

FILE NO. 150967

Petitions and Communications received from September 21, 2015, through September 28, 2015, for reference by the President to Committee considering related matters, or to be ordered filed by the Clerk on October 6, 2015.

**Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information will not be redacted.**

From the Office of the Controller, regarding a report on the Treasurer and Tax Collector's schedule of cash, investments, and accrued interest receivables as of March 31, 2015. (1)

From Department of Human Resources, submitting an Annual Report regarding hospitalization and medical treatment. (2)

From Port of San Francisco, submitting San Francisco Clean and Safe Neighborhood Parks Bond accountability report for 2008. Copy: Each Supervisor. (3)

From Department of Public Health, submitting Title XV evaluation reports for 2015 regarding San Francisco City and County jails and detention facilities. Copy: Each Supervisor. (4)

From Recreation and Park Department, submitting Park Hours Report. Copy: Each Supervisor. (5)

From the Clerk of the Board, reporting 60 day memo receipt for Civil Grand Jury Report, "Unfinished Business: A Continuity Report on the 2011-2012 Report, Déjà Vu All Over Again." Copy: Each Supervisor. (6)

From the Clerk of the Board, regarding Official Board Response to Civil Grand Jury Report, "San Francisco's Whistleblower Protection Ordinance is in need of Change." Copy: Each Supervisor. (7)

From the Clerk of the Board, regarding Official Board Response to Civil Grand Jury Report, "Office of the Assessor-Recorder: Despite Progress, Still the Lowest Rated in the State." Copy: Each Supervisor. (8)

From Department of Public Health, requesting Administrative Code Chapter 12B Waiver for the following contractors: Copy: Each Supervisor. (9)

Focus Diagnostics

Patterson Medical

From concerned citizens, regarding comfort women. 34 letters. Copy: Each Supervisor. (10)

From California Fish and Game Commission, regarding a 15 day continuation notice of proposed regulatory action relative to transgenic and miscellaneous applications, tags, seals, licenses, permits, and fees. Copy: Each Supervisor. (11)

From concerned citizens, regarding rent increases. File No. 150646. 2 letters. Copy: Each Supervisor. (12)

From concerned citizens, regarding Recology Landfill. File Nos. 150712, 150713, 150714, 150715. 2 letters. Copy: Each Supervisor. (13)

From the Andrews Family, regarding the Parkmerced Project. File Nos. 150854, 150855, 150856, 150857. Copy: Each Supervisor. (14)

From concerned citizens, regarding Bernal Heights Project. File Nos. 150858, 150859, 150860, 150861. 5 letters. Copy: Each Supervisor. (15)

From concerned citizens, regarding proposed ordinance to establish the, "San Francisco Right-of-Way Policy." File No. 150943. 10 letters. Copy: Each Supervisor. (16)

From Andrew Hart, regarding American Flag at Marina Green. Copy: Each Supervisor. (17)

From Sonya Rama, regarding coyotes at Stern Grove. Copy: Each Supervisor. (18)

From concerned citizen, submitting signatures for petition regarding San Francisco needing a new plan. 107 signatures. (19)

From Rick Lendowski, regarding last gun shop in San Francisco. Copy: Each Supervisor. (20)

From Phoebe Sorgen, regarding street name change. Copy: Each Supervisor. (21)

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**From:** Reports, Controller (CON)  
**Sent:** Wednesday, September 23, 2015 1:51 PM  
**To:** Calvillo, Angela (BOS); Gosiengfiao, Rachel (BOS); Kawa, Steve (MYR); Howard, Kate (MYR); Falvey, Christine (MYR); Elliott, Jason (MYR); Campbell, Severin (BUD); Newman, Debra (BUD); Rose, Harvey (BUD); SF Docs (LIB); CON-EVERYONE; CON-Finance Officers; Cisneros, Jose (TTX); Marx, Pauline (TTX); Durgy, Michelle (TTX); alouie@mgocpa.com  
**Subject:** Issued: Quarterly Review of the Treasurer's Schedule of Cash, Investments, and Accrued Interest Receivable as of March 31, 2015

The City and County of San Francisco (City), Office of the Treasurer and Tax Collector (Treasurer), coordinates with the Office of the Controller's City Services Auditor Division (CSA) to conduct quarterly reviews and an annual audit of the City's investment fund.

CSA today issued a report on the quarterly review of the Schedule of Cash, Investments, and Accrued Interest Receivable as of March 31, 2015.

CSA has engaged Macias Gini & O'Connell LLP (MGO) to perform these services. Based on its review, MGO is not aware of any material modifications that should be made to the schedules in order for them to be in conformity with generally accepted accounting principles.

To view the full report, please visit our website at: <http://openbook.sfgov.org/webreports/details3.aspx?id=2204>

This is a send-only e-mail address.

For questions about the report, please contact Director of City Audits Tonia Lediju at [Tonia.Lediju@sfgov.org](mailto:Tonia.Lediju@sfgov.org) or 415-554-5393 or the CSA Audits Unit at 415-554-7469.

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# City and County of San Francisco

Office of the Controller – City Services Auditor

## OFFICE OF THE TREASURER AND TAX COLLECTOR:

**Quarterly Review of the Schedule  
of Cash, Investments, and Accrued  
Interest Receivable as of  
March 31, 2015**



*September 23, 2015*



**OFFICE OF THE CONTROLLER  
CITY SERVICES AUDITOR**

The City Services Auditor Division (CSA) was created in the Office of the Controller through an amendment to the Charter of the City and County of San Francisco (City) that was approved by voters in November 2003. Charter Appendix F grants CSA broad authority to:

- Report on the level and effectiveness of San Francisco's public services and benchmarking the city to other public agencies and jurisdictions.
- Conduct financial and performance audits of city departments, contractors, and functions to assess efficiency and effectiveness of processes and services.
- Operate a whistleblower hotline and website and investigating reports of waste, fraud, and abuse of city resources.
- Ensure the financial integrity and improve the overall performance and efficiency of city government.

CSA may conduct financial audits, attestation engagements, and performance audits. Financial audits address the financial integrity of both city departments and contractors and provide reasonable assurance about whether financial statements are presented fairly in all material aspects in conformity with generally accepted accounting principles. Attestation engagements examine, review, or perform procedures on a broad range of subjects such as internal controls; compliance with requirements of specified laws, regulations, rules, contracts, or grants; and the reliability of performance measures. Performance audits focus primarily on assessment of city services and processes, providing recommendations to improve department operations.

CSA conducts its audits in accordance with the Government Auditing Standards published by the U.S. Government Accountability Office (GAO). These standards require:

- Independence of audit staff and the audit organization.
- Objectivity of the auditors performing the work.
- Competent staff, including continuing professional education.
- Quality control procedures to provide reasonable assurance of compliance with the auditing standards.

For questions regarding the report, please contact Director of City Audits Tonia Lediju at [Tonia.Lediju@sfgov.org](mailto:Tonia.Lediju@sfgov.org) or 415-554-5393 or CSA at 415-554-7469.

CSA Team:                      Massanda D'Johns, Audit Manager  
                                     Joanna Zywno, Associate Auditor  
                                     Joseph Towner, Staff Auditor

Review Consultants: Macias Gini & O'Connell LLP



**CITY AND COUNTY OF SAN FRANCISCO**  
**OFFICE OF THE CONTROLLER**

**Ben Rosenfield**  
**Controller**

**Todd Rydstrom**  
**Deputy Controller**

September 23, 2015

Mr. José Cisneros  
Treasurer  
Office of the Treasurer and Tax Collector  
City Hall, Room 140  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4638

Dear Mr. Cisneros:

The Office of the Controller's City Services Auditor Division (CSA) presents the review report of the Schedule of Cash, Investments, and Accrued Interest Receivable of the Office of the Treasurer and Tax Collector (Treasurer) of the City and County of San Francisco (City) as of March 31, 2015. The schedule presents the total cash, investments, and accrued interest receivable under the control and accountability of the City's Treasurer.

**Results:**

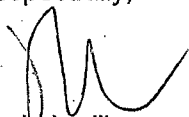
	<u>March 31, 2015</u>
<b>Cash and Investments</b>	
Cash in Bank	\$300,328,620
Investments and Accrued Interest Receivable	<u>6,744,792,192</u>
<b>Total Cash and Investments</b>	<b>\$7,045,120,812</b>

This review was performed under contract by Macias Gini & O'Connell LLP (MGO). For this contract, CSA performs the department liaison duties of project management and invoice approval.

Based on this review, MGO is not aware of any material modifications that should be made to the Schedule of Cash, Investments, and Accrued Interest Receivable as of March 31, 2015, in order for it to be in conformity with generally accepted accounting principles. However, as explained in Note II.B. to the schedule, investments are recorded on the settlement date and management has not presented the risk disclosures required under Governmental Accounting Standards Board (GASB) Statement No. 40, *Deposit and Investment Risk Disclosures – an amendment of GASB Statement No. 3*.

CSA appreciates the assistance and cooperation of Treasurer staff during the review. For questions regarding the report, please contact me at [Tonia.Lediju@sfgov.org](mailto:Tonia.Lediju@sfgov.org) or 415-554-5393 or CSA at 415-554-7469.

Respectfully,

  
Tonia Lediju  
Director of City Audits

cc: Board of Supervisors  
Budget Analyst  
Citizens Audit Review Board  
City Attorney  
Civil Grand Jury  
Mayor  
Public Library

**CITY AND COUNTY OF SAN FRANCISCO  
OFFICE OF THE TREASURER  
AND TAX COLLECTOR**

Independent Accountant's Review Report and  
Schedule of Cash, Investments, and  
Accrued Interest Receivable

March 31, 2015



**Certified Public Accountants.**



**Certified Public Accountants.**

Walnut Creek  
2121 N. California Blvd., Suite 750  
Walnut Creek, CA 94596  
925.274.0190

Sacramento

Oakland

LA/Century City

Newport Beach

San Diego

### **Independent Accountant's Review Report**

The Honorable Mayor Edwin M. Lee  
The Honorable Members of the Board of Supervisors  
San Francisco, California

We have reviewed the accompanying Schedule of Cash, Investments, and Accrued Interest Receivable (Schedule) of the City and County of San Francisco's (City) Office of the Treasurer and Tax Collector (Treasurer) as of March 31, 2015. A review includes primarily applying analytical procedures to management's financial data and making inquiries of the Treasurer's management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the Schedule as a whole. Accordingly, we do not express such an opinion.

The Treasurer's management is responsible for the preparation and fair presentation of the Schedule in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the Schedule.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the Schedule. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, with the exception of the matter described in the following paragraph, we are not aware of any material modifications that should be made to the Schedule as of March 31, 2015 in order for them to be in conformity with accounting principles generally accepted in the United States of America.

As explained in Note II.B. to the Schedule, the Treasurer's management has recorded investments as of the settlement date rather than the trade date and has not presented the risk disclosures required under Governmental Accounting Standards Board Statement No. 40, *Deposit and Investment Risk Disclosures—an amendment of GASB Statement No. 3*. The amount by which this departure would affect the Schedule is not reasonably determinable.

*Macias Gini & O'Connell LLP*

Walnut Creek, California  
July 15, 2015

**CITY AND COUNTY OF SAN FRANCISCO  
OFFICE OF THE TREASURER AND TAX COLLECTOR**

**SCHEDULE OF CASH, INVESTMENTS, AND ACCRUED INTEREST RECEIVABLE  
MARCH 31, 2015**

Cash:

Cash in Bank - Investment Pool	\$ 300,328,620
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Pooled Investments:

U.S. Treasury Notes	538,448,000
Federal Agencies	4,726,431,696
Commercial Paper	149,999,792
Negotiable Certificates of Deposit	530,519,811
Public Time Deposits	480,000
Corporate Medium Term Notes	587,731,325
State and Local Government Agencies	186,203,733
Money Market Funds	15,095,599
Subtotal Pooled Investments	<u>6,734,909,956</u>

Investment from Separately Managed Account:

SFRDA South Beach Harbor Refunding Bond	2,640,000
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Interest Receivable - Investment Pool, Net

<u>7,242,236</u>
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Total Cash, Investments, and Interest Receivable

<u><u>\$ 7,045,120,812</u></u>
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See Independent Accountant's Review Report and  
accompanying Notes to Schedule of Cash, Investments, and Accrued Interest Receivable.

**CITY AND COUNTY OF SAN FRANCISCO  
OFFICE OF THE TREASURER AND TAX COLLECTOR**

NOTES TO THE SCHEDULE OF CASH, INVESTMENTS,  
AND INTEREST RECEIVABLE  
MARCH 31, 2015

**I. General**

The Schedule of Cash, Investments, and Accrued Interest Receivable (Schedule) presents only the cash on hand, cash in bank, investments, and related accrued interest receivable under the control and accountability of the Office of the Treasurer and Tax Collector (Treasurer) of the City and County of San Francisco (City). The Schedule is not intended to present fairly the financial position of the Treasurer or of the City.

The Treasurer is responsible for the custody and investment of a majority of the public funds held by the City and funds deposited by external entities that are either required to or voluntarily deposit funds with the Treasurer. The Treasurer is authorized to conduct these functions by the California Government Code Section 53600 et seq. and the San Francisco Administrative Code, Chapter 10, under investment policies established by the Treasurer and filed with the City's Board of Supervisors. The Treasurer also provides a safekeeping service for the City, where City departments may deposit securities and other assets in the Treasurer's vault.

**II. Summary of Significant Accounting Policies**

***A. Cash and Deposits***

The California Government Code requires California banks and savings and loan associations to secure the City's deposits not covered by federal deposit insurance by pledging government securities, letters of credit or first deed mortgage notes as collateral. The fair value of pledged securities will range between 105 and 150 percent of the City's deposits, depending on the type of security pledged. Pledging letters of credit issued by the Federal Home Loan Bank of San Francisco must have a fair value of at least 105 percent of the secured public deposits. Pledging first deed mortgage notes must have a fair value of at least 150 percent of the secured public deposits. Government securities must equal at least 110 percent of the City's deposits. The collateral must be held at the pledging bank's trust department or another bank, acting as the pledging bank's agent, in the City's name. For deposits not covered by federal deposit insurance, all of the banks with funds deposited by the Treasurer secure deposits with sufficient collateral.

***B. Investments***

The Treasurer makes investments in securities for a pooled money investment account and for individual investment accounts that are not invested through the pooled money investment account. The Schedule is prepared using the economic resources measurement focus and the accrual basis of accounting. Investment transactions are recorded on the settlement date. However, generally accepted accounting principles in the United States of America require investments to be recorded on the trade date. Deposits and investments with the Treasurer are exposed to risks such as credit risk, concentration of credit risk, and interest rate risk. Disclosures related to such risks as required under Governmental Accounting Standards Board Statement No. 40, *Deposit and Investment Risk Disclosures—an amendment of GASB Statement No. 3*, are not presented in this report as the Treasurer does not believe that these disclosures are necessary to meet the objectives of the users of the Schedule.

**CITY AND COUNTY OF SAN FRANCISCO**  
**OFFICE OF THE TREASURER AND TAX COLLECTOR**  
NOTES TO THE SCHEDULE OF CASH, INVESTMENTS,  
AND INTEREST RECEIVABLE  
MARCH 31, 2015

**II. Summary of Significant Accounting Policies (continued)**

The securities in the accompanying Schedule are reported at fair value in accordance with Governmental Accounting Standards Board Statement No. 31, *Accounting and Financial Reporting for Certain Investments and for External Investment Pools*. The following table summarizes the investments stated at cost and fair value, which is based on current market prices.

<b>Investment Type</b>	<b>Cost</b>	<b>Fair Value</b>
Investments from investment pool:		
U.S. Treasury Notes	\$ 531,961,133	\$ 538,448,000
Federal Agencies	4,718,852,315	4,726,431,696
Commercial Paper	149,994,431	149,999,792
Negotiable Certificates of Deposit	530,486,775	530,519,811
Public Time Deposits	480,000	480,000
Corporate Medium Term Notes	589,373,095	587,731,325
State and Local Government Agencies	187,631,093	186,203,733
Money Market Funds	15,095,599	15,095,599
Total investments from investment pool	6,723,874,441	6,734,909,956
Investments from separately managed account:		
SFRDA South Beach Harbor Refunding Bond	2,640,000	2,640,000
Total investments	<u>\$ 6,726,514,441</u>	<u>\$ 6,737,549,956</u>



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**To:** BOS-Supervisors  
**Subject:** FW: Annual Report from Micki Callahan for the Board of Supervisors  
**Attachments:** Annual Report to the San Francisco Board of Supervisors on Hospitalization and Medical Treatment.pdf

Dear Supervisors:

Please see the annual report from the Department of Human Resources. Thank you.

Rachel Gosiengfiao  
Executive Assistant  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244  
San Francisco, CA 94102-4689  
Phone: (415) 554-7703 | Fax: (415) 554-5163  
[rachel.gosiengfiao@sfgov.org](mailto:rachel.gosiengfiao@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)

Please complete a Board of Supervisors Customer Service Satisfaction form by clicking [here](#).

The Legislative Research Center provides 24-hour access to Board of Supervisors legislation, and archived matters since August 1998.

*Disclosures: Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors' website or in other public documents that members of the public may inspect or copy.*

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**From:** Buick, Jeanne (HRD)  
**Sent:** Thursday, September 24, 2015 9:16 AM  
**To:** Gosiengfiao, Rachel (BOS) <[rachel.gosiengfiao@sfgov.org](mailto:rachel.gosiengfiao@sfgov.org)>  
**Cc:** Sugarman, Peggy (HRD) <[peggy.sugarman@sfgov.org](mailto:peggy.sugarman@sfgov.org)>  
**Subject:** Annual Report from Micki Callahan for the Board of Supervisors

Hi Rachel,

Can you please send the attached to President Breed and the Board of Supervisors? I would greatly appreciate it.

Feel free to contact me if you have any questions.

Thanks,

Jeanne Buick  
Executive Assistant to the Director



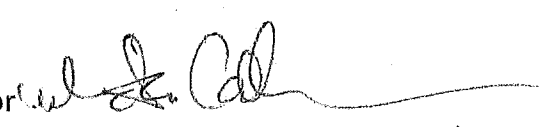


Edwin M. Lee  
Mayor

Micki Callahan  
Human Resources Director

**DATE:** September 23, 2015

**TO:** Honorable President London Breed, San Francisco Board of Supervisors  
Honorable Members of the Board

**FROM:** Micki Callahan, Human Resources Director 

**RE:** Annual Report to the San Francisco Board of Supervisors on Hospitalization and Medical Treatment as required by Administrative Code Sec. 1682

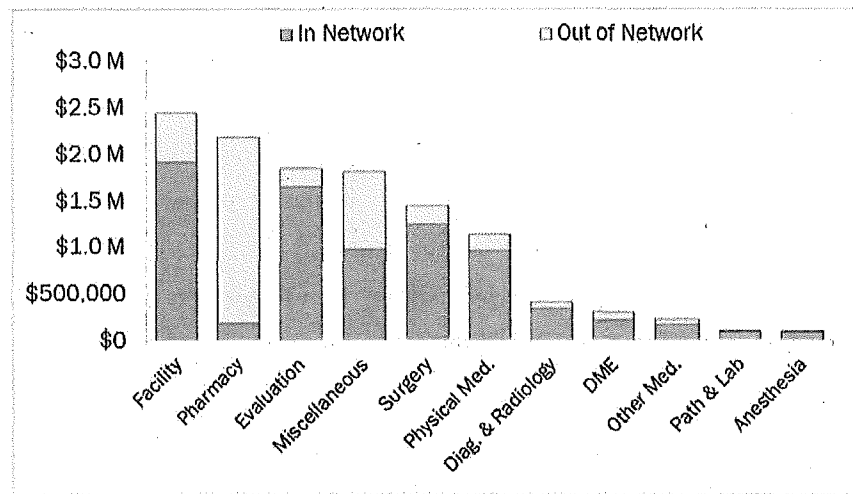
Section 16.82 of the San Francisco Administrative Code provides the authority to the Human Resources Director to administer the City's workers' compensation program, which includes arranging for necessary hospitalization and medical treatment necessary and appropriate for employees who have been injured in the performance of duty. The code further requires the Human Resources Director to submit an annual report to the Board of Supervisors no later than September 30 of each year to include the costs of hospitals and other medical providers.

