document. The document provides basic Laundry Department duties and responsibilities, notification of a Material Safety Data

book in the Laundry Department, notification of an eyewash station in the Laundry Department, and what to do with red and yellow biohazardous contaminated color bags. The second page of the document contains an acknowledgment of reading the document and a place for both the incarcerated person and laundry Coordinator to sign and date. The document is written in English and Spanish language. The MJ also provided 22 copies of acknowledgment forms signed by current and formerly incarcerated persons assigned to the laundry room.

During the on-site review, the Expert interviewed four (4) incarcerated laundry workers. Two (2) incarcerated laundry workers stated they work with washing and cleaning chemicals. All four (4) incarcerated laundry workers stated they were provided verbal on-the-job chemical safety training. The Expert searched for "Laundry Department Inmate Worker Orientation" acknowledgment forms for the four (4) incarcerated persons who were interviewed but was only able to locate three (3) acknowledgment forms.

During the on-site review, the Expert located a Safety Data Sheet binder in the laundry room, which is easily accessible to all employees, staff, and incarcerated persons.

The MJ also provided the Expert with a copy of the Chemical Safety Training PowerPoint presentation obtained from the OSHA website. The PowerPoint provides basic and necessary information on chemical safety training. The Expert recommends the MJ utilize the PowerPoint to create a lesson plan that is specific to SBCJ. Within the lesson plan, the MJ should incorporate information that is site specific where chemicals are used, mixed, and stored (e.g., kitchen, laundry room, janitorial services) and information or examples of chemicals found and used, and the proper use of such chemicals. Additionally, the training and PowerPoint should be provided in a classroom setting for employees (staff and incarcerated persons) to participate and ask questions to ensure they understand the information presented. The instructor should be prepared to provide the training in a manner that is conducive to the participants; for example, the lesson plan may need to be created in an alternate language, such as Spanish to target the audience.

The Expert recommends the MJ complete the Chemical Safety lesson plan and provide training to staff and incarcerated workers on chemical use and safety, including cleaning biohazardous and bloodborne contaminated clothing and linen, the use of personal protective equipment, and MSDS/Safety Data Sheets (SDS) binder/sheets. The training provided to staff and incarcerated workers must be documented, and records maintained to provide verification and evidence of compliance.

Partial Compliance

(NBJ) The NBJ did not provide the Expert with the training curriculum or training records.

During the on-site review, the Expert located a Safety Data Sheet binder in the laundry room, easily accessible to all employees, staff, and incarcerated persons.

The Expert recommends NBJ develop and provide training to staff and incarcerated workers on chemical use and safety, including cleaning biohazardous and bloodborne contaminated clothing and linen, the use of personal protective equipment, and MSDS/SDS. The training provided to staff and incarcerated workers must be documented, and records maintained to provide verification and evidence of compliance.

Non-Compliance

3. (1). Do staff make health care referrals for any incarcerated person refusing to exchange linen if there is reason to believe such refusal relates to the person's mental health condition?

(MJ) The Expert requested copies of documentation for any health care referrals submitted by staff or documentation from clinical staff on addressing and/or resolving an incarcerated person's refusal to exchange linens if there was reason to believe such refusal related to the incarcerated person's mental health condition. The Expert was informed this process has not been fully implemented or finalized; therefore, documentation was not provided.

The MJ provided the Expert with a copy of a form titled "Mental Health Evaluation Request Form." The form was created for Deputies to make mental health evaluation referrals. The MJ informed the Expert the form and project are still being reviewed and discussed with the on-site Wellpath health care provider for approval.

During the on-site review, the Expert interviewed four (4) housing unit Deputies and two (2) mental health staff to evaluate what is done with incarcerated persons who refuse to exchange linen or clothing, and the reason for the refusal may be related to incarcerated persons mental health. Two (2) Deputies stated they would call a supervisor; one (1) stated they would try to exchange the clothing when the incarcerated person goes to shower and note the exchange in the Unit Recap Report; one (1) stated they would call mental health. Both mental health clinicians stated they occasionally get calls by radio or telephone when incarcerated persons refuse showers or clothing exchanges.

During the tour, the Expert observed the housing unit and Restrictive Housing Unit cells, where it appeared the incarcerated persons were not maintaining

proper hygiene and were wearing undergarments that appeared dirty and needed to be exchanged.

The Expert recommends that the MJ develop procedures for all staff to contact mental health staff when an incarcerated person refuses to exchange linen/clothing, and there is reason to believe such refusal relates to the incarcerated person's mental health condition. The Expert further recommends the procedures include a process to document these referrals for tracking and compliance purposes.

Partial Compliance

(NBJ) NBJ did not provide documentation for any health care referrals submitted by staff or documentation from mental health clinical staff on addressing and/or resolving an incarcerated person's refusal to exchange linens if there was reason to believe such refusal related to the incarcerated person's mental health condition. The Expert was informed this process has not been fully implemented or finalized; therefore, documentation was not provided.

During the on-site review, the Expert interviewed two (2) Deputies assigned to housing units. One (1) deputy stated clothing and linen exchange is voluntary, and there is no policy on what to do, but he would try to convince the incarcerated person to complete the clothing exchange. One (1) deputy stated he was not sure what the policy was, but he would try to get the clothing exchanged and notify his supervisor.

Due to time constraints and COVID-19 restrictions, the Expert was only able to observe some housing units. The Expert observed an incarcerated person in a Restrictive Housing Unit cell, where it appeared the incarcerated person was not maintaining proper hygiene and was wearing undergarments that appeared dirty and needed to be exchanged.

The Expert recommends that NBJ develop procedures for all staff to contact mental health staff when an incarcerated person refuses to exchange linen/clothing, and there is reason to believe such refusal relates to the incarcerated person's mental health condition. The Expert further recommends the procedures include a process to document these referrals for tracking and monitoring purposes.

Partial Compliance

3. (2). Does Mental Health staff assist in resolving the situation, as appropriate?

(MJ) During the on-site tour, the Expert interviewed two (2) mental health staff, who stated they occasionally receive a radio message or telephone call for an incarcerated person with mental health concerns for refusing a clothing

exchange or shower. Both stated they would respond to observe and conduct reviews of the Activities of Daily Living. Both stated they conduct three (3) rounds of housing units per week. Mental health staff stated they notify a custody officer when mental health problems are identified, and most recently, they were asked to notify the Watch Commander.

The Expert recommends that mental health staff document all contacts received by custody staff for any incarcerated person refusing to exchange linen if there is reason to believe such refusal relates to the person's mental health conditions and the actions taken in resolving the situation for tracking purposes and evidence of compliance.

Partial Compliance

(NBJ) Due to limited time constraints, the Expert was unable to interview NBJ mental health staff.

The Expert recommends that mental health staff document all contacts received by custody staff for any incarcerated person refusing to exchange linen if there is reason to believe such refusal relates to the person's mental health conditions and the actions taken in resolving the situation for tracking purposes and evidence of compliance.

Un-ratable

D. Food Service and Kitchen Operations

1. (1). Are incarcerated persons assigned to kitchen duties provided clean outer clothing daily?

(MJ) During the on-site review, the Expert noted that the MJ changed the kitchen uniforms from a white uniform to a dark green/dark blue color uniform and that all incarcerated kitchen workers appeared to be wearing clean outer clothing/uniforms.

The Expert interviewed three (3) incarcerated person/kitchen workers. All three (3) workers stated a clean kitchen uniform is provided daily before reporting to work, and if the uniform becomes soiled during work or they make a request for a clean uniform, the kitchen staff will provide a clean uniform.

Substantial Compliance

(NBJ) During the on-site review, the Expert noted all NBJ incarcerated kitchen workers were wearing a dark green/blue colored outer uniform, and the uniforms appeared to be clean.