### Program Overview

The CCSF Workers' Compensation Division created a Medical Provider Network (CCSF MPN) approved by the State Division of Workers' Compensation that includes a list of participating hospitals and physicians to provide medical treatment to employees who become injured or ill in the course of employment. Medical provider networks are key to ensuring that medical treatment is consistent with best occupational health practices and state-mandated treatment guidelines.

### Medical Provider Network Penetration

The chart below illustrates network penetration by type of service from December 2014 through June, 2015. Network penetration for key categories, such as facilities, surgery, services of the treating physicians (listed as "Evaluation"), and physical medicine is excellent.



### Hospitalization and Total Medical Costs

The chart below illustrates the costs for hospitalization and total medical expenditures (which include hospitalization) for the 2013-14 and 2014-15 fiscal years. Hospitalization costs have decreased by 13.12% from the prior fiscal year. Total Medical costs, including hospitalization, have decreased by 10.19%.

	F/Y 2013-14	F/Y 2014-15	\$ Increase/Decrease	% Increase/Decrease
<b>Hospitalization</b>	7,326,463	6,365,490	(960,973)	-13.12%
<b>Total Medical</b>	25,712,804	23,093,734	(2,619,069)	-10.19%

\* \* \*



BOS-11, COB,

CPAGE, matrix

**To:** Angela Calvillo, Clerk of the Board of Supervisors  
Ben Rosenfield, City Controller  
José Cisneros, City Treasurer  
Nadia Sesay, Director of the Controller's Office of Public Finance  
Harvey Rose, Budget Analyst

**From:** Monique Moyer, Port of San Francisco Executive Director

**Date:** September 22, 2015

RECEIVED  
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2015 SEP 25 PM 4:58  
W

In accordance with Administrative Code 2.70, attached please find a copy of the 2008 San Francisco Clean and Safe Neighborhood Parks Bond Accountability Report. With the issuance of the Report, the Port of San Francisco would like authorization to precede with the sale of \$8,695,000 in General Obligation Bonds. This will be the 4<sup>th</sup> and final 2008 bond sale and will fund the construction of Phase 1 of the Crane Cove Park in the amount of \$8,499,467. The 4th bond sale will also fund \$169,839 for bond issuance expenses and \$8,695 for payment into the Citizens' General Obligation Bond Oversight Committee Audit Fund.

Should you have any questions, please contact Elaine Forbes, Port of San Francisco's Deputy Director of Finance and Administration at (415) 274-0445.

**cc:** Citizens General Obligation Bond Oversight Committee

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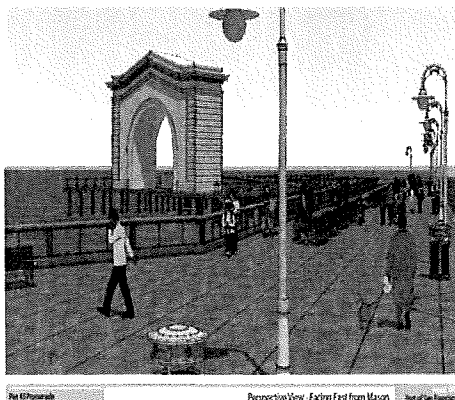
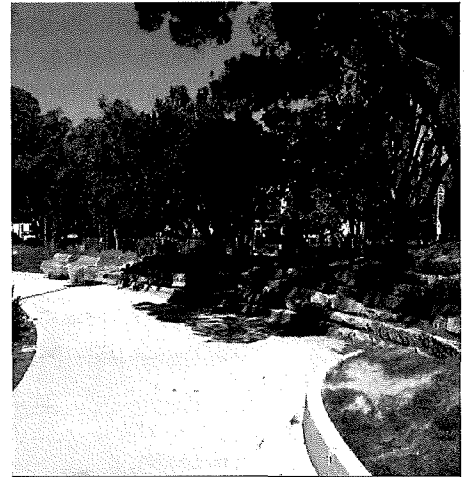
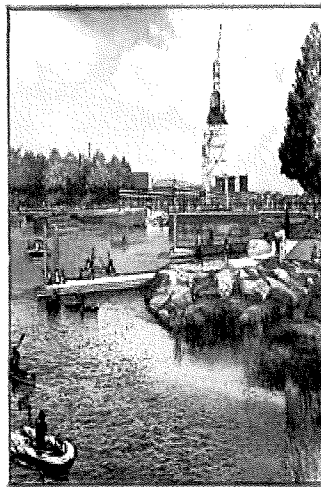
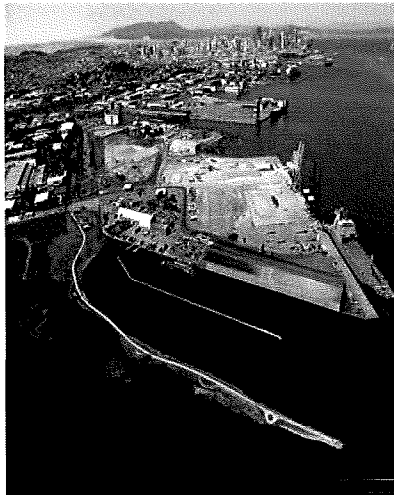
# 2008 Clean & Safe Neighborhood Parks Bond



## BOND ACCOUNTABILITY REPORT

4th Bond Sale

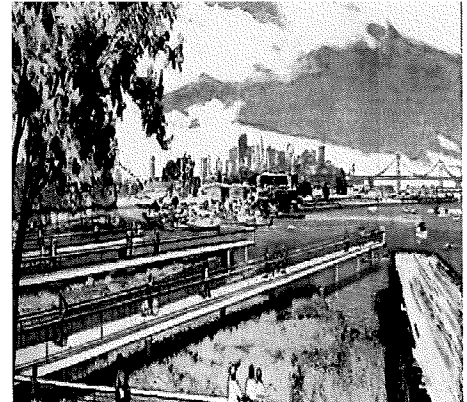
September 2015



Art 12/20/2014

Perspective View Facing East from Mason

Port of San Francisco



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2015 SEP 25 PM 4:50  
RZ

# **2008 Clean & Safe Neighborhood Parks Bond**

## **Bond Accountability Report**

**September 2015**

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## 1.0 Executive Summary

### 4th Bond Sale Plan

The Port of San Francisco requests the City to sell \$8,695,000 in 2008 Clean and Safe Neighborhood Park Bonds for Crane Cove, a blue-Greenway Waterfront park. For a detailed description of the Crane Cove park project, refer to Section 3.0 4th Bond Sale Project Details. An estimated breakdown of the proposed sale is as follows.

#### **Waterfront Parks**

Crane Cove Park	<u>\$8,499,467</u>
<i>Waterfront Parks Projects Total</i>	<i>\$8,499,467</i>

#### **Miscellaneous Sale Costs**

CGOBOC Audit Fund	\$8,695
Bond Issuance Costs	\$169,839
Controller's Audit Services	\$16,999

<b>Total 4<sup>th</sup> Bond Sale Amount</b>	<b>\$8,695,000</b>
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### 2008 Clean and Safe Neighborhood Parks

#### **Program Background - Recreation and Parks**

##### Bond Program Summary

- In February of 2008 the citizens of San Francisco passed Proposition A, a \$185.0 million General Obligation Bond, known as the 2008 Clean and Safe Neighborhood Parks Bond.
  - The \$185 million in bond funding is divided into two allocations based on the jurisdiction of the parks and facilities scheduled to receive funding, with \$151.3 million committed to the Recreation and Parks Department and \$33.5 million dedicated to the Port of San Francisco. In addition, \$185,000 (1%) is set aside in a Citizens' General Obligation Bond Oversight Committee Audit fund
  - The objectives of this bond program are as follows: 1) Fix and improve park restrooms citywide; 2) Eliminate serious earthquake safety risks in neighborhood and waterfront park facilities; 3) Develop new waterfront parks; 4) Renovate parks and playgrounds in poor physical condition; 5) Replace dilapidated playfields; 6) Repair nature trail systems in the city's parks; and 7) Attract matching community and philanthropic support.
- The Recreation and Parks Department's 2008 Clean and Safe Neighborhood Parks Bond Program is divided into six sub-programs. The bulk of funding (80%) is dedicated to funding Major Capital Renovations at 12 Neighborhood Parks. The remaining funds (20%) are divided between five City-Wide programs.
    - Major capital renovation of Neighborhood Parks. The bond program allocates the majority of its funds to capital improvements at Neighborhood Parks across the city. These parks were selected based on the extent to which they are unsafe in an earthquake, in poor physical condition, as well as their ability to provide basic, recreational uses to many San Franciscans.
    - Restroom Repair and Replacement Program. Many of the city's park restrooms are in a state of severe dilapidation; some bathrooms require replacement, others require repairs, and some parks need restrooms. The \$11.4 million will fund a restroom replacement, repair, and installation program. Sites will be chosen in coordination with the community, through an open process guided by the Recreation and Parks Department Commission
    - Park Playfield Repairs and Reconstruction. The City's playfields have been "loved to death"- overused due to a citywide shortage of soccer, baseball and multi-use fields. With the growing demand of field athletics, it is difficult to meet demand while keeping the fields at an acceptable condition. Over the past five years, a successful public/private partnership between the Recreation and Parks Department and the City Fields Foundation has resulted in the renovation of playfields at 6 park facilities with a current philanthropic contribution of over \$14 M. Each field has become some of the most requested play fields by park users. These renovated fields are improved by the installation of synthetic turf and night lighting which increased play time by more than 31,000 hours, while reducing maintenance needs and water demand. This \$8.5 million will continue that partnership.
    - Park Forestry Needs. Over 100,000 trees populate the city's parks and open spaces. These funds will provide for an assessment of the health and condition of



## 1.0 Executive Summary

this urban forest, as well as provide resources to enact the recommendations of the assessment and plant new trees.

- Park Trail Reconstruction. The 2004 Recreation Assessment identified walking and biking trails as the #1 most needed recreational amenity; residents also cited hiking and visiting nature as the two activities in which they would like to participate in more often. The Park Trail Reconstruction program will restore trails and make capital improvements that allow residents to enjoy and experience nature in the parks.
- Community Opportunity Grants. The Community Opportunity Grants Program is a capital grant program that allows residents, neighborhood groups and park advocates to initiate repairs and community-nominated capital projects with other private gifts and grants.

### Program Background - Waterfront Parks

- The Port of San Francisco's Waterfront Parks program includes community planning efforts for the Blue Greenway and constituent parks, as well as new open space projects in the northern central waterfronts. The program will add or improve seven open spaces and total \$33.5 million.

### Program Budgets and Funding

The initial budgets for capital projects to be funded by the 2008 Clean and Safe Neighborhood Parks bond is shown below. The current budgets for these projects are provided in Section 2 of this report.

- Budgets

#### Recreation and Parks Department:

Major Capital Program	
Chinese Recreation Center	14.2
Mission Playground	7.5
Palega Recreation Center	21.2
Cayuga Playground	7.3
McCoppin Square	5.3
Sunset Playground	13.7
Fulton Playground	4.2
Mission Dolores Park	13.2
Cabrillo Playground	4.5

#### Recreation and Parks Department (cont.):

Glen Canyon Park	5.8
Lafayette Park	10.2
Raymond Kimbell Playground	3.3
NP Contingency Funds	4.7

#### Major NP Projects Program \$115.1M

Citywide Programs	
Restroom Repair Program	11.4
Park Playfields Program	8.5
Park Forestry Program	4.0
Park Trail Program	5.0
Community Opportunity Fund	5.0

#### Other Citywide Programs \$33.9M

#### Bond Issuance Costs \$2.3

#### RPD Bond Program Total \$151.3M

#### Port of San Francisco:

Major Capital Program	
Pier 43 Bay Trail Link	7.7
Brannan Street Wharf	2.9
Blue-Greenway Improvement	21.9
Blue-Greenway DS Standard	.3
CEQA Review & Permitting	.4
WP Bond Issuance Cost	.3

#### Major WP Projects Program \$33.5M

#### CGOBC Audit Costs .2

#### TOTAL Bond Program \$185.0M

- Funding

Based on the adopted project budgets and schedules, a plan was developed to break funding into four sales as detailed below:

- Sale 1 was completed in August 2008 to fund planning and design for the first 7 of 12 Major Capital projects (Phase I) <sup>1</sup>, Citywide Programs, development of design standards for Waterfront Parks and the construction for some Waterfront Parks.
- Sale 2 was completed in early April 2010 to fund: (i) Citywide Programs; (ii) the construction of the Recreation and Parks Department's Phase I projects; (iii) construction of Waterfront Parks; (iv) planning and design of the remaining

## 1.0 Executive Summary

five Major Capital projects of the Recreation and Parks Department's (Phase II Programs); (v) and planning, design and construction of Waterfront Parks.

- Sale 3 completed in February 2012 funded the detailed design and construction of Waterfront Parks, and all remaining Recreation and Parks Department parks projects.
- Sale 4 will fund construction of the Crane Cove Waterfront Park.

The sale forecast developed for the projects managed by the Recreation and Parks Department and the Port of San Francisco is as follows:

Bond	Date	SFRPD	SF Port	Other
1 <sup>st</sup> Sale	8/2008	\$38,457,502	\$3,644,438	\$418,060
2 <sup>nd</sup> Sale	3/2010	\$49,415,317	\$10,616,312	\$398,371
3 <sup>rd</sup> Sale	2/ 2012	\$62,299,884	\$10,394,975	\$660,141
4 <sup>th</sup> Sale	TBD	\$0	\$8,499,467	\$195,533
<b>TOTAL</b>		<b>\$150,172,703</b>	<b>\$33,155,192</b>	<b>\$1,672,105</b>
<b>BOND ISSUE TOTAL</b>				<b>\$185,000,000</b>

### Accountability Measures

The 2008 Clean and Safe Neighborhood Parks Bond includes specific project names in its governing ordinance and a comprehensive set of public oversight and accountability measures that apply to each of the funding areas covered by the bond. Oversight measures include:

- Regular public reporting of bond expenditures through a dedicated bond website updated monthly. Website is accessible for public viewing at [parkbonds.sfgov.org/2008](http://parkbonds.sfgov.org/2008).
- Annual review before the Park, Recreation and Open Space Advisory Committee (PROSAC), Recreation and Park and Port Commissions, Capital Planning Committee (CPC), and Board of Supervisors as part of the 10-year capital plan and annual capital budget processes. The Recreation and Park Commission will hold at least one meeting per year to solely discuss and review implementation of the general obligation bond. In addition, an item will be scheduled to review implementation of the bond once a month at regularly scheduled Commission meetings.

- The Citizens' General Obligation Bond Oversight Committee (CBOBOC) reviews, audits, and reports on the expenditure of bond proceeds in accordance with the will of the voters. CBOBOC will submit audits and reports to PROSAC, Recreation and Park and Port Commissions, Board of Supervisors and the Mayor's Office.
- 60 days prior to the issuance of any portion of the bond authority, the requesting department must submit a bond accountability report to the Clerk of the Board, the Controller, the Treasurer, the Director of Public Finance, and the Budget Analyst describing the current status and description of each proposed project and whether it conforms to the expressed will of the voters, unless waived by legislation. This report before you is intended to satisfy the reporting requirement of this provision.

### Program Management Activities

#### *Recreation and Park Department*

Rec and Park has completed design and funded through construction and closeout the majority of the work in the 2008 bond projects. This program received its 3<sup>rd</sup> and Final Bond issuance in 2012, and has minimal funding available, all of which has been appropriated to the projects and programs.

#### *Port of San Francisco*

The Port has instituted a standing monthly, inter-Divisional meeting on all bond projects in order to more closely track progress and offer assistance among parties when needed.

The final project for the 2008 Bond is Crane Cove Park, part of *Blue-Greenway improvements*, which also includes funding from the 2012 bond. This project is expected to be out to bid in February 2016.

### Program Schedule

- RPD is completing its Neighborhood Park projects. Kimbell Playground was opened to the public in June 2015, as well as the Northern portion of Mission Dolores Park now open. Currently only the Southern portion of Mission Dolores still in construction (through the end of 2015). Work is completing in the Citywide Programs: the last of the restroom projects are either finishing design (Alamo Square) or are in construction (Dupont Courts), the Community Opportunity Funds from 2008

## 1.0 Executive Summary

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are fully allocated and in planning/design and construction, and the last of the Playfields sites, at Beach Chalet, is set to reopen in Fall 2015. Trails and Forestry are continuing to fund sites and site needs throughout the system. The 2008 funds are almost fully expended, but have a continuing funding stream from the 2012 Bond to ensure that current and future parks can have their specific trail and tree needs met.

### *Port of San Francisco*

The last remaining project for the 2008 Bond is Crane Cove Park, the project is anticipated to go out to bid in the February of 2016 and construction completed in Nov of 2017. The 4<sup>th</sup> and final bond sale will support construction of Crane Cove Park.

### **Environmental Review**

Environmental clearance consistent with the California Environmental Quality Act (CEQA) has been received for all program projects with the exception of the Port's Crane Cove Park project. The environmental review for this project is currently in process and is estimated to be completed October 5, 2015.

## 2.0 Bond Budget and Schedule

### 2008 Clean and Safe Neighborhood Park G.O. Bond Waterfront Parks Program Revenue and Bond Sale Summary

	Budget <sup>1</sup>		2008 Clean and Safe Parks Bond				Bond Issue
	ProForma <sup>2</sup>	Current	1 <sup>st</sup> Sale	2 <sup>nd</sup> Sale	3 <sup>rd</sup> Sale	4 <sup>th</sup> Sale	Total
<b>Waterfront Parks Program</b>							
Pier 43 Bay Trail Link	7,842,800	10,169,038	1,293,946	6,333,584	27,800	-	7,655,330
Brannan Street Wharf Park	25,544,030	25,004,079	-	-	2,941,050	-	2,941,050
Blue Greenway Design Standards	980,350	325,472	325,472	-	-	-	325,472
Blue Greenway Signage and Site Furnishings		998,912	275,195	-	723,717	-	998,912
Blue Greenway Improvements	21,077,525						
Bayfront Park <sup>3</sup>		2,330,367	426,043	1,904,324		-	2,330,367
Tulare Park <sup>3</sup>		199,853	-	65,016	134,837	-	199,853
Crane Cove Park <sup>3</sup>		31,259,058	155,389	1,269,013	608,779	8,499,467	10,532,648
Bayview Gateway <sup>3</sup>		4,792,520	174,353	869,375	3,648,792	-	4,692,520
Heron's Head Park <sup>3</sup>		2,397,861	550,000	-	1,801,000	-	2,351,000
Blue Greenway Public Art <sup>3</sup>		684,000	-	175,000	509,000	-	684,000
CEQA Review and Permitting		444,040	444,040	-	-	-	444,040
WP Bond Issuance Costs <sup>4</sup>	658,275	344,808	32,509	50,579	66,187	195,533	344,808
<b>WATERFRONT PARKS PROGRAM TOTAL</b>	<b>56,102,980</b>	<b>78,950,008</b>	<b>3,676,947</b>	<b>10,666,891</b>	<b>10,461,162</b>	<b>8,695,000</b>	<b>33,500,000</b>

<sup>1</sup> The project budgets include funding from all sources.

<sup>2</sup> ProForma budget refers to the basic baseline budgets prepared for funding purposes and presented in the Proposition A, 2008 Clean and Safe Neighborhood Park Bond Report.

<sup>3</sup> Represents parks that are Port components of the Blue Greenway. Public art will be installed both within the parks and along the Blue Greenway linking streets. The total investment in the Port's portion of the Blue Greenway, including hardscape improvements, signage and site furnishings, public art, and planning and design totals \$42,988,043.

<sup>4</sup> Per the 2008 Bond Report, each program is to be assessed a pro-rated share of bond issuance costs. The original estimate of those costs for the Waterfront Parks Program was \$658,275. The current estimate of \$344,808 reflects cost savings achieved in the first three issues, and estimated issuance cost for the upcoming fourth bond sale.

## 2.0 Bond Budget and Schedule

2008 Clean & Safe Neighborhood Park G.O. Bond Program Budget Reports - Expenditures as of 6-30-2015												
Project	Phase	Category	Baseline Budget		Budget		Reserve	FAMIS		Encumbered		Balance
			All Sources	2008 CSP Bond	All Sources	2008 CSP Bond	2008 CSP Bond	All Sources	2008 CSP Bond	All Sources	2008 CSP Bond	2008 CSP Bond
Pier 43 Bay Trail Link		Soft Costs	2,200,000	1,217,000								
		Construction Costs	7,969,037	6,438,330								
		Project Contingency	-	-								
		<b>SUBTOTAL</b>	<b>10,169,037</b>	<b>7,655,330</b>	<b>10,645,962</b>	<b>8,132,254</b>	<b>-</b>	<b>10,169,037</b>	<b>7,655,330</b>	<b>-</b>	<b>-</b>	<b>476,924</b>
Brannan Street Wharf Park		Soft Costs	3,299,268									
		Construction Costs	22,548,404	2,941,050								
		Project Contingency	-	-								
		<b>SUBTOTAL</b>	<b>25,847,672</b>	<b>2,941,050</b>	<b>25,847,672</b>	<b>2,941,050</b>		<b>24,998,344</b>	<b>2,941,050</b>	<b>14,022</b>	<b>-</b>	<b>-</b>
Blue Greenway Planning & Design Guidelines		Soft Costs	325,472	325,472	-	-	-	-	-	-	-	-
		Construction Costs	-	-	-	-	-	-	-	-	-	-
		Project Contingency	-	-	-	-	-	-	-	-	-	-
		<b>SUBTOTAL</b>	<b>325,472</b>	<b>325,472</b>	<b>325,472</b>	<b>325,472</b>	<b>-</b>	<b>325,472</b>	<b>325,472</b>	<b>-</b>	<b>-</b>	<b>-</b>
Bayfront Park		Soft Costs	443,150	443,150	-	-						
		Construction Costs	1,887,217	1,887,217	-	-	-	-	-	-	-	-
		Project Contingency	-	-	-	-	-	-	-	-	-	-
		<b>SUBTOTAL</b>	<b>2,330,367</b>	<b>2,330,367</b>	<b>2,330,367</b>	<b>2,330,367</b>	<b>-</b>	<b>2,330,367</b>	<b>2,330,367</b>	<b>-</b>	<b>-</b>	<b>-</b>
Heron's Head Park		Soft Costs	151,000	151,000	-	-	-	-	-	-	-	-
		Construction Costs	2,246,861	2,200,000	-	-	-	-	-	-	-	-
		Project Contingency	-	-	-	-	-	-	-	-	-	-
		<b>SUBTOTAL</b>	<b>2,397,861</b>	<b>2,351,000</b>	<b>2,397,861</b>	<b>2,351,000</b>	<b>-</b>	<b>2,397,861</b>	<b>2,351,000</b>	<b>-</b>	<b>-</b>	<b>-</b>
Tulare Park		Soft Costs	263,885	263,885			-	-	-	-	-	-
		Construction Costs	-	-			-	-	-	-	-	-
		Project Contingency	-	-			-	-	-	-	-	-
		<b>SUBTOTAL</b>	<b>263,885</b>	<b>263,885</b>	<b>263,855</b>	<b>263,855</b>	<b>-</b>	<b>199,853</b>	<b>199,853</b>	<b>-</b>	<b>-</b>	<b>64,002</b>
Blue-Greenway Public Art		Soft Costs	100,000	100,000	-	-	-	-	-	-	-	-
		Construction Costs	584,000	584,000	-	-	-	-	-	-	-	-
		Project Contingency	-	-	-	-	-	-	-	-	-	-
		<b>SUBTOTAL</b>	<b>684,000</b>	<b>684,000</b>	<b>684,000</b>	<b>684,000</b>	<b>-</b>	<b>76,815</b>	<b>76,815</b>	<b>94,185</b>	<b>94,185</b>	<b>513,000</b>
Crane Cove Park		Soft Costs	4,600,000	2,033,181			-	-	-	-	-	-
		Construction Costs	26,659,058	8,270,975			-	-	-	-	-	-
		Project Contingency	-	-								
		<b>SUBTOTAL</b>	<b>31,259,058</b>	<b>10,304,156</b>	<b>2,913,250</b>	<b>1,813,250</b>	<b>-</b>	<b>1,272,903</b>	<b>1,253,139</b>	<b>1,465,149</b>	<b>560,111</b>	<b>-</b>
Blue-Greenway Signage & Site Furnishings		Soft Costs	175,000	175,000	-	-	-	-	-	-	-	-
		Construction Costs	823,911	823,911	-	-	-	-	-	-	-	-
		Project Contingency	-	-								
		<b>SUBTOTAL</b>	<b>998,911</b>	<b>998,911</b>	<b>998,911</b>	<b>998,911</b>	<b>-</b>	<b>875,304</b>	<b>875,304</b>	<b>48,680</b>	<b>48,680</b>	<b>74,927</b>
Bayview Gateway		Soft Costs	500,000	500,000								
		Construction Costs	4,292,250	4,292,250								
		Project Contingency	-	-								
		<b>SUBTOTAL</b>	<b>4,792,250</b>	<b>4,792,250</b>	<b>4,692,520</b>	<b>4,692,520</b>	<b>-</b>	<b>3,684,909</b>	<b>3,684,909</b>	<b>819,780</b>	<b>819,780</b>	<b>187,831</b>
CEQA Review & Permitting		Soft Costs	577,500	577,500								
		Construction Costs	-	-								
		Project Contingency	-	-								
		<b>SUBTOTAL</b>	<b>577,500</b>	<b>577,500</b>	<b>577,500</b>	<b>577,500</b>		<b>444,040</b>	<b>444,040</b>	<b>-</b>	<b>-</b>	<b>133,460</b>
WATERFRONT PARKS		Soft Costs	12,635,275	5,786,188								
		Construction Costs	67,010,738	27,437,733								
		Project Contingency	-	-								
		<b>SUBTOTAL</b>	<b>79,646,013</b>	<b>33,223,921</b>	<b>51,677,370</b>	<b>25,110,179</b>	<b>-</b>	<b>46,774,905</b>	<b>22,137,279</b>	<b>2,441,816</b>	<b>1,522,756</b>	<b>1,450,144</b>

### 3.0 4<sup>th</sup> Bond Sale Project Details

#### Crane Cove Park

Crane Cove Park is a new, approximately 9 acre Blue Greenway waterfront park located in the Central Waterfront generally between 19<sup>th</sup> and Mariposa Streets east of Illinois Street. Initial park concepts include shoreline cleanup and stabilization, restoration of historic cranes, historic interpretation, bay access, and a facility for human powered boats. The total cost for the entire project is expected to be \$50 - \$60 million dollars, which is greater than the current available funding. As a result, the project will be phased as funding is secured. Available funding for the 1<sup>st</sup> phase of the project totals \$31.5 million, including (a) \$10.5 million in funding from the 2008 Clean and Safe Neighborhood Park G.O. Bonds, (b) \$14.3 million from 2012 Clean and Safe Neighborhood Parks G.O. Bonds, and (c) \$6.7 million from the Port and other sources.

This Blue Greenway Project benefits from significant planning conducted through the development of the Port's Pier 70 Preferred Master Plan and the Blue Greenway Planning and Design Guidelines community planning process.

The Park Master Plan and Schematic Design were approved by the City's Waterfront Design Advisory Committee and SF Bay Conservation and Development Commission Design Review Board in July 2014. Construction on the park is anticipated to begin in February of 2016 with completion slated for November of 2017.

The Port has created a web site to allow the public to review work products and track the project status at [www.sfport.com/cranecovepark](http://www.sfport.com/cranecovepark).

#### Current Budget

<u>Project Phase</u>	<u>1<sup>st</sup> Bond Sale</u>	<u>2<sup>nd</sup> Bond Sale</u>	<u>3<sup>rd</sup> Bond Sale</u>	<u>4<sup>th</sup> Bond Sale</u>	<u>Other Proj. Funding</u>
Planning and Design	\$0	\$1,263,250	\$550,000	\$0	\$2,186,750
Construction	\$0	\$0	\$0	\$8,499,467	\$18,376,437
Project Management	\$155,389	\$5,763	\$58,779	\$0	\$380,069
<b>PROJECT BUDGET</b>	<b>\$155,389</b>	<b>\$1,269,013</b>	<b>\$608,779</b>	<b>\$8,499,467</b>	<b>\$20,943,256</b>

#### Funding Plan

Port of San Francisco Capital Funds –	
Transbay Cable Funding	\$4,353,139
Other Capital Funds	\$300,000
2008 Clean & Safe NP Park Bond	\$10,532,648
2012 Clean & Safe NP Park Bond	\$14,300,000
Metropolitan Transportation Commission – Coastal Conservancy	
Commission Grant	\$1,000,000
Pier 70 Economic Development Agency Funds	\$535,663
Other Funding 2008 G.O. Park Bond interest income	\$454,454
<b>Total Project Funding</b>	<b>\$31,475,904</b>

#### Sale Schedule

1 <sup>st</sup> Bond Sale	\$155,389
2 <sup>nd</sup> Bond Sale*	\$1,269,013
3 <sup>rd</sup> Bond Sale*	\$608,779
4 <sup>th</sup> Bond Sale	\$8,499,467
	<u>Start</u> <u>Finish</u>
Planning	Sep-2011      Mar-2014
Design & Bid/Award	Mar-2014      Jan-2016
Construction	Jan-2016      Nov-2017

### Project Descriptions: Major Waterfront Park Projects

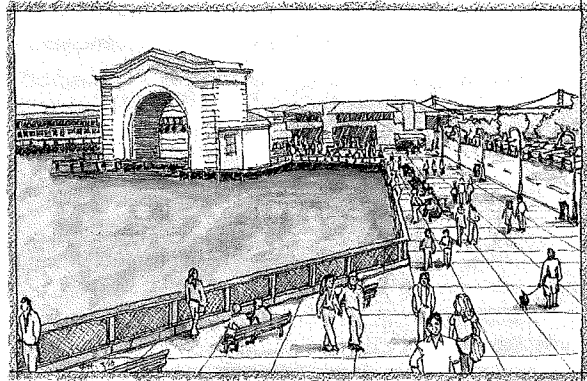
#### **Pier 43 Bay Trail Link**

**Project Location:** Powell to Taylor Streets

Located along the Bay north of the Pier 43 Arch, the site previously consisted of condemned piers and partially closed sidewalk due to a failing seawall. The project created a new waterfront open space destination featuring a public promenade along the water's edge. The project removed 70,000 SF of pier, replaced 520 linear feet of seawall, constructed 20,600 SF of pile supported concrete wharf, and reconstructed sidewalks, curbs and gutters.

During the entitlement process, scope was added to the project for additional wharf area (requested by the Bay Conservation and Development Commission, or BCDC), for ADA improvements near Pier 45, and for security lighting. The additional scope caused a delay of 1 month and increased the estimated cost by \$2 M. To fund the additional scope, Port used capital funds and grants from the Association of Bay Area Governments (ABAG) and the Federal Department of Homeland Security (DHS).

This Project is complete and was opened to the public in November of 2012.



#### **Brannan Street Wharf**

**Project Location:** Embarcadero and Brannan Street

Located along the Bay in the South Beach neighborhood, the project created a 57,000 SF public open space wharf along approximately 850 linear feet of waterfront which was previously inaccessible due to condemned wharf and pier structures. Features, as recommended by a citizen's advisory committee, include a raised lawn, public float, seating, and interpretive exhibits.

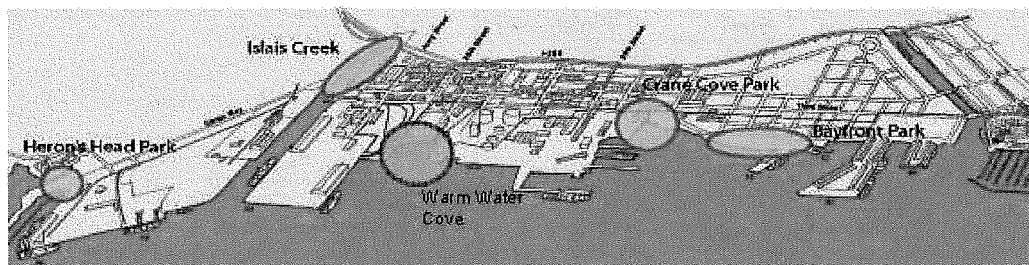
Preliminary engineering studies indicated the need for unexpected repairs and strengthening of a portion of the existing seawall; revealed deteriorated structure supporting a portion of The Embarcadero Promenade; uncovered ground instability within the new wharf area; and identified complexity in the removal of the existing Pier 36 caissons. Recognizing a funding shortfall, the Port was successful in obtaining \$4.7M of federal funds specifically for pier removal.

Brannan Street Wharf is complete and was opened to the public in July of 2013.



#### **Blue Greenway Planning & Design Guidelines**

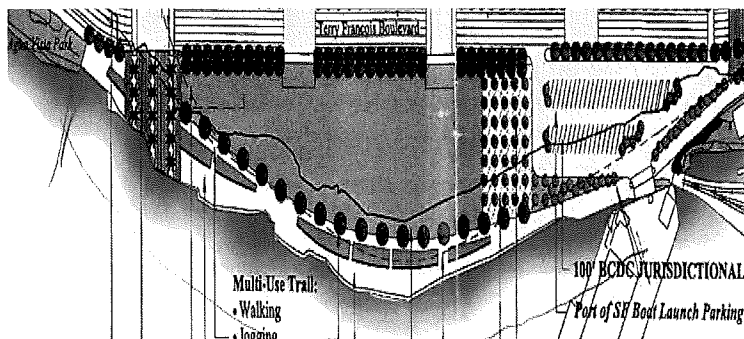
The Blue-Greenway Design standards was developed through a community planning process and identifies Port open space projects along the southern waterfront, developed cost estimates for projects and identified project priorities. In addition, it established design guidelines for common elements for all Blue Greenway projects.



### Bayfront Park

**Project Location:** Mission Bay between 16<sup>th</sup> street and Mission Bay Commons South

This project along the Blue Greenway included the removal of deteriorated piers and wharves, and reconstruction of 1,200 linear feet of shoreline to allow Bayfront Park to be constructed to the Bay's edge. The shoreline project included the installation of a temporary 8' wide mixed use pathway to allow the public to access the shoreline while the Park was under construction. This project is complete and opened to the public in February of 2012.

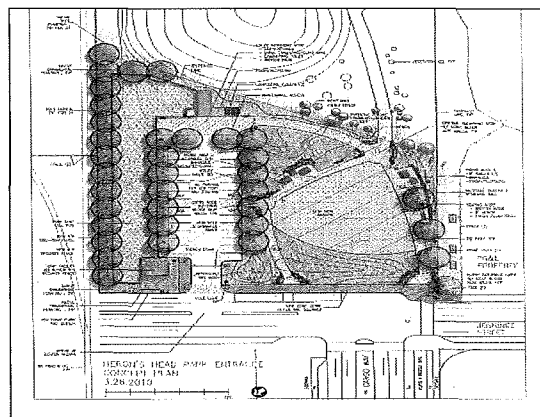


### Heron's Head Park

**Project Location:** Jennings Street and Cargo Way

This Blue Greenway project included an expansion of the existing Heron's Head Park by approximately an acre, by: a) converting a paved area into a meadow, and planter areas; b) organizing the service and parking areas; c) creating a dog run; d) installing picnic tables and seating areas, new lighting and bicycle amenities; e) adding park signage; f) including new sites for public art; g) creating a defined pedestrian circulation area; and h) adding a landscape based storm-water treatment system. The design is consistent with the sustainable natural theme of the existing park.

The original budget established was based upon a smaller park opportunity site, in preparing the design and working through the community review process the project site was enlarged. The GO Bond funding strategy for Blue Greenway Parks accommodated opportunity for projects to expand or consolidate through the planning process. This project was completed and opened to the public in September 2012.



### Tulare Park – POSTPONED INDEFINITELY

**Project Location:** Islais Creek shoreline, north side between Illinois and Third Streets

Across Islais Creek from the future site of the Bayview Gateway, Tulare Park is an existing Blue Greenway Park that was originally constructed in the early 1970s and is in need of major improvements including upgrades required under the Americans with Disabilities Act (ADA). During final design of the Tulare Park improvements, it was determined that grading required to create the ADA accessible path would pose significant risk of damage to both the San Francisco Public Utilities Commission force main and the existing retaining wall running throughout the site. After studying alternatives, a pedestrian bridge was chosen as the most cost effective solution to create an accessible pathway.

*This project was put out to bid and was not awarded because the bid exceeded the budget by over \$600,000. The Port is working with both DPW and the SFPUC on alternative design ideas that are more cost effective and accommodate the PUC sub-surface infrastructure and access requirements.*



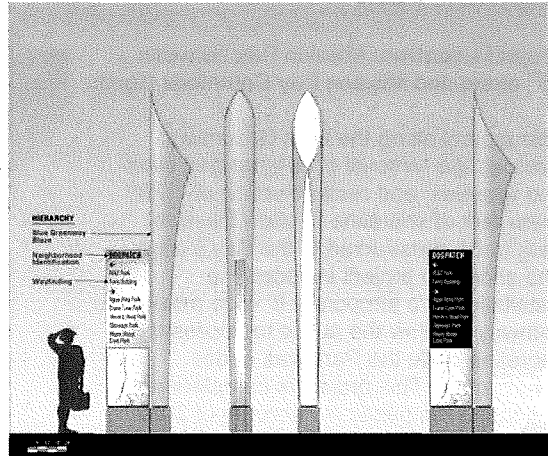
## 4.0 Appendix

### Blue Greenway Public Art

**Project Location:** Blue Greenway Mission Creek and Heron's Park

Working with the SF Arts Commission, the Port identified the Bayview Gateway site as the appropriate site and location for the Port's Art Enrichment Project.

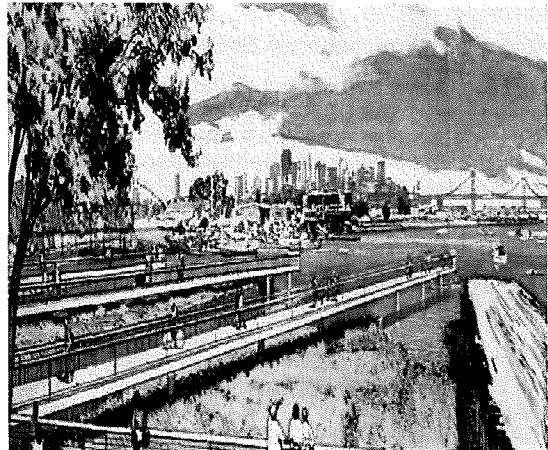
The SF Arts Commission released a call for artist to submit qualifications for the project in the fall of 2014 and received 3 proposals. However, all three proposals were subsequently rejected, so the selection process will be renewed in 2015. The current project schedule calls for the selection panel to make its recommendations in June 2015, with Arts Commission and Port Commission approval following in July 2015. Design, fabrication, and installation of the pieces is expected to take 18 months from the approvals, with completion now anticipated for the end of 2016.