Substantial Compliance

1. (2). If during an incarcerated person's work shift the clothing becomes soiled, is it replaced promptly?

(MJ) During the on-site tour, the Expert interviewed three (3) incarcerated person/kitchen workers. All three (3) workers stated a clean kitchen uniform is provided daily before reporting to work, and if the uniform becomes soiled during work or they make a request for a clean uniform, the kitchen staff will provide a clean uniform.

Substantial Compliance

(NBJ) During the on-site review, the Expert noted all incarcerated kitchen workers appeared to be wearing clean outer clothing/uniforms. Due to time constraints, the Expert was unable to interview incarcerated kitchen workers.

Substantial Compliance

2. (1). Does SBCJ perform weekly inspections of kitchen operations, and submit a report to the ECM to ensure actions are taken to correct any identified issues?

(MJ) The MJ provided copies of a form titled "Weekly Cleaning – Checklist & Monthly Cleaning – Checklist." The form is provided to the ECM on a weekly basis. The form appears to be a short list of tasks that must be completed and

checked on a weekly and monthly basis and lists minimal items and equipment. The form contains a space for staff to initial but does not provide a space for additional information to be documented. The Expert noted the form does not appear to be an "inspection sheet," as many locations or items are not listed or inspected. For example, floors, drains, walls, storage rooms, walk-in refrigerators, walk-in freezers, or the other various equipment, rooms, and locations within the main kitchen are not listed or inspected. Additionally, the forms do not identify any issues, concerns, or actions taken to correct identified issues.

The Expert recommends that the MJ create an inspection form that lists/identifies all rooms, locations, equipment, or items within the main kitchen operations. The form should contain a location for staff to address identified issues and what actions were taken to correct identified issues. Copies of the inspection forms should be provided to the ECM on a weekly basis.

Partial Compliance

(NBJ) Copies of the weekly inspection reports were not provided to the Expert. Based on this, the Expert could not determine NBJ's compliance with this requirement.

The Expert recommends the NBJ create an inspection form that lists/identifies all rooms, locations, equipment, or items within the main kitchen operations. The form should contain a location for staff to address identified issues and what actions were taken to correct identified issues. Copies of the inspection forms should be provided to the ECM on a weekly basis.

Non-Compliance

2. (2). Is a report of the weekly inspections of kitchen operations submitted to the ECM (on a weekly basis)?

(MJ) During the on-site review, the Expert interviewed the ECM and was informed the Kitchen Manager provides a weekly report titled "Weekly Cleaning – Checklist & Monthly Cleaning – Checklist" as a report of the weekly inspection. As previously indicated, the report does not appear to be an inspection form but a checklist of weekly and monthly tasks to complete.

Although a weekly inspection report is provided to the ECM on a weekly basis, the Expert recommends that the MJ create an inspection form that lists/identifies all rooms, locations, equipment, or items within the main kitchen operations. The form should contain a location for staff to address identified issues and what actions were taken to correct identified issues. Copies of the inspection forms should be provided to the ECM on a weekly basis.

Partial Compliance

(NBJ) Based on NBJ not having implemented a weekly inspection of the kitchen, weekly reports are not provided to the ECM.

The Expert recommends NBJ implement a weekly inspection of kitchen operations and a report of the weekly inspections be submitted to the ECM on a weekly basis. The weekly report should also contain a location to indicate what actions are taken to correct any identified issues.

Non-Compliance

2. (3). Does SBCJ/ECM ensure actions are taken to correct any identified issues on the weekly inspection of kitchen operations?

(MJ) During the on-site review, the Expert interviewed the ECM. The ECM stated if a kitchen operation issue is identified on the weekly report, he will contact the Kitchen Supervisor to find out if a work order was submitted.

The Expert is unable to verify what actions are taken when issues are identified on the weekly inspections of kitchen operations report. The Expert recommends the MJ/ECM create a weekly inspection report which includes the actions taken to correct identified issues. The Expert further recommends the weekly inspection report contains an ongoing tracking method to monitor any actions taken or work orders submitted because of the weekly inspections.

Partial Compliance

(NBJ) Based on NBJ not having implemented a weekly inspection of the kitchen, weekly reports are not provided to the ECM; therefore, the ECM cannot ensure actions are taken to correct any identified issues on the weekly inspection of kitchen operations.

The Expert recommends that NBJ/ECM create a weekly inspection report which includes the actions taken to correct identified issues. The Expert further recommends the weekly inspection report contains an ongoing tracking method to monitor any actions taken or work orders submitted as a result of the weekly inspections.

Non-Compliance

3. (1). Does SBCJ develop and implement policies and procedures for food services and kitchen operations as required in Section 1246 of California Code of Regulations Title 15?

(MJ & NBJ) The County reported policies and procedures have not been developed and/or implemented.

The Expert recommends that SBCJ develop and implement policies and procedures for food services and kitchen operations as required in Section 1246 of the California Code of Regulations, Title 15.

Non-Compliance

3. (2). Does the food services and kitchen operations policy include provisions for;

- tool control,
- roles and responsibilities of Jail staff,
- food services Contractor,
- employee and incarcerated person-worker training in food safety,
- temperature monitoring.

(MJ & NBJ) The County reported policies and procedures have not been developed and/or implemented.

The Expert recommends that SBCJ develop and implement policies and procedures for food services and kitchen operations, which include the requirements of the Remedial Plan.

Non-Compliance

3. (3). Does the policy provide that incarcerated person workers are medically screened prior to being assigned to work in the kitchen?

(MJ & NBJ) The County reported policies and procedures have not been developed and/or implemented.

The Expert recommends that SBCJ food services and kitchen operations policy include procedures for incarcerated kitchen workers to be medically screened prior to assignment in the kitchen or food handling. The procedures must include instructions to document the medical clearance and provide verification and evidence of compliance.

Non-Compliance

4. Does the SBCJ provide incarcerated person workers with training and education regarding kitchen operations?

(MJ) The MJ informed the Expert that all incarcerated persons assigned to work in the main kitchen are required to attend and complete a course titled "ServSafe California Food Handler Assessment" provided by the Santa Barbara City College. Participants are provided a ServSafe California Food Handler Guide Workbook.

The MJ provided a course syllabus that states the course contents consist of Personal Hygiene, The Importance of Sanitization and Pest Control, Identify Proper Serving Practices, Preventing Cross Contamination, Time/Temperature Control, and Cleaning and Sanitizing. The course is two (2) hours per day, provided two (2) days per week, for a total of eight (8) weeks. Upon completing the training, participants take a written test. Upon passing the written test, participants are provided a certificate of achievement from the ServSafe National Restaurant Association. The MJ staff stated if an incarcerated person fails the test, they will continue to work in the kitchen but are assigned to a nonfood handling position until they can remediate the class and retake the test. The course is also taught bilingually. The Expert was informed that the class has been provided to incarcerated kitchen workers for the last five (5) years.

The Mail Jail provided eight (8) certificates for incarcerated kitchen workers who completed the course.

During the on-site review, the Expert interviewed three (3) incarcerated kitchen workers, who all stated they are attending the ServSafe training two (2) days per week for two (2) hours per day. One (1) kitchen worker stated he completed the course and took the test and was waiting to receive his results. Two (2) kitchen workers stated they were enrolled in the class.

Substantial Compliance

(NBJ) The NBJ did not provide the Expert with copies of a training curriculum and/or training records.

The Expert recommends NBJ provide incarcerated person workers with training and education regarding kitchen operations. The training provided must also be documented for the purpose of tracking and evidence of compliance.

Non-Compliance

5. (1). Does the SBCJ conduct periodic temperature monitoring of food?

(MJ) The Expert requested documentation of food temperature checks from July 1, 2021, through March 31, 2022. Post monitoring tour, the MJ provided Final Cooking/Reheating Time & Temperature Logs from November 2021 through March 2022. Temperature logs were not provided for the entire rating period.

The temperature logs provided are maintained by Aramark and do not demonstrate periodic temperature checks are being performed. The temperature logs indicate only that the final cooking temperatures were taken at the time food was prepared, with times varying between approximately

1:00 p.m. through 4:30 p.m. Periodic temperature checks should be taken when the food is prepared and again when served to the incarcerated persons.

During the on-site review, the Expert was informed the MJ kitchen began taking food temperatures and recording results into a tablet program. The MJ staff stated they would be able to provide temperature logs for the next monitoring review.

The Expert recommends the MJ conduct periodic temperature monitoring of food and maintain records to provide verification of the temperature checks.

Partial Compliance

(NBJ) The Expert requested documentation of food temperature checks from July 1, 2021, through March 31, 2022. The NBJ did not provide documentation of food temperature checks.

The Expert recommends the NBJ conduct periodic temperature monitoring of food and maintain records to provide verification of the temperature checks.

Non-Compliance

5. (2). Does the SBCJ take steps to ensure that food prepared as hot, is served hot to the greatest extent practicable?

(MJ) During the on-site review, the Expert interviewed two (2) kitchen staff members, who both stated the serving time of trays/containers was changed closer to feeding time. Staff stated that by changing the serving time, it shortened the amount of time food was in containers. The Expert was informed that as a result of the COVID-19 pandemic, all food was being served in Styrofoam containers. The containers were loaded onto carts and taken to the housing units. The kitchen staff stated some units begin feeding when the carts are delivered, which is after 5:00 p.m., while other units would let the evening shift complete the feeding.

The Expert interviewed 25 incarcerated persons from various housing units and modules at the MJ. Two (2) incarcerated persons stated the food was hot to warm on some days. Most all incarcerated persons stated the hot food is warm, lukewarm, or cold. Some incarcerated persons stated the food trays/containers get delivered to the building but would remain on the cart between 30 minutes to more than one (1) hour before being distributed.

The Expert was unable to evaluate or determine if the hot food prepared as hot is served hot to the greatest extent practicable as periodic temperature checks were not provided. The Expert recommends that the MJ kitchen staff conduct and record temperature checks when meals are prepared and conduct temperature checks at the time food trays/containers are distributed to the

incarcerated persons. Recording food temperatures at the time food is prepared and recording food temperatures again when trays/containers are served will provide information to determine if prepared hot food is served hot to the greatest extent practicable.

The Expert also recommends that the MJ evaluate the time when the food trays are served and/or food carts are taken to the housing units. the MJ may also need to review procedures when housing unit staff are required to begin food tray distribution to prevent the food trays/carts from sitting in housing units for long periods of time. The Expert also received numerous complaints from incarcerated persons about being served clumpy, sour, or spoiled milk.

Non-Compliance

(NBJ) During the on-site review, the Expert was able to interview nine (9) incarcerated persons from seven (7) housing units. Four (4) incarcerated persons stated the food is served hot, while five (5) stated it was warm/lukewarm to cold. All incarcerated persons stated the milk is delivered cold; no one indicated bad or sour milk problems.

The Expert was unable to evaluate or determine if the hot food prepared as hot is served hot to the greatest extent practicable as periodic temperature checks were not provided. The Expert recommends that NBJ kitchen staff conduct and record temperature checks when meals are prepared and conduct temperature checks at the time food trays/containers are distributed to the incarcerated persons. Recording food temperatures at the time food is prepared and recording food temperatures again when trays/containers are served will provide information to determine if prepared hot food is served hot to the greatest extent practicable.

Non-Compliance

E. Work Order System and Preventative Maintenance

1. Does the SBCJ train staff on the process of submitting work orders?

(MJ) The Expert requested copies of the training curriculum on the process for submitting work orders and/or training records. The MJ provided a document titled "Steps to Completing Work Orders." The document contains nine (9) step-by-step instructions on how to submit a work order through "County Links," a Santa Barbara County intranet computer program. The MJ also provided 26 staff acknowledgments of training.

During the on-site review, the Expert asked the ECM to access the County Links program utilizing the step-by-step instructions on the "Steps to Completing Work Orders" document to evaluate the process of submitting a work order. It was discovered the "Steps to Completing Work Orders" document did not contain all steps that are required to submit a work order. The instructions were incorrect and did not provide all steps which are required to submit a work order.

During the on-site review, the Expert interviewed four (4) housing unit building Deputies. All Deputies were familiar with the process of submitting work orders through the Santa Barbara County intranet site. Staff stated they received on-the-job training from their Custody Training Officer when they started working at SBCJ.

The Expert recommends that the MJ create or correct the training curriculum to include the process for submitting work orders and a method to document the training for the purpose of verification and evidence of compliance. The Expert recommends the training curriculum include additional information or examples and purposes for submitting a work order such as cleaning concerns, painting, repairing, or replacing broken or inoperable items, insect or rodent problems, and scheduling preventive maintenance.

Partial Compliance

(NBJ) The NBJ did not provide a training curriculum on the process for submitting work orders and/or training records.

During the on-site review, the Expert interviewed two (2) housing unit building Deputies. Both Deputies were familiar with the process of submitting work orders through the Santa Barbara County intranet site.

The Expert recommends that NBJ create or correct the training curriculum to include the process for submitting work orders and a method to document the training for the purpose of verification and evidence of compliance. The Expert recommends the training curriculum include additional information or examples

and purposes for submitting a work order such as cleaning concerns, painting, repairing, or replacing broken or inoperable items, insect or rodent problems, and scheduling preventive maintenance.

Partial Compliance

2. (1). Does the SBCJ utilize the work order reporting system to schedule preventive maintenance and repairs?

(MJ & NBJ) During the on-site review, the Expert was informed this process has not been implemented.

The Expert recommends that SBCJ implement the work order reporting system to schedule and track preventive maintenance and repairs.

Non-Compliance

2. (2). Does the work order reporting system provide for any cleaning or maintenance requiring an established schedule, including, at a minimum for;

- a. Regular maintenance of plumbing? Has not been implemented.
- b. Quarterly cleaning of fans and ventilation grills? Has not been implemented.
- c. Quarterly replacement of ventilation filters? Has not been implemented.
- d. Regular external contractor monitoring of negative pressure cells and gauges? Has not been implemented.
- e. Monthly fire extinguisher inspections? Has not been implemented.
- f. Monthly fire and life safety inspections? Has not been implemented.

(MJ & NBJ) During the on-site review, the Expert was informed that the work order reporting system for cleaning or maintenance requiring an established schedule has not been implemented.

The Expert recommends that SBCJ implement the work order reporting system to provide for any cleaning or maintenance requiring an established schedule.

Non-Compliance

3. (1). Does SBCJ develop and implement an environmental inspection policy with procedures that include an assessment of maintenance issues for every housing unit?

(MJ & NBJ) The Expert requested copies of the environmental inspection policy; however, the Expert was informed that the policy is in the process of being developed.

The Expert recommends that SBCJ develop and implement an environmental inspection policy with procedures that include an assessment of maintenance issues for every housing unit. The policy must also include a method to document assessments of maintenance issues and actions taken to correct maintenance issues for every housing unit.

Non-Compliance

3. (2). Does the environmental inspection policy contain procedures for every housing unit that include an assessment of maintenance issues for;

- Plumbing,
- Electrical,
- Ventilation,
- Painting,
- Cleanliness,
- Lighting,
- Storage of personal belongings.

(MJ & NBJ) The Expert requested copies of the environmental inspection policy; however, the Expert was informed that the policy is in the process of being developed.

The Expert recommends that SBCJ develop and implement an environmental inspection policy with procedures that include an assessment of maintenance issues for plumbing, electrical, ventilation, painting, cleanliness, lighting, and storage of personal belongings.