### Crane Cove Park

**Project Location:** Nineteenth and Illinois Street

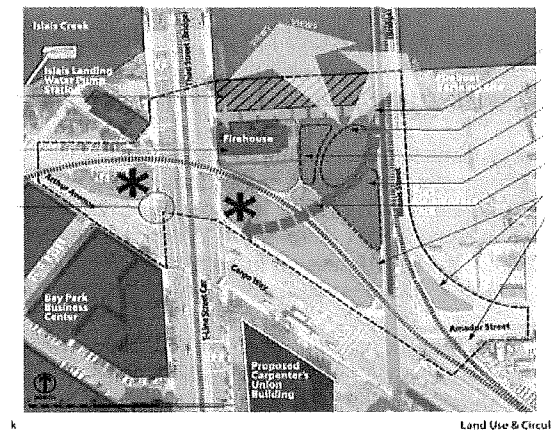
Crane Cove Park is an approximately 9 acre Blue Greenway Waterfront Park located in the Central Waterfront generally between 19<sup>th</sup> and Mariposa Streets east of Illinois Street. The Park design and project includes shoreline cleanup and stabilization, restoration of historic resources, a new multi-purpose lawn, plazas, pathways, site furnishings and site interpretation, bay access and a human powered boating facility. The total construction cost for the entire project is expected to be \$45 million dollars. Current available funding is approximately \$31.3 million, of which \$10.3 million is from the 2008 Clean and Safe Neighborhood Park bonds. As a result, the Port will build Phase 1 with existing sources, and will construct Phase II when funding is secured.



### Bayview Gateway

**Project Location:** Southern shoreline of Islais Creek between Third Street, Illinois Street and Cargo Way.

The Bayview Gateway Project will create a new one acre public open space along the southern bank of Islais Creek in San Francisco's southeast waterfront. The project site is bound by Islais Creek on the north, Cargo Way on the south, 3rd Street on the west, and Illinois Street on the east. This area was reclaimed from the Bay in the 1900s and served as a working waterfront with a timber wharf and shed. The shed was removed in the early 1980s leaving an asphalt covered lot. The project will demolish the existing timber wharf, rehabilitate the seawall, and transform the asphalt lot into a public park with walkways, plaza spaces and green spaces from which to enjoy the Bay. In addition, the project will serve as both a gateway to and an amenity for the Bayview neighborhood.



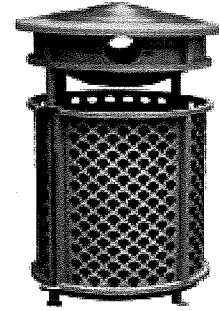
Construction estimates early in the design phase indicated the project would cost 13% more than the current budget. Value engineering measures were taken to simplify the design with some success. However, additional project scope was added for unanticipated right of way improvements including a new crosswalk at 3rd Street, modifications and repairs to the adjacent sidewalks, and more extensive roadway and traffic signal work at 3rd Street and Cargo Way. The project is currently under construction and should be completed by the end of July 2015.

## 4.0 Appendix

### Blue Greenway Signage and Site Furnishings

**Project Location:** Blue Greenway Linking Streets between Mission Creek and Heron's Head Park

The Blue Greenway is the City's project to improve the City's southerly portion of the 500 mile, 9-county, region-wide Bay Trail. Uniquely, the trail does not follow one continuous waterfront path or have consistent water views to serve as a navigational tool for users; users have to consciously find transitions and make decisions in order to stay on the system. Additionally, because the Blue Greenway is in its early inception, it lacks recognition by the general public. In order to help build identity and allow users to find their way along the system, the Port, working with our stakeholders, has developed a signage and way-finding program to build identity and provide users orientation to find their way along the system. The program includes large customized signs (as conceptualized in the diagram) which include navigational information.



The contract to construct and install these custom signs went out to bid in late March 2013 and a contract was awarded with Port Commission approval. In addition to signage, furnishings such as benches and waste receptacles will be provided at the sign sites where practicable.

This Project went out to bid in late March 2013, the Port commission approved the award of the bid and the signage portion of the project was completed in 2014, and the remaining minor site improvements will be completed in September 2015.

### Current Project Phase

The 2008 Clean and Safe Neighborhood Parks Bond Program includes the initiation, planning, design, bid & award, construction and close-out project phases. Thus far, 2008 Clean & Safe Neighborhood Park Bond funds have been expended on the phases indicated for each project below.

Waterfront Parks	Initiation	Planning	Design	Bid & Award	Constr.	Close-Out
Pier 43 Bay Trail Link	•	•	•	•	•	•
Brannan Street Wharf/Park	•	•	•	•	•	•
Blue Greenway Planning & Design Guidelines	•	•	•	n/a	n/a	•
Bayfront Park	•	•	•	•	•	•
Heron's Head Park	•	•	•	•	•	•
Tulare Park	•	•	•			
Blue Greenway Public Art	•	•	•	•		
Crane Cove Park	•	•	•			
Bayview Gateway	•	•	•	•	•	
Blue Greenway Signage and Site Furnishings	•	•	•	•	•	

(BOS)

**To:** BOS-Supervisors  
**Subject:** FW: 2015 Title XV Reports  
**Attachments:** Barbara Garcia.pdf; ATT00001.htm; eh.sfgh.report.pdf; ATT00002.htm; eh\_court\_cover.doc; ATT00003.htm; eh\_court\_doc.doc; ATT00004.htm; eh\_Jail 1-4\_cover.doc; ATT00005.htm; eh\_Jail 1-4\_doc.doc; ATT00006.htm; eh\_Jail 5&6\_cover.doc; ATT00007.htm; eh\_jail 5&6\_doc.doc; ATT00008.htm; eh\_LCR\_cover.doc; ATT00009.htm; eh\_LCR\_doc.doc; ATT00010.htm; eh\_sfpd\_cover.doc; ATT00011.htm; eh\_sfpd\_doc.doc; ATT00012.htm; eh\_ygc\_cover.doc; ATT00013.htm; eh\_ygc\_doc.doc; ATT00014.htm; med\_CJ2&4\_doc.doc; ATT00015.htm; med\_court\_cover.docx; ATT00016.htm; med\_court\_doc.doc; ATT00017.htm; med\_Jail5\_doc.doc; ATT00018.htm; med\_Jails\_cover.docx; ATT00019.htm; med\_lcr&ycg\_cover.doc; ATT00020.htm; med\_lcr&ycg\_doc.doc; ATT00021.htm; med\_sfgh7\_cover.docx; ATT00022.htm; med\_sfgh7\_doc.doc; ATT00023.htm; med\_sfpd\_cover.docx; ATT00024.htm; med\_sfpd\_doc.doc; ATT00025.htm; nut.lcr.cover 2015.docx; ATT00026.htm; nut.lcr.doc.2015.docx; ATT00027.htm; nut.sfghward7L.cover.doc; ATT00028.htm; nut.sfghward7L.doc.doc; ATT00029.htm; nut.ygc.cover 2015.docx; ATT00030.htm; nut.ygc.report 2015.docx; ATT00031.htm; nut\_jail5\_cover.doc; ATT00032.htm; nut\_jail124\_cover.doc; ATT00033.htm; nut\_jail5\_doc.doc; ATT00034.htm; nut\_jail124\_doc.doc; ATT00035.htm

Begin forwarded message:

**From:** "Shatara, Nader (DPH)" <[Nader.Shatara@sfdph.org](mailto:Nader.Shatara@sfdph.org)>  
**To:** "Lee, Edwin (ADM)" <[edwin.lee@sfgov.org](mailto:edwin.lee@sfgov.org)>  
**Cc:** "Kelly, Naomi (ADM)" <[naomi.kelly@sfgov.org](mailto:naomi.kelly@sfgov.org)>, "Calvillo, Angela (BOS)" <[angela.calvillo@sfgov.org](mailto:angela.calvillo@sfgov.org)>, "Patt, Frank (DPH)" <[frank.patt@sfdph.org](mailto:frank.patt@sfdph.org)>, "lisa.southwell@bscc.ca.gov" <[lisa.southwell@bscc.ca.gov](mailto:lisa.southwell@bscc.ca.gov)>, "DeGuzman, Faye (DPH)" <[faye.deguzman@sfdph.org](mailto:faye.deguzman@sfdph.org)>  
**Subject:** 2015 Title XV Reports

Dear Mayor Lee:

Please open the attachments to view the letter from Barbara Garcia, Director of Health as well as the 2015 Title XV evaluation reports for San Francisco City and County jails and detention facilities. Feel free to contact me should you have any questions.

Thank you,

Nader Shatara, REHS  
Senior Environmental Health Inspector  
Environmental Health Branch  
Population Health Division  
San Francisco Department of Public Health  
1390 Market Street, Suite 210  
San Francisco, CA 94102  
Ph: (415) 252-3887  
Fx: (415) 252-3930



San Francisco City and County  
**Department of Public Health**  
**Occupational & Environmental Health**

Edwin M. Lee, Mayor  
Barbara A. Garcia, MPA, Director of Health

Richard J. Lee, MPH, CIH, REHS  
Acting Director of Environmental Health

September 4, 2015

Honorable Edwin M. Lee  
Mayor, City and County of San Francisco  
City Hall, Room 200  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

Dear Mayor Lee:

Attached for your review is a set of the Annual 2015 Title XV Evaluation Reports for each of the San Francisco jails and detention facilities as required by the Board of State Community Corrections under Section 459 of the California Health and Safety Code.

A team of professionals from the San Francisco Department of Public Health that include Registered Dietitians, a Registered Environmental Health Specialist, and health care analysts performed the inspections. All San Francisco City and County jails and detention facilities were evaluated. Facility administrators were given the opportunity to review, make corrections, and comment on the draft reports. Corrections were included on the final draft.

Sincerely,

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

Barbara A. Garcia, MPH  
Director of Health

cc: Naomi Kelly, City Administrator  
Angela Calvillo, Clerk of the Board of Supervisors  
Frank Patt, Deputy Director, Jail Health  
Lisa Southwell, Board of State Community Corrections

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

BSCC #: \_\_\_\_\_

FACILITY NAME: 1. County Jail #1 and 2 2. County Jail #3 and 4		COUNTY: San Francisco		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1. 425-7 <sup>th</sup> Street, San Francisco, CA 94103 (415) 575-4460 2. 850 Bryant Street, San Francisco, CA 94103				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: February 11, 2015		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nader Shatara, REHS Senior Environmental Health Inspector (415) 252-3887				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Jennifer Collins, Sergeant #1598 (415) 575-4460				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

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

**JUVENILE FACILITY HEALTH INSPECTION REPORT**  
**Juvenile Halls, Special Purpose Juvenile Halls and Camps**  
**Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

FACILITY NAME:  Log Cabin Ranch		COUNTY:  San Francisco	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  500 Log Cabin Ranch Road, La Honda, CA 94020 (650) 747-0257			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL:	SPECIAL PURPOSE JUVENILE HALL:	CAMP: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:  January 22, 2015	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  Nader Shatara, REHS Senior Environmental Health Inspector (415) 252-3887			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  <div style="display: flex; justify-content: space-between;"> <div> Marc Humphries, Director (650) 747-0257 ext. 1801  Tim Diestel, Assistant Director (650) 747-0257 est. 1823  John Ngo, Kitchen Manager (650) 747-0257 </div> <div> <u>May 1, 2015</u>  Salvador Martinez  Building and Grounds Superintendent  (415) 753-7586 </div> </div>			
NUTRITIONAL EVALUATION		DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

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

**JUVENILE FACILITY HEALTH INSPECTION REPORT**  
**Juvenile Halls, Special Purpose Juvenile Halls and Camps**  
**Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

FACILITY NAME: Youth Guidance Center		COUNTY: San Francisco	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 375 Woodside Avenue, San Francisco, CA 94127			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL: X	SPECIAL PURPOSE JUVENILE HALL:	CAMP:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: January 15, 2015	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Nader Shatara, REHS Senior Environmental Health Inspector (415) 252-3887			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Dennis Doyle, Acting Senior Counselor (415) 753-7514 Luis Recinos, Director Dave Kolkana, Engineer John Radogno, Assistant Director Bob Eggleston, Kitchen Manager (415) 753-7508			
NUTRITIONAL EVALUATION		DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>Approach for Providing Food Service</b>  <i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i>  Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	X			Meals are prepared in CJ #4.
1. Food is prepared at another city or county detention facility.		X		
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.				Aramark.
<b>1230 Food Handlers</b>  <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i>  Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			
<b>1243 Food Service Plan</b>  There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.  The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	X			
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>				
HSC §114130-114141.	X			
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			X	Commercial dishwasher was not in use at the time of this inspection due to kitchen renovation. Manual washing, rinsing, and sanitization is taking place in an approved three compartment sink. Adequate concentrations of quaternary sanitizer were noted above 200 PPM.
HSC § 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	X			
HSC § 114268-114269	X			
HSC § 114279-114282	X			
<b>1246 Food Serving and Supervision</b>				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.				

### Article 13. Inmate Clothing and Personal Hygiene

<b>1260 Standard Institutional Clothing Issue</b>				
<i>Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items.</i>				
There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:				
Clean socks and footwear;	X			
Clean outer garments; and,	X			
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Clothing is reasonably fitted, durable, easily laundered and repaired.	X			
<b>1261 Special Clothing</b>				
Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	X			
<b>1262 Clothing Exchange</b>				
There are policies and procedures for the scheduled exchange of clothing.	X			
Unless work, climatic conditions, illness, or the CalCode necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	X			
<b>1263 Clothing Supply</b>				
There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	X			
There are policies and procedures for the handling of laundry that is known or suspected to be contaminated with infectious material.	X			
<b>1264 Control of Vermin in Inmates Personal Clothing</b>				
There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	X			
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
<b>1265 Issue of Personal Care Items</b>				
There are policies and procedures for issuing personal hygiene items.	X			
Each female inmate is issued sanitary napkins and/or tampons as needed.	X			
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	X			
<b>1266 Personal Hygiene</b>				
There are policies and procedures for inmate showering/bathing.	X			
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.	X			
<b>1267 Hair Care Services</b>				
Hair care services are available.	X			
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	X			
<b>Article 14. Bedding and Linens</b>				
<b>1270 Standard Bedding and Linen Issue</b>				
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:				
One serviceable mattress which meets the requirements of § 1272 of these regulations;	X			
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket or more, depending upon climatic conditions.	X			
<b>1271 Bedding and Linen Exchange</b>				
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week.	X			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	X			
<b>1272 Mattresses</b>				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.	X			
<b>Article 15. Facility Sanitation and Safety</b>				
<b>1280 Facility Sanitation, Safety and Maintenance</b>				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code – Plumbing</b>				CJ#1 – Holding cell 1: Repair toilet. CJ#2 – B-pod #16 & A-pod bathroom C: Repair the toilet. CJ#4 – Cell B2: Balance water pressure in sink.
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.		X		
<b>Title 24, Uniform Building Code – Cleanliness and Repair</b>				CJ #1 – Holding cell 1: Refinish the wall near the door.
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
<b>Title 24, Part 1, 13-102(c)6 – Heating and Cooling</b>				CJ#1 Holding Cell 1-3: Fan belt for ventilation system was reattached at the time of inspection. Further airflow balancing is required.  CJ#2, E-pod #43: Ventilation system was not working at the time of this inspection.
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			
<b>Title 24, Uniform Plumbing Code – Floor Drains</b>				
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>Title 24, Part 2, 470A.3.6 – Lighting</b>				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. ( <i>Applicable to facilities constructed after 1980.</i> )	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. ( <i>Applicable to facilities constructed after 1980.</i> )	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>CA Safe Drinking Water Act</b>				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
<b>Local Ordinances</b>				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC § 1803</b>				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.		X		CJ #2 Kitchen (not used for food preparation) requires routine cleaning below the dishwasher. Residues are breeding fruit flies.
<b>General Industry Safety Order, Title 8-3362</b>				
The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

CJ #3 was not inspected this year since no inmates were housed in this jail.

The conditions in the CJ #4 kitchen were better than past recent years. The long standing problem with the rest room hand washing facilities and vandalism seemed to be resolved.

The dishwasher area is being renovated. Standards for proper floor construction were provided. An approved three compartment sink was being used in lieu of the mechanical dishwasher.

On July 6, 2015, the SFSD Facilities Maintenance Manager sent written statements outlining the correction of:

1. Ventilation systems in CJ #1 holding cells #1, 2, & 3.
2. Cleaning ventilation systems in CJ #2 E-pod.
3. Cleaning in specified kitchen & laundry areas.

On August 18, 2015, a letter was received by Chief Deputy Sheriff Matthew Freeman stating the following corrections:

1. Toilet in holding cell #1 – Repairs were completed.
2. Wall in holding cell #1 was refinished.
3. The repair of the ventilation system in cells 1-3 and CJ#4 B-pod were confirmed.
4. CJ#2 kitchen floor below the dishwasher was cleaned along with floor drains. These items are now on a routine cleaning schedule.
5. Water pressure in the sink of B2 was balanced.

**I. ENVIRONMENTAL HEALTH EVALUATION**  
**Juvenile Halls, Special Purpose Juvenile Halls and Camps**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 9. Food</b>				
<b>1464 Food Services Plan</b>  There is a written food services plan that complies with the applicable sections of California Retail food Code (CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan.  The plan includes, but is not limited to the following policies and procedures: menu planning; purchasing; storage and inventory control; food preparation; food serving; transporting food; orientation and on-going training; personnel supervision; budgets and food costs accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1465 Food Handlers Education and Monitoring</b>  <i>CalCode, the California retail food Code(HSC Division 104, Part 7, Chapter 1-13, , Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i>  There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967, 113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
<b>1466 Kitchen Facilities, Sanitation, and Food Storage</b>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.  In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 114381) is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation.)</i>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
HSC § 114419-114423, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;	X			
HSC § 114130-114141, 114163, New or replacement equipment;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114099.6, 114107 Utensil and equipment cleaning and sanitation;		X		See January 22, 2015 comments and May 1, 2015 follow up comments.
HSC § 114149-114149.3 Ventilation;	X			
HSC § 114268-114269 (a) Floors; and,	X			
HSC § 114279-114282 Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.	X			
<b>1467 Food Serving and Supervision</b>  There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
<b>Article 10. Clothing and Personal Hygiene</b>				
<b>1480 Standard Facility Clothing Issue</b>  <i>Note: Personal clothing and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear.</i>  Clothing provisions ensure that:				
Clothing is clean, reasonably fitted, durable, easily laundered, and in good repair; and,	X			
The standard issue of climatically suitable clothing for minors consists of but not be limited to:	X			
Socks and serviceable footwear;	X			
Outer garments; and,	X			
Undergarments, are freshly laundered and free of stains, including shorts and tee shirt for males; and, bra and panties for females.	X			No female inmates.
<b>1481 Special Clothing</b>  Provision is made to issue suitable additional clothing essential for minors to perform special work assignments when the issue of regular clothing would be unsanitary or inappropriate.	X			
<b>1482 Clothing Exchange</b>  There are policies and procedures for the cleaning and scheduled exchange of clothing.	X			
Unless work, climatic conditions or illness necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged daily.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1483 Clothing, Bedding and Linen Supply</b>  There is a quantity of clothing, bedding and linen available for actual and replacement needs of the facility population. Written procedures describe the acquisition, handling, storage, transportation and processing of clothing, bedding and linen in a clean and sanitary manner.	X			Weekly.
<b>1484 Control of Vermin in Minors' Personal Clothing</b>  There are policies and procedures to control the contamination and/or spread of vermin in all minors' personal clothing.	X			
Infested clothing is cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
<b>1485 Issue of Personal Care Items</b>  There are policies and procedures that ensure the availability of personal hygiene items.	X			
Each female minor is provided with sanitary napkins and/or tampons as needed.			X	No female inmates.
Each minor to be held over 24 hours is provided with the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements (discussed below), minors are not required to share any personal care items listed above.	X			
Minors do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among minors are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			
<b>1486 Personal Hygiene</b>  There are policies and procedures for showering/bathing and brushing of teeth.	X			
Minors are permitted to shower/bathe upon assignment to a housing unit and on a daily basis thereafter and given an opportunity to brush their teeth after each meal.	X			
<b>1487 Shaving</b>  Minors, except those who may not shave for reasons of identification in court, are allowed to shave daily. The facility administrator may suspend shaving for minors who are considered to be a danger to themselves or others.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1488 Hair Care Services</b>				
Hair care services are available in all juvenile facilities. Minors receive hair care services monthly.	X			
Equipment is cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			A professional barber comes to this site and take equipment with him to be washed and sanitized.