Non-Compliance

F. Chemical Control and Biohazardous Materials

1. Did SBCJ develop and implement chemical control policies and procedures for the safe storage, dilution, and distribution of chemicals used at the jail?

(MJ & NBJ) The Expert requested copies of the chemical control policies and procedures; however, the Expert was informed that the policy and procedures are in the process of being developed.

The Expert recommends that SBCJ develop and implement chemical control policies and procedures for the safe storage, dilution, and distribution of chemicals used at the jail.

Non-Compliance

2. (1). Did SBCJ develop and implement a chemical safety training for all staff and incarcerated persons assigned the responsibility of cleaning?

(MJ & NBJ) The Expert requested copies of the training curriculum or training records for all staff and incarcerated persons assigned the responsibility of cleaning; however, SBCJ did not provide these documents.

The Expert recommends that SBCJ develop and implement a chemical safety training for all staff and incarcerated persons assigned the responsibility of cleaning. The training provided to staff and incarcerated persons must also be documented for tracking purposes and evidence of compliance.

Non-Compliance

2. (2). Does the SBCJ or the SBCJ contract provider maintain documentation that demonstrates evidence of training for all staff and incarcerated person-workers involved in cleanup?

(MJ & NBJ) The Expert requested copies of training documentation for staff and incarcerated persons involved in the cleanup; however, these documents were not provided.

The Expert recommends that SBCJ develop and implement a chemical safety training for all staff and incarcerated persons assigned the responsibility of cleaning. The training provided to staff and incarcerated persons must also be documented for tracking purposes and evidence of compliance.

Non-Compliance

3. Did the SBCJ revise and ensure the implementation of its Communicable Disease policy, including to ensure appropriate use and concentration of pyrethrum spray?

(MJ & NBJ) During the on-site review, the Expert was informed that the Communicable Disease policy is in the process of being revised.

During the on-site review at the MJ, the Expert interviewed the ECM. The ECM stated it has not been determined who and where pyrethrum spray will be utilized. the MJ staff are considering utilizing pyrethrum spray in two (2) locations and allowing the Property Officers and Laundry Coordinator the ability to use the spray.

Policy and Procedures Manual (PPM) 244, titled "Communicable Diseases," currently directs staff to use pyrethrum spray to clean mattresses or cells/living areas for incarcerated persons who have ectoparasitic infestations, such as scabies, fleas, or lice.

The Expert recommends the SBCJ Communicable Disease policy is revised and clarified if pyrethrum spray is used. If SBCJ continues the use of pyrethrum spray, the policy must include the appropriate use and concentration of pyrethrum spray that is used, and staff assigned to utilize pyrethrum spray to clean mattresses or cells/living areas for incarcerated persons who have ectoparasitic infestations, such as scabies, fleas, or lice are fully aware and trained in the Communicable Disease policy.

Partial Compliance

4. (1). Did SBCJ develop and implement policies and procedures for cleaning, handling, storage, and disposing of biohazardous materials, including waste?

(MJ & NBJ) The Expert requested copies of policies and procedures for cleaning, handling, storage, and disposing of biohazardous materials, including waste; however, the County reported the policies and procedures were in the process of being revised.

The Expert recommends that SBCJ complete the revisions to the policies and procedures for cleaning, handling, storage, and disposing of biohazardous materials, including waste, for implementation at SBCJ.

Non-Compliance

4. (2). Does SBCJ ensure that Material Safety Data Sheets (MSDS) are accessible anywhere chemicals are stored, mixed, or diluted?

(MJ) Through document production, the MJ provided a list of locations where MSDS were located at the MJ. The locations include the Property Room,

Northwest Treatment room, Central Treatment, Medical Office, Northwest Dock, Northwest Dock Storeroom, Laundry, Lobby Crew closet, IRC Cleaning Closet, Kitchen Office, MSF Office, and Lieutenants Office ("Lt. Cobb"). In addition, the MJ provided a list of locations where 24" X 36" OSHA posters titled "How To Read A Safety Data Sheet" are located. The MJ also included pictures of eleven (11) locations where the binders are located.

While at the MJ, the Expert was able to visually verify MSDS binders located at five (5) locations which include the Kitchen, Laundry, Northwest Treatment, Central Treatment, and Northwest Dock. Due to time constraints, the Expert was unable to verify all locations where MSDS binders are located. However, based on the pictures provided, the Expert accepted verification binders are in locations where chemicals are stored, mixed, or diluted. The Expert will attempt to complete visual verification of all binder locations during future monitoring reviews.

Substantial Compliance

(NBJ) Due to time constraints, the Expert was unable to verify if MSDS binders are accessible anywhere chemicals are stored, mixed, or diluted. However, during the on-site review, the Expert did verify an MSDS binder was in the Laundry Room. The Expert would need additional time to complete a review and identify if all locations that store mix or dilute chemicals have MSDS binders available.

Partial Compliance

5. Does the SBCJ ensure that staff and incarcerated workers responsible for cleaning biohazardous materials, or areas suspected of being contaminated by pests (e.g., lice or scabies) are outfitted with protective equipment and receive appropriate supervision?

The Expert requested copies of documentation providing verification that staff and incarcerated workers responsible for cleaning biohazardous materials or areas suspected of being contaminated by pests were outfitted with protective equipment and receive appropriate supervision. The Expert was not provided written documentation and was informed this process has not been implemented.

(MJ) During the on-site review, the Expert was informed that incarcerated persons assigned to the "Lobby Crew" were utilized to clean biohazardous material or areas suspected of being contaminated by pests. The Expert interviewed two (2) incarcerated persons assigned to the Lobby Crew. Both incarcerated persons were asked if they are provided with Personal Protective Equipment (PPE) when cleaning biohazardous materials or areas contaminated with pests. One (1) incarcerated person stated he is provided full PPE when cleaning COVID-19 positive locations. However, full PPEs are

not provided when cleaning blood or feces. One (1) incarcerated person stated that sometimes he is provided a suit, eyewear, and gloves. Both stated they are supervised by custody Deputies or Property Officers.

The Expert recommends that the MJ develop a method to document when staff or incarcerated persons are utilized to clean biohazardous incidents. The documentation must include the location, date, PPE utilized, and the cleaning solution(s) applied. The documentation will provide verification that SBCJ staff and incarcerated workers responsible for cleaning biohazardous materials, or areas suspected of being contaminated by pests (e.g., lice or scabies) are outfitted with protective equipment and receive appropriate supervision as required and provide verification of compliance. All documentation should be forwarded to the ECM.

Partial Compliance

(NBJ) The Expert requested copies of documentation providing verification that staff and incarcerated workers responsible for cleaning biohazardous materials, or areas suspected of being contaminated by pests were outfitted with protective equipment and receive appropriate supervision. The Expert was not provided written documentation and was informed this process has not been implemented. Additionally, due to time constraints, the Expert was unable to interview staff or incarcerated workers responsible for cleaning biohazardous materials or areas suspected of being contaminated by pests.

Un-ratable

The Expert recommends that the MJ develop a method to document when staff or incarcerated persons are utilized to clean biohazardous incidents. The documentation must include the location, date, PPE utilized, and the cleaning solution(s) applied. The documentation will provide verification that SBCJ staff and incarcerated workers responsible for cleaning biohazardous materials, or areas suspected of being contaminated by pests (e.g., lice or scabies) are outfitted with protective equipment and receive appropriate supervision as required and provide verification of compliance. All documentation should be forwarded to the ECM.

G. Negative Pressure Monitoring and Recording

1. (1). Are the magnehelic gauges to negative airflow cells checked once per shift to ensure the cells remain in a negative airflow state?

The Expert requested documentation of magnehelic gauge checks for all housing units that contain negative airflow cells and every shift during the rating period.

(MJ) The MJ had three (3) separate locations (housing units) where negative airflow cells were maintained during the rating period.

- 1) East Module/New East cells 25-38
- 2) Northwest Housing Unit cells 21-24
- 3) West Module - C7 & C8 (On March 25, 2022, it was noted both C7 and C8 were taken offline and not utilized as negative airflow cells).

Through document production, the Expert was provided 24 Hour Post Recap reports for East Module, Northwest Module, and West Module from July 1, 2021, through March 31, 2022.

Per PPM 244 titled "Communicable Diseases," staff are required to check the magnehelic gauges once each shift and document checks and discrepancies in the housing unit "Module Recap." When readings are outside the prescribed ranges, a Deputy is required to follow a two-step process to secure doors and/or check vents for blockage. If the two-step process does not rectify the gauge readings, the Deputy is required to submit a work order documenting the gauge range discrepancies and not utilize the cell for any incarcerated persons necessitating negative airflow precautions.

According to all Post Recaps, the gauge checks are completed at 0600 and 1800 hours. A box is checked to indicate the gauge checks were completed, and the condition is noted. At the bottom of each Post Recap report, a cell number is listed for each negative airflow cell so that staff can record the gauge reading results of each cell.

The Expert reviewed copies of the 24-hour Post Recap reports for the 1st, 10th, and 20th for each month during the rating period and March 31, 2022, for a total of 28 separate days, for each housing unit/module containing negative airflow cells. The Expert identified the following results:

East Module/New East cells 25-38 – Magnehelic gauge ranges for New East cells are from 0 to 0.50, and the gauge range should read between 0.1 and 0.4.

- From 28 Post Recap reports that were reviewed, 19 Post Recap reports contain documentation noting at least one (1) or more cells

with gauge reading results above or below the mandated magnehelic gauge range; however, no discrepancies or actions taken by staff were noted on the Post Recap report. 15 Post Recap reports were completed by one (1) shift only, and four (4) Post Recap reports were completed by both shifts

- Nine (9) Post Recap reports recorded magnehelic gauge readings results with all gauges within the mandated gauge range. Five (5) Post Recap reports were completed by one shift only, four (4) Post Recap reports indicated both shifts (0600 and 1800 hours) had recorded magnehelic gauge ranges, and all magnehelic gauges ranges were within the mandated gauge range as required.
- 27 Post Recap reports had the "Neg. Air Flow Cells" box checked at 0600 and 1800 hours, indicating the cell conditions were "good," however, one (1) Post Recap report had the "Neg. Air Flow Cells" 0600 check box blank with no information or discrepancies noted on Post Recap report.

Northwest Module cells 21-24 - Magnehelic gauge ranges for Northwest Housing Unit cells are from 0 to 1.0, and the gauge range should read between 0.2 and 0.8.

- Of 28 Post Recap reports reviewed, 26 Post Recap reports contain documentation noting at least one (1) or more cells with gauge reading results above or below the mandated magnehelic gauge range, and no discrepancies or actions taken by staff were noted on the Post Recap report. One (1) Post Recap report recorded the correct mandated magnehelic gauge range for one (1) shift only. One (1) Post Recap report did not contain or record magnehelic gauge range results for either shift.
- Of the 28 Post Recap reports, 22 Post Recap reports contained documentation of magnehelic gauge reading results for one (1) shift only. Four (4) Post Recap reports contained documentation of magnehelic gauge reading results for both shifts as required; however, all four (4) had recorded magnehelic gauge ranges above or below the mandated magnehelic gauge range, and no discrepancies or actions taken by staff were noted on the Post Recap report.
- All 28 Post Recap reports had checked the box "Neg. Air Flow Cells" at 0600 and 1800 hours, indicating the cell conditions were "good."

West Module - C7 & C8 – West Module negative airflow cells were taken offline on March 25, 2022; therefore, 27 Post Recap reports were reviewed and evaluated. Magnehelic gauge ranges for West Module Unit cells are from 0 to 1.0, and the gauge range should read between 0.2 and 0.8.

- From all twenty-seven (27) Post Recap reports that were reviewed, five (5) Post Recap reports had indicated both shifts (0600 & 1800)

had recorded magnehelic gauge ranges, and all magnehelic gauges ranges were within the mandated gauge range as required. Sixteen (16) Post Recap reports recorded magnehelic gauge reading results with all gauges within the mandated gauge range for one shift only. Three (3) Post Recap reports contain documentation noting at least one or more cells with gauge reading results above or below the mandated magnehelic gauge range, and no discrepancies or actions taken by staff were noted on the Post Recap report. Three (3) Post Recap reports did not contain documentation noting gauge reading results for either shift.

- Twenty-six (26) Post Recap reports had checked the "Neg. Air Flow Cells" box at 0600 and 1800 hours, indicating the cell conditions were "good"; however, one (1) Post Recap report had the "Neg. Air Flow Cells" 0600 check box blank with no information or discrepancies noted on Post Recap report.

The Expert recommends that the MJ provide training to all staff assigned to monitor negative air pressure cells and develop an on-site post-assignment reference handbook. The handbook should contain instructions on the proper checks and documentation of magnehelic gauges. The handbook should also include specific instructions on what actions staff shall take when gauges are outside the prescribed ranges, or non-conformities are identified. The handbook should also include a method for staff to sign an acknowledgment of reading and understanding the magnehelic gauge check process. The Expert further recommends supervisors monitor building staff to ensure all magnehelic gauge checks are completed, properly documented on Post Recap reports, and document all actions taken to correct discrepancies.

Partial Compliance

(NBJ) The NBJ negative airflow cells were activated on or about June 2, 2022, which is outside of the rating period. The Expert will rate this requirement during future monitoring.

Un-Ratable

1. (2). When non-conformities are identified, are cells not used for people with circumstances requiring a negative airflow cell?

(MJ) No documentation was provided to demonstrate what actions the MJ completed when non-conformities were identified. Additionally, the Post Recap reports provided for East Module, Northwest Module, and West Module did not contain information or documentation on what actions were taken when non-conformities were noted.

The Expert recommends that Post Recap reports, or other forms of documentation, are used to document when non-conformities are identified, and cells are not used for people requiring negative airflow cells.

Non-Compliance

(NBJ) The NBJ negative airflow cells were activated on or about June 2, 2022, which is outside of the rating period. The Expert will rate this requirement during future monitoring.

Un-Ratable

1. (3). When non-conformities are identified, is a work order submitted for prompt repairs?

(MJ) The Expert requested copies of work orders for repairs completed to negative airflow cells during the rating period. However, the Expert did not receive any work orders.

The Expert recommends that the MJ staff submit work orders when non-conformities are identified. Copies of such work orders should be routed to the ECM for tracking and providing evidence of compliance.

Non-Compliance

(NBJ) The NBJ negative airflow cells were activated on or about June 2, 2022, which is outside of the rating period. The Expert will rate this requirement during future monitoring.

Un-Ratable

2. Does the SBCJ provide and document training regarding acceptable gauge readings and the steps to take if the readings are outside the acceptable range for all staff assigned to housing areas with negative airflow cells?

(MJ) The Expert requested copies of the staff training curriculum for negative airflow cell gauge readings and copies of training records for staff assigned to housing areas with negative airflow cells. The MJ provided four (4) pages of instructions that were taken out of the "Custody Training Manual" and an acknowledgment of the training form for one (1) staff member.

The instructions provide information on "How to Read & Interpret Isolation Room Pressure Gauges." The Expert reviewed the instructions and identified the following deficiencies:

- The instructions on how to read the magnehelic gauges in West Module cells C7 and C8 do not indicate what the acceptable gauge

ranges readings should be. Per PPM 244 titled "Communicable Diseases," the magnehelic gauge ranges should read between 0.2 and 0.8.