### Article 11. Bedding and Linens

<b>1500 Standard Bedding and Linen Issue</b>				
Each minor entering a living area and expected to remain overnight, is provided with laundered, clean and suitable bedding and linens which are in good repair. This includes, but is not limited to:	X			
One clean and serviceable mattress (or mattress-pillow combination) which meets the requirements of Title 15 § 1502;	X			
One pillow and a pillow case (unless provided in combination with the mattress;	X			
One mattress cover and a sheet or two sheets;	X			
One towel; and,	X			
One or more blankets, depending upon climatic conditions.	X			
<b>1501 Bedding and Linen Exchange</b>				
There are policies and procedures for the scheduled exchange of laundered bedding and linen issued to each minor housed.	X			
Washable items such as sheets, mattress covers, pillowcases and towels are exchanged for a clean replacement at least once each week.	X			
The covering blanket is cleaned or laundered at least once a month.	X			
<b>1502 Mattresses</b>				
Mattresses conform to the size of the bed (Title 24, Section 460A.25) and are enclosed in an easily cleaned, non-absorbent ticking.	X			
Any mattress purchased for issue to a minor in a facility that is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses (Technical Information Bulletin Number 121, April 1980).	X			

### Article 12. Facility Sanitation and Safety

<b>1510 Facility Sanitation, Safety and Maintenance</b>				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks, equipment and physical plant maintenance, and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medical care housing as described in Title 24, Part 1 § 13-201(c)6 is cleaned and sanitized according to policies and procedures established by the health administrator.			X	No clinical housing at this site.
<b>1511 Smoke Free Environment</b>  There are policies and procedures to assure that State laws prohibiting minors from smoking are enforced in all juvenile facilities, related work details, and other programs. Policies and procedures assure that minors are not exposed to second-hand smoke while in the facility or in the custody of staff.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code</b>  Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			
<b>Title 24, Uniform Building Code</b>  Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
<b>Title 24, Part 1, 13-201(c)6</b>  There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements, of Part 6, Title 24, CCR.	X			
<b>Title 24, Uniform Plumbing Code</b>  Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>CA Safe Drinking Water Act</b>  Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
<b>Local Ordinances</b>  Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC and CCR Titles 22 and 24 Relating to Public Pools</b>  Swimming pools are designed, constructed, operated, and maintained in accordance with state and local laws and regulations	X			Inspection was done on May 1, 2015 since this pool only opens seasonally.
<b>Health and Safety Code, § 1803 and 2271</b>  (Farms, petting zoos, etc.) All animal operations are removed from the immediate living area, designed, constructed, and maintained to minimize odor, vermin, and physical hazards.			X	
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>General Industry Safety Order, Title 8-3362</b>				
The facility is free of structural and other safety hazards.	X			

#### January 22, 2015

Although the kitchen was old and structurally substandard, facilities were adequately maintained to uphold a satisfactory level of sanitation with the exception of the following:

1. Walk-in walls and ceiling is in need of routine cleaning. Mildew and other residues noted.
2. Dishwasher was in need of cleaning due to excessive scaling.
3. Dishwasher was not reaching the required final rinse temperature. However, the kitchen had a supply of quaternary sanitizer, and instructions were given for manual sanitization of equipment.
4. The kitchen was also required to seal gaps below and between double doors leading to the outside for proper rodent proofing.

The ceiling above the showers had flaking paint. Ceiling must be stripped and refinished with waterproof paint. Conditions noted in the housing, recreational, and laundry areas were adequate at the time of inspection.

#### May 1, 2015

The swimming pool only is opened seasonally and was inspected on May 1, 2015. The second round for the cafeteria inspection was also done on May 1, 2015. General conditions for the pool and kitchen were very good at the time of this inspection. All concerns regarding the January 22, 2015 kitchen inspection were address, and other conditions were satisfactory: calibrated thermometers, final rinse temperature, chemical sanitization concentration, food temperatures, rest room & hand washing stations, cross contamination prevention, etc.

The swimming pool required cleaning around the drain cove. Otherwise, general sanitation was good: Free chlorine levels were 1.86 ppm, pH = 7.4, no cyanuric acid detected, water clarity was very good, safety equipment & signs were available, deck & shell were in adequate repair, chemical logs were maintained, equipment was operational, test kits and monitoring equipment were available.

According to the building and grounds superintendent, the shower area will be renovated in May 2015.

On August 21, 2015, and email was received from the Director of Log Cabin Ranch, Marc Humphries, stating that the renovation of the shower room and dorms had been initiated 90 days ago and will be completed in late September or the first week of October 2015.

**I. ENVIRONMENTAL HEALTH EVALUATION**  
**Juvenile Halls, Special Purpose Juvenile Halls and Camps**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 9. Food</b>				
<b>1464 Food Services Plan</b>  There is a written food services plan that complies with the applicable sections of California Retail food Code (CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan.  The plan includes, but is not limited to the following policies and procedures: menu planning; purchasing; storage and inventory control; food preparation; food serving; transporting food; orientation and on-going training; personnel supervision; budgets and food costs accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1465 Food Handlers Education and Monitoring</b>  <i>CalCode, the California retail food Code(HSC Division 104, Part 7, Chapter 1-13, , Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i>  There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967, 113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
<b>1466 Kitchen Facilities, Sanitation, and Food Storage</b>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.  In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 114381) is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation.)</i>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
HSC § 114419-114423, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;	X			Generic HACCP.
HSC § 114130-114141, 114163, New or replacement equipment;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114099.6, 114107 Utensil and equipment cleaning and sanitation;	X			
HSC § 114149-114149.3 Ventilation;	X			
HSC § 114268-114269 (a) Floors; and,	X			
HSC § 114279-114282 Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.	X			
<b>1467 Food Serving and Supervision</b>  There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
<b>Article 10. Clothing and Personal Hygiene</b>				
<b>1480 Standard Facility Clothing Issue</b>  <i>Note: Personal clothing and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear.</i>  Clothing provisions ensure that:				
Clothing is clean, reasonably fitted, durable, easily laundered, and in good repair; and,	X			
The standard issue of climatically suitable clothing for minors consists of but not be limited to:				
Socks and serviceable footwear;	X			
Outer garments; and,	X			
Undergarments, are freshly laundered and free of stains, including shorts and tee shirt for males; and, bra and panties for females.	X			
<b>1481 Special Clothing</b>  Provision is made to issue suitable additional clothing essential for minors to perform special work assignments when the issue of regular clothing would be unsanitary or inappropriate.	X			
<b>1482 Clothing Exchange</b>  There are policies and procedures for the cleaning and scheduled exchange of clothing.	X			
Unless work, climatic conditions or illness necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged daily.	X			
<b>1483 Clothing, Bedding and Linen Supply</b>  There is a quantity of clothing, bedding and linen available for actual and replacement needs of the facility population. Written procedures describe the acquisition, handling, storage, transportation and processing of clothing, bedding and linen in a clean and sanitary manner.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1484 Control of Vermin in Minors' Personal Clothing</b>				
There are policies and procedures to control the contamination and/or spread of vermin in all minors' personal clothing.	X			
Infested clothing is cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
<b>1485 Issue of Personal Care Items</b>				
There are policies and procedures that ensure the availability of personal hygiene items.	X			
Each female minor is provided with sanitary napkins and/or tampons as needed.	X			
Each minor to be held over 24 hours is provided with the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements (discussed below), minors are not required to share any personal care items listed above.	X			
Minors do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among minors are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			
<b>1486 Personal Hygiene</b>				
There are policies and procedures for showering/bathing and brushing of teeth.	X			
Minors are permitted to shower/bathe upon assignment to a housing unit and on a daily basis thereafter and given an opportunity to brush their teeth after each meal.	X			
<b>1487 Shaving</b>				
Minors, except those who may not shave for reasons of identification in court, are allowed to shave daily. The facility administrator may suspend shaving for minors who are considered to be a danger to themselves or others.	X			
<b>1488 Hair Care Services</b>				
Hair care services are available in all juvenile facilities. Minors receive hair care services monthly.	X			
Equipment is cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			Barber brings and takes equipment on visits.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Bedding and Linens</b>				
<b>1500 Standard Bedding and Linen Issue</b>				
Each minor entering a living area and expected to remain overnight, is provided with laundered, clean and suitable bedding and linens which are in good repair. This includes, but is not limited to:	X			
One clean and serviceable mattress (or mattress-pillow combination) which meets the requirements of Title 15 § 1502;	X			
One pillow and a pillow case (unless provided in combination with the mattress;	X			
One mattress cover and a sheet or two sheets;	X			
One towel; and,	X			
One or more blankets, depending upon climatic conditions.	X			
<b>1501 Bedding and Linen Exchange</b>				
There are policies and procedures for the scheduled exchange of laundered bedding and linen issued to each minor housed.	X			
Washable items such as sheets, mattress covers, pillowcases and towels are exchanged for a clean replacement at least once each week.	X			
The covering blanket is cleaned or laundered at least once a month.	X			
<b>1502 Mattresses</b>				
Mattresses conform to the size of the bed (Title 24, Section 460A.25) and are enclosed in an easily cleaned, non-absorbent ticking.	X			
Any mattress purchased for issue to a minor in a facility that is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses (Technical Information Bulletin Number 121, April 1980).	X			
<b>Article 12. Facility Sanitation and Safety</b>				
<b>1510 Facility Sanitation, Safety and Maintenance</b>				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks, equipment and physical plant maintenance, and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner.	X			
Medical care housing as described in Title 24, Part 1 § 13-201(c)6 is cleaned and sanitized according to policies and procedures established by the health administrator.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1511 Smoke Free Environment</b>  There are policies and procedures to assure that State laws prohibiting minors from smoking are enforced in all juvenile facilities, related work details, and other programs. Policies and procedures assure that minors are not exposed to second-hand smoke while in the facility or in the custody of staff.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code</b>  Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.		X		Hand sink in the court holding facility HC1 was in disrepair. There was a work order for this sink. Verification of repair was emailed by the Chief Engineer on February 3, 2015.
<b>Title 24, Uniform Building Code</b>  Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
<b>Title 24, Part 1, 13-201(c)6</b>  There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements, of Part 6, Title 24, CCR.	X			
<b>Title 24, Uniform Plumbing Code</b>  Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>CA Safe Drinking Water Act</b>  Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
<b>Local Ordinances</b>  Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC and CCR Titles 22 and 24 Relating to Public Pools</b>  Swimming pools are designed, constructed, operated, and maintained in accordance with state and local laws and regulations			X	
<b>Health and Safety Code, § 1803 and 2271</b>  (Farms, petting zoos, etc.) All animal operations are removed from the immediate living area, designed, constructed, and maintained to minimize odor, vermin, and physical hazards.			X	
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.		X		Fruit fly harborage identified and addressed.
<b>General Industry Safety Order, Title 8-3362</b>  The facility is free of structural and other safety hazards.	X			



General sanitation was good at the time of this inspection. Although the kitchen operates under old construction standards, the more significant food safety and food handling concerns were adequately addressed. Equipment (refrigerators, dishwasher) were adequately working and reaching their critical temperatures (Below 40 degrees Fahrenheit & above 160 degrees Fahrenheit dishwash surface temperature, respectively). Manual sanitization was accomplished using approved sanitizer containers with adequate concentrations of quaternary sanitizer (200 PPM). There were no signs of vermin, spoilage or contamination. Foods, such as raw meats, were safely stored so as not to contaminate other foods. Hand washing stations were adequately maintained. Frozen foods were being thawed in a well working refrigerator. Refrigerated foods were stored so as not to contaminate other foods. No leftovers were noted. According to the manager, leftovers are discarded. No hot holding was noted at the time of this inspection. Although food safety certification was valid, a class and exam for renewal was scheduled to be taken this month (January 2015).

Since the last inspection, efforts were made to maintain drains to help control the harborage of drain infesting flies. However, debris had been pushed towards the corners of the floor sinks below the steam tables in many of the unit pantries where flies were breeding. This was immediately pointed out to the facility administrators and engineer, and modifications in their cleaning procedures were immediately made.

The hand sink in the juvenile court holding cell #HC1 (AKA: Room 111) had no faucets. Faucets were on order.

On February 3, 2015, notification was received that floor drains are on a more thorough inspection and cleaning schedule to prevent fly harborage, and the court holding cell is scheduled to be closed to repair the specified sink.

On February 26, 2015, an email was received stating that the sink in juvenile court holding cell #HC1 was repaired and is back online.

**ADULT COURT AND TEMPORARY HOLDING FACILITIES**  
**Local Detention Facility Health Inspection Report**  
**Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

FACILITY NAME:  1. CCSF Court Holding Cells 2. Civic Center Court Holding Cells 3. Community Justice Court Holding Cells		COUNTY:  San Francisco			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  1. 850 Bryant Street, San Francisco, CA 94103, (415) 551-7531 2. 400 McAllister Street, San Francisco, CA 94102 3. 575 Polk Street, San Francisco, CA 94102					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">COURT HOLDING FACILITY:</td> <td style="width:50%; text-align: center;">X</td> </tr> </table>		COURT HOLDING FACILITY:	X
COURT HOLDING FACILITY:	X				
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: February 5, 2015			
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  Nader Shatara, REHS Senior Environmental Health Inspector      (415) 252-3887					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Edwin James, Captain #1012                      (415) 753-2355 Stephan Tilton, Lieutenant #1455              (415) 551-7531 Tim Lavorini, Business Services Technician   (415) 551-5867					
NUTRITIONAL EVALUATION		DATE INSPECTED:			
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):  					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  					
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:			
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  					

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

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

BSCC #: \_\_\_\_\_

FACILITY NAME:  County Jail #5 & 6		COUNTY:  San Francisco		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  1 Moreland Drive, San Bruno, CA 94066 (650) 266-7500				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: February 12, 2015		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  Nader Shatara, REHS Senior Environmental Health Inspector (415) 252-3887				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Marty Ideta, Captain (650) 2667500 Jennifer Collins, Sergeant (415) 575-4460				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

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

**ADULT COURT AND TEMPORARY HOLDING FACILITIES**  
**Local Detention Facility Health Inspection Report**  
**Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

<b>FACILITY NAME:</b> Park Police Station Bayview Police Station Taraval Police Station Mission Police Station	<b>COUNTY:</b>  San Francisco	
<b>FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Park: 1899 Waller St, SF, CA 94117 (415) 242-3000            Bayview: 201 Williams St, SF, CA 94124 (415) 671-2300            Taraval: 2345-24<sup>th</sup> Av, SF, CA 94116 (415) 759-3100            Mission: 630 Valencia, SF, CA 94110 (415) 558-5400         </div> <div style="width: 45%;">           Southern: 1251-3<sup>rd</sup> Street, SF, CA 94158 (415) 575-6000            Northern: 1125 Fillmore St, SF, CA 94115 (415) 614-3400            Ingleside: 1 Sgt. John V Young Ln, SF, CA 94112 (415) 404-4000            Richmond: 461-6<sup>th</sup> Av, SF, CA 94118 (415) 666-8000            Tenderloin: 301 Eddy St, SF, CA 94102 (415) 345-7300         </div> </div>		
<b>CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:</b>	<b>COURT HOLDING FACILITY:</b>	<b>TEMPORARY HOLDING FACILITY:</b> X
<b>ENVIRONMENTAL HEALTH EVALUATION</b>		<b>DATE INSPECTED:</b> June 25, 2015
<b>ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):</b>  Nader Shatara, REHS (415) 252-3887 Senior Environmental Health Inspector		
<b>FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):</b>  Officer Ivan Sequeira, Facilities Manager, SF Police Department (415) 553-1076 Sofia Barcena, Facilities Manager, SF Police Department Anthony Tade, Maintenance Planner, SF Police Department		
<b>NUTRITIONAL EVALUATION</b>		<b>DATE INSPECTED:</b>
<b>NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):</b>		
<b>FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):</b>		
<b>MEDICAL/MENTAL HEALTH EVALUATION</b>		<b>DATE INSPECTED:</b>
<b>MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):</b>		
<b>FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):</b>		

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

**III. MEDICAL/MENTAL HEALTH EVALUATION – CJs #2 and CJ#4**  
**Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				Discussed emergency evaluation plans and yearly practice sessions between Medical, Behavioral Health and Sheriff's Departments
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			On-call schedule is posted on Intranet home page
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			Reviewed Unusual Occurrence (UO) process; most due to med errors, missed dosages, etc.
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>				Policies and procedures are well-written, detailed, uniform, online and easily searchable by staff. The Nurse Manager holds inservices to update staff when new policies are created or policy changes occur. In the process of reviewing and renewing current policies.
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco, CA 94102
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				Standardized procedures are available
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1205 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>  Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:	X			Online charting is available for screening and daily documentation
(1) Receiving screening form/history <i>(Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.);</i>	X			Medical records are computerized
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			MCR forms readily available at each pod (CJ #2 and CJ#4 as well as with nurse during pill call.
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			In CJ #2 there is an exam room and a treatment room in CJ#4. The space is small.
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
<b>1206 Health Care Procedures Manual</b> <i>(Applicable to facilities with on-site health care staff)</i>  There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.  The health care manual includes, but is not limited to:	X			A cover sheet indicates current review by Director of Jail Health, facility Nurse Managers, and Behavior Health professionals. . They are in the process of reviewing and renewing current policies.
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;	X			Yes for CJ#2. Pregnant inmates referred to NP within 3 days for diet consult and prenatal vitamins. NP sees pregnant inmates weekly. If in alcohol withdrawal, inmate is sent to SFGH. Inmates with high-risk pregnancies are seen by OB specialist from UCSF. Well baby checks are provided within the jail clinic. Babies can receive breast milk if family is willing to pick up. There are no women in CJ#4.
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Behavioral health services are contracted with Healthright 360
h) Implementation of special medical programs;	X			Methadone maintenance and prenatal care and parenting classes for pregnant inmates in CJ#2.
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			Pharmacy is on-site
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			Inmate is assessed for special dietary needs on admission.
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Blue sealed envelopes used to transfer HC information from correctional facility to correctional facility. Red sealed envelopes are used for transfer of information to the hospital
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206.5 Management of Communicable Diseases</b>				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
<b>1207 Medical Receiving Screening</b>				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1207.5 Special Mental Disorder Assessment</b> <i>(Not applicable Type I &amp; IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>  There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.	X			Behavioral Health and NPs screen for post-partum depression.
<b>1208 Access to Treatment</b>  A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			Signage posted in relevant areas in CJ #2 and CJ#4.
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.	X			
<b>1209 Transfer to a Treatment Facility</b> <i>(Not applicable Type I and IV.)</i>				
a) There are policies and procedures to provide mental health services that include but are not limited to:	X			
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.	X			
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1.	X			
<i>(If yes, please complete the following)</i>				
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			For CJ#2: RN staff see patient at each shift; deputy staff conduct q 15 min checks which are documented. Inmate must be out of restraints within 24 hours. If medical issues, inmate will be transferred to the hospital
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
<b>1210 Individualized Treatment Plans</b>				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
<b>1211 Sick Call</b>				MCR
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
<b>1212 Vermin Control</b>				Performed monthly by a contractor hired by the Sheriff's Department
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				Sobering cells available in CJ#1 at intake.
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			
<b>1214 Informed Consent</b>				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
<b>1215 Dental Care</b>				On-site dental services
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
<b>1216 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:				
Securely lockable cabinets, closets and refrigeration units;	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	CJ #2 and #CJ#4 are adult facilities
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			All medications are delivered from the larger pharmacy at CJ#5 by the pharmacy team every Tuesday.
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			Pharmacist present q Tuesday to review and refill all orders as necessary.
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			By order
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances ( <i>see regulation text</i> ). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			Self-administration of meds is by physician order only. Nurses conduct periodic audits to monitor compliance. The inmate signs an agreement to abide by requirements. Meds are re-ordered every 90 days.
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			Staff maintain a review of all inmates must comply with the signed agreement for self-administration of medications. If the review deems non-compliance then the privileges are removed from the inmate
<b>1217 Psychotropic Medications</b> (Not applicable Type IV.)	X			
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician following a clinical evaluation.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	X			Reese Hearings are held for patients receiving involuntary medications
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
<b>1219 Suicide Prevention Program</b>				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			Screened are screened by the Behavioral health team. Inmates are transferred to SFGH PES as necessary.
<b>1220 First Aid Kits</b>	X			Well-stocked exam areas
One or more first aid kits are available in the facility.				
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>ARTICLE 4, RECORDS AND PUBLIC INFORMATION</b>				
<b>1046 Death in Custody</b>  Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	No minors are housed a <b>CJ #2 or CJ# 4.</b>
<b>ARTICLE 5, CLASSIFICATION AND SEGREGATION</b>				
<b>1051 Communicable Diseases</b>  Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			Inmate is sent to SFGH
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
<b>1052 Mentally Disordered Inmates</b>  There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
<b>1055 Use of Safety Cell</b>  A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			Inmates must be released from a safety cell within 24 hours. Deputies conduct q 15 min checks. Nurses are required to conduct 1 visit q 8 hours but often they exceed that requirement. Behavioral health staff also see inmate.
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
<b>1056 Use of Sobering Cell</b>				Sobering cells located in CJ #. If there is an incidence for the use of sobering cells in CJ#2 or CJ#4 then the inmate is transferred to SFGHMC.
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			X	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			X	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			X	
Such inmates are removed from the sobering cell when they are able to continue with processing.			X	
<b>1057 Developmentally Disabled Inmates</b>				There is an infirmary for inmates who require extra monitoring, e.g., c-pap, brittle diabetics, and end stage renal disease.
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1058 Use of Restraint Devices</b>  <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>  Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			Per Nurse Manager, inmates restrained only twice in past 7 years.
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every <u>two</u> hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			