- The instructions on how to read the magnehelic gauges in Northwest Module cells 21 through 24 do not provide the acceptable gauge ranges based on PPM 244.
- The instructions on how to read the magnehelic gauges in East Module cells 24 through 38 do not provide what the acceptable gauge ranges should be. Per PPM 244, the magnehelic gauge range should read between 0.1 and 0.4. Additionally, the instructions only identify cells 25 through 31 for a total of seven (7) cells. However, East Module contains negative airflow cells 25 through 38 for a total of 14 cells.
- The instructions do not provide information on how to properly clear non-conformities as required by PPM 244.
- The instructions do not indicate who is required to check gauges, when gauge checks are completed, where to document the gauge checks, where to document discrepancies, what staff should do when non-conformities cannot be corrected, and what to do with the cell until normal gauge ranges are identified or cell is repaired.

Based on the Expert's review, the instructions do not adequately provide the necessary information and training for staff and/or are inconsistent with PPM 244.

The Expert recommends the MJ create or correct the lesson plan to properly train staff on acceptable gauge readings and the steps to take if the readings are outside the acceptable ranges. The training should be provided in a classroom setting which allows participants the opportunity to ask questions to ensure understanding. The training must be provided to all staff assigned to work in housing units with negative airflow cells. All training should be documented for tracking and evidence of compliance.

Partial Compliance

(NBJ) The NBJ negative airflow cells were activated on or about June 2, 2022, which is outside of the rating period. The Expert will rate this requirement during future monitoring.

Un-Ratable

3. Are negative pressure cells and gauges tested by an external contractor on a regular schedule, as part of the jail's preventive maintenance schedule?

(MJ) The Expert requested documentation for negative pressure cell and gauge testing by external contractors and a schedule for contractor's testing of negative pressure cells and gauges during the rating period.

The Expert was informed that the MJ testing is completed annually.

Through document production, the Expert was provided three (3) copies of "Inspection Report Negative Isolation Cells" dated October 3, 2019, March 23, 2021, and March 29, 2022. The reports were provided to SBCJ from PALT and Associates; a California State Licensed air and water balance contractor (CA.C.L. C61/D62 #976983).

PALT and Associates inspected and tested the negative airflow system as to their optimum performance, capabilities and completed necessary calibration if needed.

Based on the dates on each report, the MJ negative airflow systems were inspected and calibrated on October 3, 2019, March 23, 2021, and March 29, 2022. It should be noted an inspection and calibration were not completed in 2020; however, a one (1) year inspection and calibration was completed from March 2021 to March 2022.

The Expert reviewed the inspection reports provided by PALT and Associates dated October 3, 2019, March 23, 2021, and March 29, 2022; all three (3) reports from PALT and Associates recommend the pressure gauges be calibrated every six (6) months, change out all pre-filters in the exhaust system every three (3) months, and monitor room pressure gauges closely.

Based on the inspection and calibration reports, it appears the MJ has completed one (1) year of testing by an external contractor as part of the jail's preventive maintenance schedule (March 2021 to March 2022).

The Expert recommends that the MJ maintain a regular schedule to test gauges by an external contractor as part of the jail's preventive maintenance. The Expert further recommends that the MJ follow the external contractor's recommendations and calibrate pressure gauges every six (6) months, change out all pre-filters in the exhaust system every three (3) months, and monitor room pressure gauges closely. The testing by external contractor's schedule should be incorporated in the MJ Work Order Preventive Maintenance and Repairs schedule system, as required by the Remedial Plan under section E.2.d., and all information pertaining to vents/exhaust grills should be incorporated into the MJ Sanitation Plan under section B.1.g.

Partial Compliance

(NBJ) The NBJ negative airflow cells were activated on or about June 2, 2022, which is outside of the rating period. The Expert will rate this requirement during future monitoring.

Un-Ratable

H. Emergency Response and Fire/Life Safety

1. (1). Does the SBCJ inspect fire extinguishers monthly?

(MJ) The Expert requested documentation of monthly fire extinguisher inspections. The MJ provided a Microsoft Excel spreadsheet identifying fire extinguisher locations, type of fire extinguisher, size, and date of "Last Checked." The list contains 86 extinguishers within the MJ, and 18 extinguishers located within County vehicles. During the rating period, a check was completed on March 14-15, 2022.

Per OSHA (1910.157 [e][2]), employers must perform a visual inspection on portable fire extinguishers at least once per month.

The monthly inspection should consist of the following:

- Verify locking pin is intact,
- Tamper seal is unbroken,
- Inspect for physical damage, corrosion, leakage, or clogged nozzle,
- Confirm pressure gauge or indicator is in operational mode/range,
- Make sure the operating instructions on the nameplate are legible and facing outward, and check the last professional service date on the tag
- (A licensed fire extinguisher maintenance contractor must have inspected the extinguisher within 12 months),
- Initial and date the back of the tag.
- Documentation of action taken to correct deficiencies.

A review of the Excel spreadsheet provided by the MJ identifies a "Last Checked" date but does not indicate what was checked or who performed the check.

The Expert recommends the Excel spreadsheet include a document title, identify the items inspected on the fire extinguisher, which should be compatible with OSHA recommendations, and the name of the individual conducting the inspection. The MJ should maintain copies of monthly inspections for evidence of compliance.

Partial Compliance

(NBJ) Documentation of monthly fire extinguisher inspections were not provided.

The Expert recommends NBJ conduct and document monthly fire extinguisher inspections and results.

Non-Compliance

1. (2). Does the SBCJ hold/conducts drills to ensure all jail staff are trained consistent with the National Commission on Correctional Health Care (NCCHC) standards on emergency response?

(MJ & NBJ) The Expert requested documentation of fire drills; however, no documentation was provided. The Expert was informed that SBCJ is in the process of implementing this requirement.

The Expert recommends the SBCJ hold and conducts drills to ensure all jail staff are trained consistent with NCCHC standards on emergency response.

Non-Compliance

1. (3). Does the drill documentation include the start and stop times?

(MJ & NBJ) The Expert requested documentation of fire drills; however, no documentation was provided. The Expert was informed that SBCJ is in the process of implementing this requirement.

The Expert recommends drill documentation include the start and stop times.

Non-Compliance

1. (4). Does the drill documentation include the number and location of any incarcerated persons moved as part of the drill?

(MJ & NBJ) The Expert requested documentation of fire drills; however, no documentation was provided. The Expert was informed that SBCJ is in the process of implementing this requirement.

The Expert recommends drill documentation includes the number and location of any incarcerated persons moved as part of the drill.

Non-Compliance

1. (5). Does the drill documentation include any noted deficiencies?

(MJ & NBJ) The Expert requested documentation of fire drills; however, no documentation was provided. The Expert was informed that SBCJ is in the process of implementing this requirement.

The Expert recommends the drill documentation includes noted deficiencies.

Non-Compliance

1. (6). Does the drill documentation include any corrective actions taken?

(MJ & NBJ) The Expert requested documentation of fire drills; however, no documentation was provided. The Expert was informed that SBCJ is in the process of implementing this requirement.

The Expert recommends that SBCJ implement drills to ensure all jail staff are trained consistent with NCCHC standards on emergency response. PPM 222, titled "Fire Suppression/Natural Disaster and Evacuation Plan," does not contain or provide detailed information on how to conduct drills. It is further recommended that SBCJ create manuals and/or lesson plans with detailed instructions on how to conduct drills, directions to staff on how the drills will be accomplished, and the documentation of any corrective actions taken for verification of compliance.

Non-Compliance

I. Environment of Care Monitor Inspections, Corrective Action, and Process for Incarcerated Persons to Raise Concerns

1. (1). Does the Environment of Care Manager conduct bi-monthly (i.e., every other month) Environmental Health and Safety inspections in every housing unit?