#### ARTICLE 8, MINORS IN JAILS

<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	



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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
<b>Other Applicable Codes</b>				
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>				
In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,	X			
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>				
There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>				
There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470.2.25— Confidential Interview Rooms</b>				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			At CJ #1, medical staff call methadone clinic to verify that inmate is under methadone care
<b>PC 4023.6 Female Inmates' Physician</b>				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
<b>PC 4023.5 Female Inmate – Personal Care</b>				
At their request, female inmates are allowed to continue use of materials for:	X			
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	X			
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.	X			
<b>PC 4028 Abortions</b>				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.	X			Inmate is counseled by NP re family planning decisions.

Summary of medical/mental health evaluation:

The following comments, observations and suggestions are provided to the Nurse Manager as quality improvement support and to assist in preparing for an external survey.

#### **CJ #2 and CJ#4**

- Patient identification: each inmate wears a band with identifying photo and date of birth
- Medical staff must always be accompanied by a deputy. Short-wave radios available to staff
- Yoga, meditation, school and classrooms for women on-site
- New staff nurses train to operate a glucometer as part of new employee orientation only.
- Medicine orders are renewed every 90 days. For all self-administered medications, a computerized printout is generated and includes soon-to-expire medications, orders that need to be renewed, and the expiration dates of medications that have already been dispensed
- Monthly meetings are held with medical, correction, and behavioral staff personnel.
- Policies: Are currently being reviewed and renewed as necessary..
- There is no under sinks storage.
- Med fridge has a log.
- No reported staff diversion
- Drug list of inmates receiving drugs in the AM is printed for staff
- Computer data program shows med count; if there's a discrepancy, an audit is conducted to determine who forgot to distribute meds
- Computer data program used for precount

#### **Infirmary (CJ #2)**

- Med drawers on cart labeled with inmate names (men and women) as they will be housed in CJ #2 longer
- New employees learn procedures as part of their preceptorship and new employee orientation.
- Staff use Halogen for yearly compliance.

#### **Med Room (CJ#2 and CJ#4)**

- Meds obtained from San Bruno (CJ#5)
- Meds are replenished q Tues and Fri; not as many meds delivered as at all the other jails.
- Methadone delivered by Bay View, other vendors. Liquid methadone provided during the week and pills (which are crushed) on weekends.

County Jails #2 and CJ#4 are in full compliance with Title 15 Medical and Mental Health Standards for the year 2015.

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**I. ENVIRONMENTAL HEALTH EVALUATION**  
**Adult Court and Temporary Holding Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>Approach for Providing Food Service</b> <i>(Not applicable for CH.)</i>  <i>The California Retail Food Code, CalCode (HSC Division 104, Part 7, Chapter 1-13 Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i>  Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.		X		
1. Food is prepared at another city or county detention facility.	X			Prepared at CJ#4.
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	X			Aramark operates CJ#4.
<b>1245 Kitchen Facilities, Sanitation and Food Service</b> <i>(Not applicable for CH.)</i>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.			X	See CJ3\$ report.
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			X	
HSC § ; 114130-114141			X	
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			X	
HSC §114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			X	
HSC § 114268-114269			X	
HSC §. 114279-114282			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1246 Food Serving and Supervision</b>  Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			X	
<b>Article 14. Bedding and Linens</b>				
<b>1270 Standard Bedding and Linen Issue</b> <i>(Not applicable for CH.)</i>  The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:			X	
One serviceable mattress which meets the requirements of Title 15 § 1272;			X	
One mattress cover or one sheet;			X	
One blanket, or more, depending upon climatic conditions.			X	
<b>1272 Mattresses</b> <i>(Not applicable for CH.)</i>  Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).			X	
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.			X	
<b>Article 115. Facility Sanitation and Safety</b>				
<b>1280 Facility Sanitation, Safety and Maintenance</b>  There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code – Plumbing</b>  Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.		X		
<b>Title 24, Uniform Building Code – Cleanliness and Repair</b>  Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
<b>Title 24, Part 1, 13-102(c)6 – Heating and Cooling</b>  There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24, Uniform Plumbing Code – Floor Drains</b>				
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>Title 24, Part 2, 470A.3.6 – Lighting</b>				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	X			
<b>CA Safe Drinking Water Act</b>				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
<b>Local Ordinances</b>				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC § 114244-114245.8</b>				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
<b>General Industry Safety Order, Title 8-3362</b>				
The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

850 Bryant Street

Department 9 & 12: Inmates had vacated this unit prior to my visit. General cleaning was required.

Department 16: Toilet was in need of repair. It did not properly flush.

Department 24: Replace or re-seal toilet bowl.

Department 25 & 26: Sink pressure was in need of adjustment. Toilet flusher was in need of repair as it leaked.

General conditions were very good at 400 McAllister and 575 Polk Street.

Adequate quaternary sanitizer was available in all three court holding facilities. The current Shigellosis outbreak among San Francisco's homeless population was discussed with respect to proper sanitization in holding cells. Managers were asked to review cleaning and sanitization procedures with custodial staff at all three locations.

August 27, 2015

A notice was received from Captain Edwin James stating that cells in Departments 9 and 12 were cleaned regularly as are all the other cells. The plumbing issues noted in Departments 16, 24, 25, and 26 are being addressed under work order #SWO 1403912.

**I. ENVIRONMENTAL HEALTH EVALUATION**  
**Adult Court and Temporary Holding Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>Approach for Providing Food Service</b> <i>(Not applicable for CH.)</i>  <i>The California Retail Food Code, CalCode (HSC Division 104, Part 7, Chapter 1-13 Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i>  Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.			X	No food preparation takes place in these facilities. Inmates typically are moved within 4 hours. If for some reason, inmates are confined at these facilities for more than 4 hours, prepackaged snacks are provided.
1. Food is prepared at another city or county detention facility.			X	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.			X	
<b>1245 Kitchen Facilities, Sanitation and Food Service</b> <i>(Not applicable for CH.)</i>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.			X	
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			X	
HSC § ; 114130-114141			X	
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			X	
HSC §114149-114149.3 except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			X	
HSC § 114268-114269			X	
HSC §. 114279-114282			X	



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1246 Food Serving and Supervision</b>  Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			X	
<b>Article 14. Bedding and Linens</b>				
<b>1270 Standard Bedding and Linen Issue</b> (Not applicable for CH.)  The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:			X	Inmates are confined for less than 12 hours at these facilities. They are typically confined for less than 4 hours. Hard benches are provided with no bedding.
One serviceable mattress which meets the requirements of Title 15 § 1272;			X	
One mattress cover or one sheet;			X	
One blanket, or more, depending upon climatic conditions.			X	
<b>1272 Mattresses</b> (Not applicable for CH.)  Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).			X	
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.			X	
<b>Article 115. Facility Sanitation and Safety</b>				
<b>1280 Facility Sanitation, Safety and Maintenance</b>  There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code – Plumbing</b>  Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			
<b>Title 24, Uniform Building Code – Cleanliness and Repair</b>  Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			For the most part, yes. Exceptions are listed below.
<b>Title 24, Part 1, 13-102(c)6 – Heating and Cooling</b>  There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24, Uniform Plumbing Code – Floor Drains</b>	X			
Floor drains are flushed at least weekly.				
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>Title 24, Part 2, 470A.3.6 – Lighting</b>				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	X			
<b>CA Safe Drinking Water Act</b>				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
<b>Local Ordinances</b>				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC § 114244-114245.8</b>				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
<b>General Industry Safety Order, Title 8-3362</b>				
The facility is free of structural and other safety hazards.	X			

## Summary of environmental health evaluation:

Although the Richmond Police Station was in operation, there was no housing of inmates due to structural renovation. Otherwise, conditions at the Tenderloin, Northern, Taraval, Bayview, and Mission Stations were satisfactory at the time of inspection. Southern Station is a new addition to our inventory. It is a newly built facility, and the conditions noted at the time of this inspection were outstanding.

The benches at the Ingleside Police Station were old but sealed with caulking. However, a considerable amount of moisture was noted below the caulking. I had asked that these benches be replaced.

Ingleside and Park Stations are surrounded by wooded/grassy areas. These building have an outer door that leads to a reception area and an inner door that leads to the rest of the station. All these doors require rodent proofing to eliminate gaps below doors and vertical gaps between doors up to or beyond 18 inches from the floor.

Active mosquito larvae were noted in the parking lot catch basins of Northern Police Station. Bti mosquito dunks were placed in these catch basins as a precautionary measure. No adult or pupa mosquitoes were noted, so there was no strong basis for saying that the current treatment for mosquitoes is not working.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>Approach for Providing Food Service</b>  <i>California Retail Food Code "CalCode" (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i>  Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	X			
1. Food is prepared at another city or county detention facility.		X		
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.	X			On site kitchen is contracted to Aramark.
<b>1230 Food Handlers</b>  <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i>  Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			
<b>1243 Food Service Plan</b>  There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.  The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	X			
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>				
HSC §114130-114141.	X			
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;		X		Test strips or other means of verifying final rinse temperature is required for the dishwasher.
HSC § 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	X			
HSC § 114268-114269	X			
HSC § 114279-114282	X			
<b>1246 Food Serving and Supervision</b>				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	X			
<b>Article 13. Inmate Clothing and Personal Hygiene</b>				
<b>1260 Standard Institutional Clothing Issue</b>				
<i>Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items.</i>				
There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:				
Clean socks and footwear;	X			
Clean outergarments; and,	X			
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	X			There are no female inmates at this facility. Transgender inmates are provided these supplies from other City & County jails.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Clothing is reasonably fitted, durable, easily laundered and repaired.	X			
<b>1261 Special Clothing</b>				
Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).			X	
<b>1262 Clothing Exchange</b>				
There are policies and procedures for the scheduled exchange of clothing.	X			
Unless work, climatic conditions, illness, or the CalCode necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	X			Outdoor work is only at the loading dock.
<b>1263 Clothing Supply</b>				
There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	X			
There are policies and procedures for the handling of laundry that is known or suspected to be contaminated with infectious material.	X			
<b>1264 Control of Vermin in Inmates Personal Clothing</b>				
There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	X			
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			Red bagged.
<b>1265 Issue of Personal Care Items</b>				
There are policies and procedures for issuing personal hygiene items.	X			
Each female inmate is issued sanitary napkins and/or tampons as needed.			X	No female inmates.
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	X			Inmates cut each other's hair. Sanitizer in an aerosol can is provided.
<b>1266 Personal Hygiene</b>				
There are policies and procedures for inmate showering/bathing.	X			
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.	X			
<b>1267 Hair Care Services</b>				
Hair care services are available.	X			
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	X			
<b>Article 14. Bedding and Linens</b>				
<b>1270 Standard Bedding and Linen Issue</b>				
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:				
One serviceable mattress which meets the requirements of § 1272 of these regulations;	X			
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket or more, depending upon climatic conditions.	X			
<b>1271 Bedding and Linen Exchange</b>				
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week.	X			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	X			
<b>1272 Mattresses</b>				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.	X			
<b>Article 15. Facility Sanitation and Safety</b>				
<b>1280 Facility Sanitation, Safety and Maintenance</b>	X			
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.				
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code – Plumbing</b>	X			
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.				
<b>Title 24, Uniform Building Code – Cleanliness and Repair</b>	X			
Floors, walls, windows, grillwork and ceilings are clean and in good repair.				
<b>Title 24, Part 1, 13-102(c)6 – Heating and Cooling</b>	X			
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.				
<b>Title 24, Uniform Plumbing Code – Floor Drains</b>	X			
Floor drains are flushed at least weekly.				
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>Title 24, Part 2, 470A.3.6 – Lighting</b>	X			
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.				
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>CA Safe Drinking Water Act</b>  Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
<b>Local Ordinances</b>  Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC § 1803</b>  The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.		X		Fruit fly infested onion was immediately removed from the bin in the kitchen dry storage room.
<b>General Industry Safety Order, Title 8-3362</b>  The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

General cleanliness of this jail was very good as were policies for isolating infectious inmates. Conditions in the kitchen require the following:

1. Provide a cover for the soap dispenser for the hand sink near the dishwasher.
2. Routinely clean the rim of the ice machine door.
3. The final rinse of the high temperature dishwasher was inadequate at the time of this inspection. A means for measuring surface temperature of washed materials is required.
4. A fruit fly infested onion was removed from the dry storage room bin.
5. The food safety manager for this facility is the same as for CJ #4. According to section 113947.1 of the California Retail Food Code, a food safety manager can only apply his certification to one facility. Otherwise, another food safety manager is required.

Common areas and showers in 2B and 4A require more attention for cleaning.

An inmate diagnosed with shigellosis was isolated in his own special quarantine room with negative air flow for two weeks before being released based on a negative stool sample. All soiled/used towels, disposable feeding trays, utensils, etc. were red bagged and disposed as biowaste.

County Jail #6 was not used for housing inmates this year.

On August 18, 2015, a letter was received from Chief Deputy Sheriff Matthew Freeman stating that all above items were corrected.



**ADULT COURT AND TEMPORARY HOLDING FACILITIES**  
**Local Detention Facility Health Inspection Report**  
**Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

FACILITY NAME    Hall of Justice Civic Center Courthouse Community Justice Center		COUNTY:  San Francisco
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): Hall of Justice, 850 Bryant Street, Sn Francisco, CA., 94103 Civic Center Courthouse 400 McAllister Street, San Francisco, CA.,94102 Community Justice Center, 575 Polk Street, San Francisco, CA., 94102		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY:    X
Medical Health	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Captain Edwin James, 415-734-2355 Stephen Tilton, Lieutenant 415-551-7531		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: August 13, 2015	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  Jacquelyne Caesar RN, Quality Management Department, Regulatory Affairs San Francisco General Hospital 415.206.2515		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

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

**III. 2015 MEDICAL/MENTAL HEALTH EVALUATION**    **Hall of Justice, Civic Center Courts, Community Justice Center**  
**Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			These centers have specific plans for addressing all medical emergencies encountered for the inmates welfare.
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>			X	
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>			X	
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco California
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>			X	
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1205 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>  Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:			X	Medical screening information is transferred to the Deputy Sheriff's Bailiffs to prompt return to the CJ for medications and treatments as necessary, including dietary requirements.  If an emergency should occur, inmates are referred to the EMS system for transport to the Hospital.
(1) Receiving screening form/history <i>(Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.);</i>			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.  The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.			X	
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.			X	
Inmates are not used for medical record keeping.			X	
<b>1206 Health Care Procedures Manual</b> <i>(Applicable to facilities with on-site health care staff)</i>  There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.  The health care manual includes, but is not limited to:	X			
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	This is managed through the County Jail Health Services.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is transferred to the Court Deputy Sheriffs during Court proceedings for identification of medications and treatment plans instituted by the County Jail. Inmates are transferred to the county jail for the administration of medications if they are required during court proceedings.
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			Medical screening information is transferred to the Deputy Sheriff's Bailiffs to prompt return to the CJ for medications and treatments as necessary.
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206.5 Management of Communicable Diseases</b>				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:			x	
Intake health screening procedures;			x	
Identification of relevant symptoms;			x	
Referral for medical evaluation;			x	
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:				
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
<b>1207 Medical Receiving Screening</b>				Medical screening has been performed by the county jail system.
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>			x	During intake at the Civic Center Courthouse a medical screening is performed by the Deputy staff and info is transferred to the County Jail.
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.			X	
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.			X	
The screening is performed by licensed health care staff or by trained facility staff.			X	
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.			X	
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.			x	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1207.5 Special Mental Disorder Assessment</b> <i>(Not applicable Type I &amp; IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>				
<p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	
<b>1208 Access to Treatment</b>				
<p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>			X	
<b>1209 Transfer to a Treatment Facility</b> <i>(Not applicable Type I and IV.)</i>				
<p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>			X	
<p>1) Screening for mental health problems;</p>			X	
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>			X	
<p>3) Stabilization and treatment of mental disorders; and,</p>			X	
<p>4) Medication support services.</p>			X	
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>			X	
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1.</p>			X	
<p><i>(If yes, please complete the following)</i></p>				
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>			X	
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>			X	
<p>Designation of appropriate setting for involuntary administration of medication.</p>			X	
<p>Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.</p>			x	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.			x	
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			The Medical Staff and the Sheriff's departments have regularly scheduled meetings and classes for identification of signs and symptoms of medical problems.
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
<b>1210 Individualized Treatment Plans</b>				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	x			Medical screening information is transferred to the Deputy Sheriff's Bailiffs to prompt return to the CJ for medications and treatments as necessary.
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
<b>1211 Sick Call</b>				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
<b>1212 Vermin Control</b>				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			x	
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.			x	
<b>1214 Informed Consent</b>				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.			x	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.			X	
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
<b>1215 Dental Care</b>				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
<b>1216 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units;			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances ( <i>see regulation text</i> ). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
<b>1217 Psychotropic Medications</b> (Not applicable Type IV.)			X	
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	
<b>1219 Suicide Prevention Program</b>				The Facility has safety precautions built in to prevent suicide attempts, e.g., Sinks do not have open-handle railing, faucets are push-button and flush to sink face, no knobs or other hooks available, door hinges are slanted to prevent ligature access.
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
<b>1220 First Aid Kits</b>				Facility has Zoll AED available. All staff are certified every other year for BLS and AED usage. Emergency medical care can be called.
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1046 Death in Custody</b>  Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			x	
<b>1051 Communicable Diseases</b>  Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.			x	All inmates with communicable diseases have been screened and treatment administered prior to court proceedings.
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.			x	
The inmate's response is noted on the booking form and/or screening device.			x	
<b>1052 Mentally Disordered Inmates</b>  There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.			x	All inmates with communicable diseases have been screened and treatment administered prior to court proceedings
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.			X	
<b>1055 Use of Safety Cell</b>  A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All inmates with communicable diseases have been screened and treatment administered prior to court proceedings.
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
<b>1056 Use of Sobering Cell</b>				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			x	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			x	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			x	
Such inmates are removed from the sobering cell when they are able to continue with processing.			x	
<b>1057 Developmentally Disabled Inmates</b>				
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>			x	
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>			x	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1058 Use of Restraint Devices</b>  <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>  Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every <u>two</u> hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
<b>Other Applicable Codes</b>				
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>				
In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:			X	
Be suitably equipped;			X	
Be located within the security area and provide for inmate privacy;			X	
Have at least 100 square feet of floor space with no single dimension less than 7 feet;			X	
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,			X	
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).			X	
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>				
There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.			X	
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>				All inmates are promptly returned to CJ from the court proceedings.
There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470.2.25– Confidential Interview Rooms</b>				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
<b>PC 4023.6 Female Inmates' Physician</b>				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
<b>PC 4023.5 Female Inmate – Personal Care</b>				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
<b>PC 4028 Abortions</b>				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:



San Francisco County Courts Title 15 Inspection was conducted on August 13, 2015.