(MJ) The Expert requested copies of bimonthly Environmental Health and Safety inspection reports and corrective action plans completed for the rating period. The MJ provided four (4) document copies of the "Bimonthly Environmental of Care Inspection Report" dated August 31, 2021, October 31, 2021, December 31, 2021, and February 28, 2022. The documents identify a housing module, date of inspection, a paragraph assessment for the modular, and the total number of work orders submitted as a result of the inspection. Attached to each document was a list of work orders submitted and a column identifying if the work order was pending or completed.

Based on the documents submitted, the ECM is completing bimonthly Environment Health and Safety inspections of every MJ housing module.

Substantial Compliance

(NBJ) Due to the rating period dates of July 1, 2021, through March 31, 2022, and the activation dates at NBJ on or about February 2022, there was insufficient time for NBJ to complete bimonthly Environmental Health and Safety inspections.

The Expert recommends the NBJ ECM conducts bimonthly Environmental Health and Safety inspections in every housing unit.

Un-Ratable

1. (2). Do the inspections include a documented assessment of and (as needed) corrective action plans for;
- a. Cleanliness of floors, walls, ceilings, bed and bedding, toilet and lavatory, cells, and dayroom surfaces?
 - b. Cleanliness and disinfection of common areas and furnishings, including showers, shower chairs, plastic chairs, wheelchairs, stretchers, beds/bunks, and personal property containers?
 - c. Cleanliness of fans, exhaust and return ventilation grills, and the need for any maintenance repairs such as painting, broken tiles, blocked lighting, and plumbing?

Per the Remedial Plan, SBCJ is required to submit a Corrective Action Plan (CAP) as needed to correct problematic concerns identified during the bi-monthly inspections. A CAP is a step-by-step plan of action that is developed to achieve the resolution of identified concerns. Although an identified area of concern may take time to resolve, the CAP can maintain ongoing tracking, recognizing what steps have been completed and the steps still needed to achieve a full resolution.

(MJ) The Expert reviewed the bimonthly Environmental Health and Safety inspection reports. Each housing module has an assessment that identifies items and/or locations that were clean, need cleaning, are not operational, or are deficient. At the conclusion of each paragraph, there is a notice if a work order was submitted for certain concerns that were identified. Not all identified concerns contained an explanation of actions taken to correct or resolve concerns. In separate bimonthly inspection reports, the Expert identified similar ongoing problematic concerns for the same housing module, but a CAP was not included to explain what actions were taken or the steps needed to be taken to resolve each area of concern.

During the monitoring review, the Expert was provided a revised copy of a new bimonthly Environment of Care Inspection Report that was recently implemented. The revised bi-monthly inspection report is more comprehensive and contains more detail about the locations that were inspected.

The Expert believes the new bimonthly Environment of Care Inspection Report format provides better tracking for each area inspected and the results. In addition to the work order tracking document, the Expert recommends a CAP be added to the revised bi-monthly inspection report.

Partial Compliance

(NBJ) Due to the rating period dates of July 1, 2021, through March 31, 2022, and the activation dates at NBJ in February 2022, there was insufficient time for NBJ to complete bimonthly Environmental Health and Safety inspections.

The Expert recommends the NBJ inspections report include a documented assessment of and (as needed) corrective action plans.

Un-Ratable

2. (1). Does SBCJ provide a system through which class members are able to raise sanitation matters of concern?

Incarcerated persons at SBCJ are utilizing form SH-585a titled "Custody Operations–Incarcerated Person Grievance Form" to file grievances and/or raise sanitation matters of concern.

The Expert requested copies of grievances related to sanitation matters of concern submitted by incarcerated persons during the rating period and copies of any work orders that were submitted as a result of the grievances.

(MJ) The MJ provided a total of 11 copies of grievances submitted during the rating period. Four (4) grievances were for non-sanitation matters concerns such as medical and commissary, and two (2) were for food amounts and quality of food. One (1) grievance was submitted and received on June 3, 2021, which is outside of the rating period and was not included as part of the review; therefore, the Expert reviewed a total of six (6) grievances for the rating period.

The Expert reviewed Grievance Logs SBCJ produced for the document production period of July 2021 through March 2022. Based on this review, the Expert identified approximately 46 MJ grievances from August 2021 through March 2022 that potentially contained sanitation matters of concern; however, these grievances were not provided by SBCJ. These grievances were classified as follows:

- Four (4) - Other
- Nine (9) - Kitchen
- Eight (8) - Maintenance
- Six (6) - Miscellaneous
- Six (6) - Operations
- Two (2) - Diet
- Three (3) - Shower
- One (1) - Toilet Sink
- Two (2) - Unfair Treatment
- Five (5) - Ventilation

Based on these grievances not being provided, the Expert was not able to make a clear assessment of all grievances and class members raising sanitation matters of concern or if grievances are reviewed by the housing unit supervisors before each shift change (2. [2.]).

The MJ also provided five (5) work orders submitted as a result of the grievances.

The Expert was able to interview two (2) of the six (6) incarcerated persons who submitted grievances during the rating period. Four (4) incarcerated persons were no longer in custody.

- On August 11, 2021, one (1) incarcerated person in MBD-2 filed a grievance claiming the dorm was stuffy, not much fresh air was circulating, and the exhaust vent above the toilet was not exhausting sufficient air from the dorm. The incarcerated person requested to increase the amount of fresh air in the dorm and increase the fan

exhaust above the toilet. On August 12, 2021, the reviewing supervisor responded and indicated a work order was submitted to have maintenance check the vents. The grievance did not provide a work order number, and the Expert was unable to obtain a copy of the work order associated with this grievance. On August 15, 2021, the administrative review was completed.

- On December 8, 2021, one (1) incarcerated person in W-13 filed a grievance claiming the hot water had no pressure in the sink or shower, and the shower turned on "at random intervals." On December 8, 2021, the reviewing supervisor replied and indicated work order (work order 165944) was submitted on December 8, 2021, at approximately 2013 hours. On December 9, 2021, the administrative review was completed. A review of work order 165944 indicated that on December 10, 2021, staff replaced a motor element in the shower valve and checked the water temperature, which was measured to be at "115 degrees."
- On December 27, 2021, one (1) incarcerated person in W-4 filed a grievance claiming cleaning supplies were not provided on Friday, December 24, 2021, and Sunday, December 26, 2021. The incarcerated person claimed he was concerned that cleaning supplies were not being provided during a COVID-19 outbreak in which 15 out of 24 persons had tested positive for COVID-19. The incarcerated person requested to be provided cleaning supplies daily, including Sundays and holidays, as this was an ongoing problem. The incarcerated person also requested a bottle of cleaning solution after dinner, as obtaining a bottle after dinner has also been a problem. The grievance did not contain a signature or date for a reviewing supervisor. On December 27, 2021, the grievance was routed to maintenance. The response stated NW Dock was not operational on weekends and holidays, and they rely on Property Officers to fill the carts during those days. Staff apologized for supplies not being available and would talk to Property Officers to ensure supplies are passed out. No further action was taken. On January 5, 2022, the administrative review was completed. It should be noted the Expert received multiple complaints from incarcerated persons in various housing units regarding cleaning supplies not being provided on weekends or holidays or that sometimes the evening cleaning solutions were not provided.
- On January 22, 2022, one (1) incarcerated person submitted a grievance claiming no airflow in the housing unit and was "super-hot" and could "barely breathe." On January 25, 2022, a reviewing supervisor responded and indicated a work order was submitted to General Services to check whether the ventilation system was working properly (work order 167403). A review of work order 167403 indicated work was completed on January 25, 2022, and multi-zone 4 was checked for proper operations. The report indicated, "Found one zone,

6 had a bad DTS." Staff removed and replaced the sensor and indicated all zones were operating normally. The administrative review was completed on January 26, 2022.