The three facilities were clean, organized, and well-maintained. The holding cells at the Hall Of Justice have been freshly painted and the plumbing has been upgraded with an increase in water pressure for all holding cells.

Medical screening documentation is transferred with each inmate during court proceedings.

Security Door delay and video surveillance are continuously active at all centers.

There is a consistent method to ascertain the correct counting of all inmates during the court proceedings.in the event of evacuation is necessary.

The Sheriff's Department is actively involved with community activities especially in the Community Justice Court system.

The Hall of Justice, Civic Center Courts, and the Community Justice Courts are in compliance with Title 15 Medical/Mental Health Standards.

**III. MEDICAL/MENTAL HEALTH EVALUATION – Juvenile Justice Center and Log Cabin Ranch  
March 2015**

**Juvenile Halls, Special Purpose Juvenile Halls and Camps**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 8. Health Services</b>				
<b>1400 Responsibility For Health Care Services</b>				
Health care services are provided to all minors.	X			
There is a designated health administrator who, in cooperation with the mental health director and the facility administrator, has responsibility for administrative health care policies.	X			
A responsible physician is designated to develop policy in health care matters involving clinical judgments.	X			
<b>1401 Patient Treatment Decisions</b>				
Clinical decisions about the treatment of individual minors are the sole province of licensed health care professionals operating within the scope of their license and within facility policy.	X			
Security policies and procedures apply to both child supervision and health care personnel.	X			
<b>1402 Scope of Health Care</b>				
Policy and procedures define which health care services are provided in the facility and which services are provided through community providers.	X			
There is at least one physician available to provide treatment.	X			
Health care services meet the minimum requirements of these regulations and are provided at a level to address acute symptoms and/or conditions and avoid preventable deterioration of the minor's health while in confinement.	X			Detailed health care policies and procedures are in place with current signature page indicating review and approval by Medical Director, Nurse Manage, Behavioral Health, and Probationary Managers and others from responsible departments.
Staff, space, equipment, supplies, materials and resource manuals are adequate for the level of health care provided in the facility.	X			
There is provision for parents, guardians, or other legal custodians to arrange for health care that is permitted by law, at their expense.	X			
<b>1403 Health Care Monitoring and Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	X			
There are policies and procedures requiring that the quality and adequacy of health care services are assessed at least annually.	X			
There is a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health administrator provides the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services. <i>(Inspectors are requested to verify existence of these reports.)</i>	X			
At least quarterly, there are documented administrative meetings between health and facility administrators to review medical, mental health and medical services.	X			
<b>1404 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			
Recruitment education and experience requirements are consistent with those in the community.				
There are policies and procedures to assure that state license, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility	X			
Health care staff credentials are on file at the facility or another central location where they are available for review. Policies and procedures require that these credentials are periodically reviewed and remain current.	X			
Position descriptions and actual practice reflect that health care staff receive the supervision required by their license and operate within the scope of their practice.	X			
<b>1405 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				Standardized procedures have been developed, reviewed and submitted to Medical Staff Offices at SFGH.
When the responsible physician determines that a clinical function can be delegated to health care staff other than a physician, that function is performed by staff operating within their scope of practice, pursuant to written protocol standardized procedures or direct medical order.	X			
<b>1406 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			
Complete, individual and dated health records are maintained and include, but are not limited to:				
Intake health screening form <i>(Note: The intake screening form may also be included in the probation file as a non-confidential document. See guidelines for discussion.);</i>	X			
Health appraisals/medical examinations;	X			
Heath service reports (e.g., emergency department, dental, psychiatric and other consultations);	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Location where treatment is provided;	X			
Medication records in conformance with Title 15 § 1438;	X			
Progress notes;	X			
Consent forms;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Authorization for release of information;	X			
Copies of previous health records;	X			
Immunization records; and,	X			
Laboratory reports.	X			
Policies/procedures and practice require that health records are in a locked area separate from the confinement record.	X			JJC: All health records are secured behind an electronic punch lock. Log Cabin Ranch: Health records under lock and key
The health administrator controls access to health records and confidentiality laws related to provider-patient privilege apply. Minors are not used to translate confidential medical information for non-English speaking minors.	X			
Health records are retained in accordance with community standards.	X			
<b>1407 Confidentiality</b>				
Policy and procedures for multi-disciplinary sharing of health information, address providing information to the court, child supervision staff and to probation. Information from minors' (probation) case files is shared with health care staff when relevant.	X			
The nature and extent of information shared is appropriate to: treatment planning; program needs; protecting the minor or others; facility management; security or preservation of safety; and order.	X			
Information can be communicated confidentially at the time of health encounters.	X			
<b>1408 Transfer of Health Care Summary Records</b>				Policy No. 1408 addresses transfer of youth information in detail.
Policy and procedures assure that:				
A summary of the health record, in an established format, or documentation that no health record exists in the facility, is transferred to another jurisdiction prior to or at the time of transfer;	X			
Relevant health records are forwarded to the health care staff of the receiving facility;	X			
Advance notification is provided to the local health officer in the sending jurisdiction and the responsible physician of the receiving facility prior to the release or transfer of minors with known or suspected active tuberculosis disease;	X			
Written authorization from the parent and/or legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
Confidentiality of health records is maintained during transfer.	X			
After minors are released to the community, health record information is transmitted to community physicians or health care facilities upon the request and with written authorization of the minor and/or parent or guardian.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In facilities without on-site health care staff, policies and procedures assure that child supervision staff forward non-confidential information on medications and other treatment orders, prior to or at the time of transfer.	X			
<b>1409 Health Care Procedures Manual</b> ( <i>Applicable to facilities with on-site health care staff</i> )				
There is a facility-specific health services manual for written policies and procedures that, at a minimum, address all health care related standards that are applicable to the facility. ( <i>Note: "Facility specific" means that policies and procedures for that facility are included. In multi-facility systems policies and procedures for more than one facility in that system may be included in the same manual.</i> )	X			
The manual is available to all health care staff, the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			
There is a documented annual review of the health care procedures manual, with revisions as necessary.	X			
The facility administrator, the facility manager, the health administrator and the responsible physician have approved and signed the manual.	X			
<b>1410 Management of Communicable Diseases</b>				
Policy and procedures have been developed in cooperation with the local health officer to address the identification, treatment, control and follow-up management of communicable diseases. Policy and procedures include:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during detention;	X			
Coordination with public and private community-based resources for follow-up treatment;	X			
Applicable reporting requirements, and,	X			
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to reflect local disease priorities.	X			
<b>1411 Access to Treatment</b>				
Policy and procedures provide unimpeded access to health care.	X			
<b>1412 First Aid and Emergency Response</b>				
Policy and procedures assure access to first aid and emergency services.	X			
First aid kits are available in designated areas of each juvenile facility.	X			
The responsible physician approved the contents, number, location and procedure for periodic inspection of the first aid kits.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Child supervision and health care staff is trained and there are policies and procedures to respond to emergencies requiring first aid.	X			
<b>1413 Individualized Treatment Plans</b> ( <i>Excluding Special Purpose Juvenile Halls</i> )				
Policy and procedures direct that health care treatment plans are developed for minors who receive services for significant health care concerns.	X			
Health care treatment plans are considered in facility program planning.	X			
Health care restrictions do not limit participation in school, work, exercise and other programs beyond what is necessary to protect the health of the minor or others.	X			
Medical and mental health information is shared with supervision staff in accordance with §1407 for purposes of programming, treatment planning and implementation.	X			
Program planning includes pre-release arrangements for continuing health care, together with participation in relevant programs upon release.	X			
Minors who are suspected or confirmed to be developmentally disabled are referred to the local Regional Center for the Developmentally Disabled within 24 hours of identification, excluding holidays and weekends. ( <i>See also Title 15 § 1355, Assessment and Plan</i> )	X			
<b>1414 Health Clearance for in-Custody Work and Program Assignments</b>				Prior to transfer to LCR, each person is evaluated for allergies and medical conditions that would presuppose a medical emergency.
There are health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to food handlers. ( <i>See also Title 15 § 1465.</i> )	X			
<b>1415 Health Education</b> ( <i>Excluding Special Purpose Juvenile Halls</i> )				JJC and Log Cabin Ranch: Active school programs and library access
Policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	X			
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the offender population.	X			
<b>1416 Reproductive Services</b>				
Policy and procedures assure that reproductive health services are available to both male and female minors.	X			
Reproductive services include but are not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.	X			
<b>Section 1417. Pregnant Minors.</b>				
<b>Policies and procedures pertaining address a diet, vitamins, education and limitations on the use of restraints.</b>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1430 Intake Health Screening</b>				
Policies and procedures define when a health evaluation and/or treatment must be obtained prior to acceptance for booking, and establish a documented intake screening procedure to be conducted immediately upon entry into the facility.	X			
Consistent with facility resources to safely hold a minor, the responsible physician has identified health conditions that would preclude a minor's acceptance into a facility without a documented medical clearance. At a minimum, intake criteria provide that:	X			
Unconscious minors are not accepted;	X			
Minors who are known to have ingested or who appear to be under the influence of intoxicating substances are cleared in accordance with Title 15 § 1431, ( <i>Intoxicated and Substance Abusing Minors</i> )	X			Medical Evaluations are completed at SFGH after screening by the SPY staff.
Circumstances and reasons for requiring a medical clearance are documented whenever a minor is not accepted for booking; and,	X			
Written medical clearance is received prior to accepting any minor who was referred for pre-booking treatment and clearance.	X			
An intake screening, consisting of a defined, systematic inquiry and observation of every minor booked into the facility is conducted by health care or trained child supervision staff at the time of entry into the facility.	X			
Screening procedures address medical, dental and mental health concerns that may pose a hazard to the minor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.	X			
Minors suspected of having a communicable disease are separated from the general population pending the outcome of an evaluation by medical staff.	X			
There is provision for a timely referral for health care commensurate with the nature of any problems or compliant identified during the screening process.	X			
<b>1431 Intoxicated and Substance Abusing Minors</b>				
There are policy and procedures for the identification and management of alcohol and other drug intoxication that address:	X			
Designated housing, including protective environments for placement of intoxicated minors;	X			
Symptoms or known history of ingestion that should prompt immediate referral for medical evaluation and treatment;	X			
Determining when the minor is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
Medical responses to minors experiencing intoxication or withdrawal reactions;	X			
Management of pregnant minors who use alcohol or other drugs;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community, consistent with Title 15 § 1413 and Title 15 § 1355; and,	X			
Coordination of mental health services in cases of substance abusing minors with known or suspected mental illness.	X			
A medical clearance is obtained prior to booking any minor who displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency.	X			
Supervision of intoxicated minors who are cleared to be booked into a facility includes monitoring no less often than every 15 minutes until resolution of the intoxicated state.	X			
The monitoring observations are documented, with actual time of occurrence recorded.	X			
Medical, or child supervision staff operating pursuant to medical protocols, conduct a medical evaluation for all minors whose intoxicated behavior persists beyond six hours from the time of admission.	X			
<b>1432 Health Appraisals/Medical Examinations</b>				
Policy and procedures require a health appraisal/medical examination of minors.				
The health appraisal/medical examination is completed within 96 hours of admission, in a location that protects the minor's privacy and by a physician or other licensed or certified health professional working under direction of a physician.	X			
This health evaluation includes a health history, medical examination, laboratory and diagnostic testing and necessary immunizations.	X			
The health history includes: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other drugs), developmental history (e.g., school, home, and peer relations), sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			
The examination includes: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, gross hearing test, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal neurological.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Laboratory and diagnostic testing includes: Tuberculosis testing, pap smears and testing for sexually transmitted diseases for sexually active minors. Additional testing is available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	X			
Immunizations are verified and, within two weeks of the Health Appraisal/ Medical Examination, a program is started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.	X			
The responsible physician may modify the health examination for minors admitted with an adequate examination done within the previous 12 months, provided there is reason to believe that no substantial change would have occurred since the full evaluation. When this is done, health care staff review the intake health screening form and conduct a face-to-face interview with the minor.	X			
There are policy and procedures for a medical evaluation and clearance for adjudicated minors who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours.  When this evaluation and clearance cannot be completed at the facility during the initial stay, it is completed prior to acceptance at the facility and includes screening for tuberculosis.	X			
For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:	X			
Is received from the sending facility;	X			
Is reviewed by designated health care staff at the receiving facility; and,	X			
Absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the minor within 96 hours of admission.	X			
Policy and procedures require that minors who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination is reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			
<b>1433 Requests for Health Care Services</b>  Policy and procedures establish a daily routine for minors to convey requests for emergency and non-emergency health care requests and include the following:	X			MCR forms in various accessible locations throughout JJC and Log Cabin Ranch.
There is opportunity for both written and verbal requests, with provision for minors having language or literacy barriers.	X			Verbal requests are sought with each medical pass and other encounters with each youth. Verbal and written requests are managed with efficiency.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Supervision staff relays requests from the minor, initiate referrals when the need for health care services is observed, and advocate for the minor when the need for services appears urgent.	X			
Designated staff inquires and make observations regarding the health of each minor on a daily basis and in the event of possible injury.	X			
There is 24-hour opportunity for minors and staff to communicate the need for emergency health care services.	X			
There is provision for any minor requesting health care, or observed to need such care, to be given that attention by licensed or certified health care staff.	X			
All health care requests are documented and maintained.	X			
<b>1434 Consent for Health Care</b>				
Policy and procedures require informed consent for health care examinations.	X			
Examinations, treatments, and procedures requiring verbal or written consent in the community also require that consent for confined minors.	X			Medical staff make every attempt to notify the youths' parents and/or legal guardians/caretakers of pending medical issues requiring consent regardless of their custody status.
There is provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent-guardian or other person standing in loco parentis.	X			
Policy and procedures are consistent with applicable statute in those instances where the minor's consent for testing or treatment is sufficient or specifically required.	X			
Conservators provide consent only within limits of their court authorization.	X			
Minors may refuse non-emergency medical and mental health care, verbally or in writing.	X			
<b>1435 Dental Care</b>				
Policy and procedures require that dental treatment is provided to minors as necessary to respond to acute conditions and to avert adverse effects on the minor's health. Treatment is not limited to extractions.	X			
<b>1436 Prostheses and Orthopedic Devices</b>				
Policy and procedures address the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			
Prostheses are provided when the responsible physician determines that the health of the minor would be adversely affected without them.	X			
Procedures for the retention and removal of prostheses comply with the requirements of Penal Code § 2656. (See guidelines discussion.)	X			
<b>1437 Mental Health Services and Transfer to a Treatment Facility</b>				
Policy and procedures require providing mental health services that include but not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Screening for mental health problems at intake;	X			
Crisis intervention and the management of acute psychiatric episodes;	X			
Stabilization of the mentally ill and prevention of psychiatric deterioration in the facility setting;	X			
Elective therapy services and preventive treatment, where resources permit;	X			
Medication support services; and,	X			
Provision for referral and admission to licensed mental health facilities for minors whose psychiatric needs exceed the treatment capability of the facility.	X			
<u>The minor may be evaluated by licensed health personnel to determine if treatment can be initiated at the juvenile facility.</u>	X			
Any minor who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication, is provided a mental status assessment by a licensed mental health clinician, psychologist or psychiatrist.	X			
A mentally disordered minor who appears to be a danger to himself or others or to be gravely disabled, is evaluated pursuant to Penal Code § 4011.6 or Welfare and Institutions Code § 6551. Absent an emergency, unless the facility has been designated as a Lanterman-Petris-Short (LPS) facility, and minors meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code § 5000 et seq., all services are provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code § 4011.8 or Welfare and Institutions Code § 6552,	X			
<b>1438 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include but not be limited to:				
Securely lockable cabinets, closets and refrigeration units:			X	<b>Log Cabin Ranch:</b> Medications are stored in locked cabinets. Medications to be administered to specific youth filed in locked file cabinet under each youth's name (e.g.inhalers, antihistemics). Administration of medications are done individually in the medical offices only.
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;	X			
Confirmation that the recipient has ingested the medication;	X			
Documenting that prescribed medications have or have not been administered by whom, and if not, for what reason;	X			<b>Log Cabin Ranch:</b> developed specific protocols for medication administration when not administered by nursing personnel. All medications given are identified and documented on the MAR by an RN resulting in increased compliance with medication administration.
Prohibition of the delivery of drugs from one minor to another:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Limitation to the length of time medication may be administered without further medical evaluation;	X			
The length of time allowable for a physician's signature on verbal orders;	X			
Training for non-licensed personnel includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for confirming ingestion of medication; and, consultation with health care staff for monitoring the minor's response to medication; and,	X			
At least annually, a pharmacist prepares a written report on the status of pharmacy services in the facility. The report is provided to the health authority and the facility administrator. <i>(See also Title 15 § 1403.)</i>	X			
Written protocols are consistent with pharmacy laws and regulations and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by a physician, dentist, pharmacist or other personnel, either licensed or trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the minor. Labels are prepared in accordance with Business and Professions Code § 4047.5.	X			
Dispensing is only done by a physician, dentist, pharmacist, or other person authorized by law.	X			
Administration of medication is only done by licensed health care personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications to minors.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1439 Psychotropic Medications</b>  Policies and procedures govern the use of voluntary and involuntary medications. These policies and procedures include, but are not limited to:				<b>Log Cabin Ranch:</b> youth who are eligible for residence at Log Cabin Ranch may not be prescribed psychotropic medications
Protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate for the minor's need;	X			
Requirements that verbal orders be entered in the minor's health record and signed by a physician within 72 hours;	X			
The length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;	X			
Provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;	X			
Provision that the necessity for continuation on psychotropic medication is addressed in pre-release planning and prior to transfer to another facility or program; and,	X			
Provision for regular clinical-administrative review for utilization patterns for all psychotropic medications, including every emergency situation.	X			
Psychotropic medications are not administered to a minor absent an emergency unless informed consent has been given by the legally authorized person or entity.	X			
Minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
Absent an emergency, minors may refuse treatment.	X			
Minors found by a physician to be a danger to themselves or others by reason of a mental disorder, may be involuntarily given psychotropic medication that is immediately necessary for the preservation of life or the prevention of serious bodily harm. This can only be done when there is insufficient time to obtain consent from the parent, guardian or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment.	X			
Assessment and diagnosis supports the administration of psychotropic medications and administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1450 Suicide Prevention Program</b>  There is a written suicide prevention plan, with policies and procedures to prevent and respond to crisis. Staff training shall include, but not be limited to, identification of t minors who present a suicide risk, appropriate monitoring of their condition and provide for the necessary treatment ,follow-up and emergency response protocols for self-injurious behaviors.	X			
<b>1452 Collection of Forensic Evidence</b>  Policy and procedures assure that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the minor.	X			
<b>1453 Sexual Assaults</b>  There is policy and procedures for treating victims of sexual assaults and for reporting such incidents, when they occur in the facility, to local law enforcement.	X			
The evidentiary examination and initial treatment of victims of sexual assault is conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	X			
<b>1454 Participation in Research</b>  Policy and procedures govern biomedical or behavioral research involving minors and require assurances for informed consent and the safety of the minor. Such research occurs only when ethical, medical and legal standards for human research are met.	X			
Participation in research is not a condition for obtaining privileges or other rewards and the court, health administrator, and facility administrator are informed of all proposed actions.	X			
<b>1358 Use of Physical Restraints</b>  Policies and procedures govern the use of restraint devices. The policies address: known medical conditions that would contraindicate certain restraint devices and/or techniques; acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained minors; provision for hydration and sanitation needs; exercising of extremities.	X			
Physical restraints are utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Restraints are used only for those minors who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			Behavioral health specialists are actively involved with youth who present as an immediate danger to themselves or others
Minors are placed in restraints only with the approval of the facility manager or the shift supervisor. The facility manager may delegate authority to place a minor in restraints to a physician.	X			
Continued retention in restraints is reviewed a minimum of every hour.	X			
A medical opinion on the safety of placement and retention is secured as soon as possible, but no later than two hours from the time of placement. The minor is medically cleared for continued retention at least every three hours after the initial medical opinion.	X			
A mental health consultation to assess the need for mental health treatment is secured as soon as possible, but in no case longer than four hours from the time of placement.	X			
Continuous direct visual supervision is conducted and documented to ensure that the restraints are properly employed and to ensure the well-being of the minor.	X			
All minors in restraint devices are housed alone or in a specified housing area for restrained minors with provisions to protect the minor from abuse.	X			
Restraints are not used as punishment, discipline, or as a substitution for treatment.	X			
The affixing of hands and feet together behind the back (hog-tying) is prohibited.	X			
<b>1359 Safety Room Procedures</b>				
Policies and procedures govern the use of safety rooms, as described in Title 24, Part 2, Section 460A.1.13.	X			
The safety room is used to hold only those minors who present an immediate danger to themselves or others who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			
The safety room is not to be used for punishment, discipline, or as a substitute for treatment. Policies and procedures:	X			
Include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;	X			
Provide for approval of the facility administrator, or designed shift supervisor, before a minor is placed into a safety room;	X			
Provide for continuous direct visual observation;	X			
Provide that the minor is evaluated by the facility administrator, or designee, every four hours;	X			
Provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call;	X			
Provide that a minor is medically cleared for continued retention every 24 hours;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide that a mental health opinion is secured within 24 hours; and,	X			
Provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, observations of the minor during confinement, and decisions to continue and end placement.	X			

Summary of medical/mental health evaluation:

JUVENILE JUSTICE CENTER (SPY) completed on March 3, 2015

LOG CABIN RANCH (LCR) completed on March 10, 2015.