- On February 18, 2022, a group grievance was filed by 14 incarcerated persons in West 4 module, indicating they did not have hot water in the shower or sink. The grievance also indicated they had been freezing every night for the past two (2) weeks. The grievance requested maintenance take care of the problem as soon as possible as it was inhumane and affected their ability to sleep, function, program, and maintain proper hygiene/self-care necessities. On February 18, 2022, staff responded and indicated a work order was submitted (work order 168296). The administrative review was completed on February 22, 2022. A review of work order FAC-168296 noted the following: *"To be completed on duplicate work order 168327. Thank you for the details, will address today."* The Expert reviewed work order FAC-168327. Work order FAC-168327 was completed on February 24, 2022, at 7:37 AM and indicated *"2/23/2022 – 22159: Checked mz4 and found all valves and actuators functioning properly. However, I found 165-degree water at the circulation pump and coil inlet, but the outlet was 65, like we have no flow across the coil. Will do readings on the cool to find where the heat is going. 2/23/2022- 22159: Checked mz4 and found the hot deck water cool air blocked. I burped the loop of air and got water moving again. 2/24/2022- 21396 complete, 2/25/2022 – 22159 checked west block and found all is good."* On June 9, 2022, the Expert interviewed two (2) incarcerated persons who were part of the group grievance. Both incarcerated persons stated the MJ did not completely correct the problem as the water was still not hot enough, the water pressure was too low, and toilets were not flushing properly. The Expert noted the group appeal was submitted on February 18, 2022, but the problem was not corrected until February 24, 2022, which was approximately six (6) days after the grievance was submitted.
- On February 19, 2022, one (1) incarcerated person submitted a grievance indicating the temperature is cold and the clothing provided cannot protect against cold. The incarcerated person requested to raise the temperature [in housing] or provide more blankets and sweaters or sufficient clothing and bedding. On February 20, 2022, the reviewing supervisor responded and indicated a work order (16827) was issued. The administrative review was completed on February 22, 2022. A review of work order FAC-168327 indicated the following: *"2/23/2022 – 22159: Checked mz4 and found all valves and actuators functioning properly. However, I found 165-degree water at the circulation pump and coil inlet, but the outlet was 65 like we have no flow across the coil. Will do readings on the cool to find where heat is going. 2/23/2022- 22159: Checked mz4 and found the hot deck water cool air blocked. I burped*

the loop of air and got water moving again. 2/24/2022- 21396 complete, 2/25/2022 – 22159 checked west block and found all is good."

Additionally, during incarcerated person interviews, the Expert asked questions about filing grievances regarding sanitation matters of concern. Some incarcerated persons stated they are aware of using the grievance process to raise sanitation matters of concern; however, some issues are not completely resolved. One (1) non-English speaking person stated the grievance paperwork is not in Spanish and could not fill it out. Some incarcerated persons stated they submit a "kite" or tell staff about sanitation matters, and most times, the problem is resolved. However, sometimes Deputies will not accept grievances and tell incarcerated persons, "The issues are not grievable."

One (1) incarcerated person assigned to C-17 claimed he submitted a grievance because hot water does not come out of the sink and the vents emit bad odors and are never cleaned; however, the problem has not been fixed.

Other grievance topics incarcerated persons claimed or provided to the Expert consisted of the following:

- Food - Dirty and un-sanitized food trays, sour milk, and cold food.
- Cleaning supplies – Not providing cleaning supplies or sufficient cleaning materials/liquid, or cleaning equipment provided is inadequate to clean.
- Toilets – Clogged toilets are not fixed right away or are too dirty.
- Showers - Have mold/mildew, rust, water is either scorching hot or too cold, drains have bad odors and bugs.
- Recreational yards - Dirty or not cleaned, and toilets were dirty.
- Ventilation – Vents are not cleaned, bad ventilation on hot or humid days, and insufficient heat in winter or cool/cold air in summer.
- Laundry – Not always clean, issued incorrect sizes, linen or clothing have stains or tears.

The Expert further noted that many of the unproduced grievances identified in the Grievance Logs contained a short sentence explaining the issue. Many of these issues were also reported to the Expert by incarcerated persons during the on-site interviews.

The Expert recommends that SBCJ develop a method to track and categorize all grievances related to sanitation matters of concern to ensure issues are resolved as soon as possible. It is further recommended that SBCJ identify whether the current system can track and provide real-time reports for grievances from the time of submission to resolution. The Expert also recommends that incarcerated persons are provided information during orientation regarding the ability to file a grievance related to sanitation matters of concern, such as maintenance, repairs, and cleanliness issues.

Staff/Deputies should also be trained to accept all grievances related to sanitation matters of concern.

Partial Compliance

(NBJ) The Expert was unable to fully rate this question as NBJ did not provide copies of grievances related to sanitation matters of concern. Incarcerated persons at NBJ utilize form SH-585a titled "Custody Operations—Incarcerated Person Grievance Form" to file grievances and/or raise sanitation matters of concern.

During the on-site review, the Expert interviewed nine (9) incarcerated persons. Four (4) incarcerated persons stated they notify staff/Deputies, and they would submit work orders; two (2) incarcerated persons did not know how to raise sanitation matters of concern, and three (3) stated they have not needed to raise an issue regarding sanitation matters of concern.

The Expert recommends that NBJ provides copies of grievances related to sanitation matters of concern for the next monitoring review.

Partial Compliance

2. (2). Are grievances (sanitation matters of concern) reviewed by the housing unit supervisors before each shift change?

(MJ) The Expert noted that not all grievances are reviewed by the housing unit supervisors before each shift change. From the six (6) grievances and/or grievance responses that were provided, three (3) were reviewed by a supervisor before shift change. The grievance responses did not contain the time when the grievance was accepted or the time when the grievance was reviewed by a supervisor; therefore, the Expert was unable to determine if two (2) of the grievances were completed before the end of the shift (1800 to 0600 hours). One (1) grievance appeared to be reviewed by a supervisor approximately three (3) days after it was received.

The Expert recommends that grievances containing issues related to sanitation matters of concern be reviewed by the housing unit supervisors before each shift change. The Expert also recommends that SBCJ provide both a copy of the grievance submitted by the incarcerated person and a copy of the grievance response generated by the program/system. This would allow the Expert to review and evaluate the actual grievance, date and time submitted, and evaluate the response and date and time of response.

Partial Compliance

(NBJ) The Expert was unable to rate this question as NBJ did not provide copies of grievances related to sanitation matters of concern.

The Expert recommends that NBJ provides copies of sanitation matters of concern for the next monitoring review.

Non-Compliance

2. (3). When a maintenance issue is identified, are work orders submitted before the end of the following shift?

(MJ) The Expert reviewed six (6) grievances related to sanitation matters of concern. Of these six (6) grievances, five (5) grievances required work orders to be submitted. Of the five (5) grievances, only four (4) work orders were provided to the Expert. The Expert reviewed these four (4) work orders and identified three (3) that were submitted on the same day or before the end of the following shift. One (1) work order was submitted approximately three (3) days after the grievance was submitted.

The Expert recommends that SBCJ provides copies of all work orders submitted when a grievance is received with a maintenance issue identified. It is further recommended staff submit all work orders before the end of the following shift when a maintenance issue is identified.

Partial Compliance

(NBJ) The Expert was unable to rate this question as NBJ did not provide copies of grievances and/or work orders related to sanitation matters of concern.

The Expert recommends that NBJ provides copies of grievances and work orders related to sanitation matters of concern for the next monitoring review.

Non-Compliance



Signature

Submitted on behalf of Sabot Technologies, Inc. dba Sabot Consulting to the County of Santa Barbara, and Santa Barbara County Sheriff's Office

A handwritten signature in black ink, appearing to read "Julian Martinez", written over a horizontal line.

Julian Martinez
Director
Sabot Consulting

September 7, 2022

Date