Juvenile Justice Center: total population was 50 male and female youths.

Log Cabin Ranch: Total population was 9 male youths.

#### Observations and Suggestions

- The facilities are cleaned and well-maintained; an increase in cleaning has been clearly demonstrated throughout the department
- Signature page was developed in the front of Policy and Procedure Manual to document that all policies have been reviewed and signed by appropriate management staff.
- Continued meetings are documented for conflict resolution between Probation and Medical.
- A reminder that in all facilities storage must be 18 inches from all ceilings and 6 inches from all floors, especially if sprinkler systems are located in those areas.
- All staff are committed to lowering the incidences of safety cell use by providing increased emotional support to troubled youth.
- LCR is currently in the process of bathroom and shower renovations.
- Communication, cooperation and support are clearly evident between custody and healthcare staffs. This inspector wishes to thank everyone for his or her contribution to this report.

Jacquelyne Caesar, RN  
March 16, 2015



### III. MEDICAL/MENTAL HEALTH EVALUATION

#### Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco California
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1205 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>  Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:			X	
(1) Receiving screening form/history <i>(Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.);</i>			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.  The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.			X	
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.			X	
Inmates are not used for medical record keeping.			X	
<b>1206 Health Care Procedures Manual</b> <i>(Applicable to facilities with on-site health care staff)</i>  There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.  The health care manual includes, but is not limited to:	X			Each department maintains a copy of the current Standards of Operation Manual which includes management of the arrestee's health care process.
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			Transportation to a medical facility is conducted by EMT and Fire Department services. Police Officers' accompany all arrestees to the hospital who are transported via ambulance. No arrestee is held in these locations who are in need of medical attention.
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Forms are completed by the Station Keeper with the information supplied by the arrestee upon entering the station. Arrestees have the opportunity to sign that information is correct. Copy provided to destination facility.
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206.5 Management of Communicable Diseases</b>				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:			X	
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
<b>1207 Medical Receiving Screening</b>				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			
<b>1207.5 Special Mental Disorder Assessment</b> (Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)				
There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.			X	
<b>1208 Access to Treatment</b>				
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.			X	
<b>1209 Transfer to a Treatment Facility</b> (Not applicable Type I and IV.)				
a) There are policies and procedures to provide mental health services that include but are not limited to:			X	
1) Screening for mental health problems;			X	
2) Crisis intervention and management of acute psychiatric episodes;			X	
3) Stabilization and treatment of mental disorders; and,			X	
4) Medication support services.			X	
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.			X	
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. (If yes, please complete the following)			X	
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of licensed personnel authorized to order and administer involuntary medication.			X	
Designation of appropriate setting for involuntary administration of medication.			X	
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
<b>1210 Individualized Treatment Plans</b>				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.			X	
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
<b>1211 Sick Call</b>				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
<b>1212 Vermin Control</b>				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				Medical Screening Exam performed by the Station Keeper inquires information that will assist in determining the arrestee's level of intoxication. As needed those that are intoxicated are transferred via ambulance to the Medical Facility at the hospital.
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Arrestees are transported to the hospital by ambulance service supplied by the Fire Department. Arrestees are accompanied by a police officer in the ambulance.
<b>1214 Informed Consent</b>				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Interpreter services are available by certified staff members who have been tested in the Department of Health system. A contracted service is available by three way telephone service for all languages as well.
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Arrestees are transported to CJ1 for all consent issues.
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
<b>1215 Dental Care</b>				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
<b>1216 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units;			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances ( <i>see regulation text</i> ). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
<b>1217 Psychotropic Medications</b> (Not applicable Type IV.)			X	
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1219 Suicide Prevention Program</b>  There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			Safety precautions are built into the facility to prevent suicide attempts. The screening process ascertains possible ideations for suicide attempts. There are visual monitors in the areas for close observation. They are blurred, unclear or dark in many of the Station Keepers areas and could be updated for improved room observations.
<b>1220 First Aid Kits</b>  One or more first aid kits are available in the facility.	X			There is a Zoll AED available in all facilities. Each police officer is certified then recertified in its use every two years.
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
<b>1046 Death in Custody</b>  Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.	X			
<b>1051 Communicable Diseases</b>  Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			The medical screening process includes specific questions to ascertain any communicable diseases that the arrestee may have had in contact. If it is determined that the arrestee has contacted a communicable disease then they are separated and sent to CJ! As quickly as possible.
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.				Screening process includes specific questions to ascertain this information and is consistently asked by Station Keeper.
The inmate's response is noted on the booking form and/or screening device.	X			
<b>1052 Mentally Disordered Inmates</b>  There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			Screening process includes specific questions to ascertain this information and is consistently asked by Station Keeper.
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			Arrestees are transported to CJ1 or JJC.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1055 Use of Safety Cell</b>				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All custodies are transported to CJ1 or JJC within an 8 hour period of time. There are scheduled transport hour, as well, which is more frequent then the 8 hour period.
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
<b>1056 Use of Sobering Cell</b>				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			Observations and documentation of all arrestees in the sobering cell is every half hour
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			All arrestees are transported to CJ1 if they have not meet the standards for sobriety within the 6 hour period.
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
<b>1057 Developmentally Disabled Inmates</b>				
There are procedures to identify and evaluate all developmentally disabled inmates. (Note: Appropriate housing is based on T-15 § 1050, Classification.)	X			These arrestees are transported to CJ1.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
<b>1058 Use of Restraint Devices</b>  <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>  Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every <u>two</u> hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
<b>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</b>  Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
<b>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</b>  For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.  Juveniles are transported to JJC. Juvenile custodies are not placed in detention cells. Juvenile custodies are assigned to seating in an open area and are subjected to constant direct supervision by a police officer.
is received from the sending facility;	X			
is reviewed by designated health care staff at the receiving facility; and,	X			
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.	X			
<b>1124 PROSTHESES AND ORTHOPEDIC DEVICES</b>  There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.	X			
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1125 PSYCHOTROPIC MEDICATIONS</b>  <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i>  (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
<b>Other Applicable Codes</b>				
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>  In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:			X	
Be suitably equipped;			X	
Be located within the security area and provide for inmate privacy;			X	
Have at least 100 square feet of floor space with no single dimension less than 7 feet;			X	
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,			X	
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).			X	
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>  There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>				All arrestees are admitted to CJ1.
There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).			X	
<b>Title 24 Part 2 § 470.2.25– Confidential Interview Rooms</b>				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
<b>PC 4023.6 Female Inmates' Physician</b>				Female custodies are not placed in detention cells. Observation of all female custodies is done in an open location under direct supervision of a police officer.
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
<b>PC 4023.5 Female Inmate – Personal Care</b>				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
<b>PC 4028 Abortions</b>				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

The Tenderloin District Station showed the most overall improvement this year. The station area and vents are well maintained.

As a community service, all stations, offer a safe place for disposal of prescription medications including Class II medications.

Richmond District Station remains under construction. They maintain a clean facility even with all the work being performed.

Congratulations to all the Station Keepers for maintaining great records.

The Southern station is state of the art, with many great security features.

Medical screening documentations were complete, with each individual question identified as answered, in all facilities.

Power washing of the holding cells is done weekly at each station.

Recommendation:

An improvement of the visual prompters and system at each station would increase the ability to observe for possible suicide attempts or medical emergencies in the holding cells.

All stations are in compliance with Title 15 Medical/Mental Health Standards



## II. NUTRITIONAL HEALTH EVALUATION

### Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>1230 Food Handlers</b>  <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i>  Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.  There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1240 Frequency of Serving</b>	X			Jail Health patients receive Breakfast at 6:52 AM, Lunch at 11:15 AM, and Dinner at 5:15 PM
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			3 hot meals, same as hospital patients
If more than 14 hours passes between these meals, supplemental food is served.	X			
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician..	X			Nourishment Center is located in Jail Health Services receives low fat milk, juices, and sandwiches daily.
A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.	X			
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	X			Staff can order a late tray or obtain foods and beverage from Nourishment Center.
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			
<b>1241 Minimum Diet</b> <i>(See regulation and guidelines for equivalencies and serving requirements.)</i>  The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.				
<u>Protein Group.</u> One serving equals 14 grams or more of protein. The daily requirement is equal to three servings (a total of 42 grams per day or 294 grams per week).	X			The Regular diet provides 74 grams of protein. There is approximately 22 grams protein at Breakfast, 23 grams at Lunch and 30 grams protein at Dinner.
There is an additional, fourth serving of legumes three days per week.	X			Legumes in the form of salad (Garbanzo, Tuscan Bean, Broccoli and White Bean) and soup (Lentil Soup, Black Bean, Split Peas) are on the menu 4 times per week.
<u>Dairy Group.</u> The daily requirement for milk or milk equivalents is three servings.	X			8 oz. fluid milk is on the menu for breakfast and dinner. The 3 <sup>rd</sup> serving of dairy group is fulfilled by yogurt or foods with other dairy products, such as lasagna, cheese stuffed shell, macaroni and cheese.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			The regular menu provides on average 1,400 mg calcium per day.
The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings of milk or milk products.	X			
All milk is fortified with Vitamin A and D.	X			Berkeley Farms milk is fortified with Vit. A and D
One serving can be from a fortified food containing at least 250 mg. of calcium.			X	Uses other high calcium foods.
<u>Vegetable-Fruit Group.</u> The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			
One serving of a fresh fruit or vegetable per day, or seven servings per week.	X			Fresh fruit is provided daily.
One serving of a Vitamin C source containing 30 mg. or more per day or seven servings per week.	X			4 ounces of orange Juice is provided daily at breakfast.
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			The regular menu provides on average 16.120 RE of Vitamin A per day.
<u>Grain Group.</u> The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			Includes whole wheat pasta, brown rice, oatmeal, whole wheat roll.
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. <i>(See RDA for recommended caloric intakes.)</i>	X			The regular diet at SFGH provides 1,883 Kcal which is sufficient for female but inadequate for male. Patient can order additional foods from the nourishment center.
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.	X			Regular diet provides 25 percent of total calories from fat.
<b>1242 Menus</b> <i>(Applicable in Type II and III facilities and in those Type IV facilities where food is served.)</i>  Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.	X			Uses a 2 week menu cycle.
A registered dietitian approves menus before they are used.	X			
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			Patient services substitution log binder kept in the diet office and signed by an RD.
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
<b>1243 Food Service Plan</b>  There is a food services plan that complies with applicable CalCode. Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:				The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
Planning menus;	X			
Purchasing food;	X			Food provided by US Foods
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			
Orientation and ongoing training;	X			
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Emergency feeding plan;	X			
Waste management; and,	X			
Maintenance and repair.	X			
In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			X	Patients in the holding cell are provided with the same meals as hospital in-patients.
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.  In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to CalCode is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation in these situations.)</i>  CalCode requirements for new or replacement equipment.  CalCode requirements for cleaning and sanitizing consumer utensils.  CalCode§ 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen.  CalCode requirements for floors.  CalCode requirements for storage area(s) for cleaning equipment and supplies.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1246 Food Serving and Supervision</b>  Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1247 Disciplinary Isolation Diet</b>  No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period.				
Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Corrections Standards Authority, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.			X	
<b>1248 Medical Diets</b>				Diet order is prescribed by physician.
Policies identify who is authorized to prescribe medical diets.	X			
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			
The facility manager complies with providing any medical diet prescribed for an inmate.	X			
There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.	X			Available on the SFGH intranet
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			Diet manual updated by dietitian and approved by medical staff on July 2015.
Pregnant women are provided a balanced, nutritious diet approved by a doctor.	X			

Summary of nutritional evaluation:

The San Francisco General Hospital and Trauma Center provides food and nutrition services for Jail Health Services. The food served in this facility meets Title 15 requirements. Jail Health inmates receive the same food as hospital in-patients. This facility has a two week cycle menu which has adequate variety of healthy foods. It offers choices that promote intake of whole grains, fresh fruits, and vegetables, soups, fish and poultry and small portions of red meat, and low fat milk.

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

BSCC #: \_\_\_\_\_

FACILITY NAME:  County Jail 1, 2 and 4		COUNTY:  San Francisco		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  850 Bryant Street, 6 <sup>th</sup> and 7 <sup>th</sup> Floors San Francisco, CA 94103				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  				
NUTRITIONAL EVALUATION		DATE INSPECTED: June 2, 2015		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):  Magdalene Louie, MS, RD Interim Director of Nutrition Services, Department of Public Health (415) 575-5750				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Vincent Mitchell, Food Service Director, Aramark (415) 552-6670 Jennifer Collins, Sergeant, Sheriff's Department (415) 575-4460				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  				

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

### III. MEDICAL/MENTAL HEALTH EVALUATION

#### Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				Discussed emergency evaluation plans and yearly practice sessions between Medical, Behavioral Health and Sheriff's Departments
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.				On-call schedule is posted on Intranet home page
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			Reviewed Unusual Occurrence (UO) process. Continue to have medication administration errors as there most frequent use for the UO Process, due to med errors, missed dosages, etc. this is reviewed as they occur and monthly during the administrative meetings.
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>				Policies and procedures are currently being updated although they remain within the 3 year review period. As new policies are implemented the Nurse Manager holds inservices to update staff.
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco, CA 94102
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				Standardized procedures are available and reviewed by the Medical staff.
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1205 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>  Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:	X			Online charting is available for screening and daily documentation
(1) Receiving screening form/history <i>(Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.);</i>	X			Medical records are computerized
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			MCR forms readily available at each pod and with the nursing staff during pill call.
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			Each pod includes a health screening station (exam room)
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
<b>1206 Health Care Procedures Manual</b> <i>(Applicable to facilities with on-site health care staff)</i>  There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.  The health care manual includes, but is not limited to:	X			A cover sheet indicates current review by Director of Jail Health facility Nurse Managers, and Behavior Health professionals. These Policies and Procedures are currently going through an update review.
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	CJ #5 does not house female inmates
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Behavioral health services are contracted with Healthright 360. The contract is managed by the Jail Services Director.
h) Implementation of special medical programs;	X			
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			Pharmacy is on-site
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			Inmate is assessed for special dietary needs on admission.
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Blue sealed envelopes used to transfer HC information from correctional facility to correctional facility. Red sealed envelopes are used for transfer of information to the hospital.
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206.5 Management of Communicable Diseases</b>				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
<b>1207 Medical Receiving Screening</b>				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1207.5 Special Mental Disorder Assessment</b> <i>(Not applicable Type I &amp; IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>				No female inmates are housed in CJ5
<p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	
<b>1208 Access to Treatment</b>				When the inmate requires transferring to another medical facility a Sheriff's Deputy accompanies the inmate within the ambulance. Another Deputy is assigned to follow the ambulance to its destination in a Sheriff's vehicle.
<p>A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.</p>	X			
<p>The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.</p>	X			
<p>Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.</p>	X			
<b>1209 Transfer to a Treatment Facility</b> <i>(Not applicable Type I and IV.)</i>				
<p>a) There are policies and procedures to provide mental health services that include but are not limited to:</p>	X			
<p>1) Screening for mental health problems;</p>	X			
<p>2) Crisis intervention and management of acute psychiatric episodes;</p>	X			
<p>3) Stabilization and treatment of mental disorders; and,</p>	X			
<p>4) Medication support services.</p>	X			
<p>b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.</p>	X			
<p>c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1.</p>	X			
<p><i>(If yes, please complete the following)</i></p>				
<p>Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:</p>	X			
<p>Designation of licensed personnel authorized to order and administer involuntary medication.</p>	X			
<p>Designation of appropriate setting for involuntary administration of medication.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			RN staff see patient at each shift; deputy staff conduct q 15 minute checks; recorded in record Inmate must be out of restraints within 24 hours, or are transferred to the hospital.
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
<b>1210 Individualized Treatment Plans</b>				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
<b>1211 Sick Call</b>				
There are policies and procedures for daily sick call for all inmates.	X			MCR forms are easily accessible and notification of the Nursing staff during pill call results in a form being provided.
Any inmate requesting health care is provided that attention.	X			
<b>1212 Vermin Control</b>				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			Performed monthly by a contractor hired by the Sheriff's Department
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	Patients are not detoxed at CJ5. If detoxification is indicated, appropriate transfer policy/procedures are implemented
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1214 Informed Consent</b>				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			There are no minors housed at CJ5.
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
<b>1215 Dental Care</b>				Either at CJ2 or at SFGHMC as necessary.
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
<b>1216 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:				
Securely lockable cabinets, closets and refrigeration units;	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	CJ5 is an adult facility, only.
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances ( <i>see regulation text</i> ). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			Self-administration of meds is by physician order only. Nurses conduct periodic audits to monitor compliance. The inmate signs an agreement to abide by requirements. (Meds are re-ordered every 90 days)
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			A medication review is held to ascertain appropriate use for all medications that are for self-administration. During the review, if medications have not been taken, or not under the control of the inmate the privilege of self-administration is removed.
<b>1217 Psychotropic Medications</b> (Not applicable Type IV.)	X			
There are policies and procedures governing the use of psychotropic medications.	X			
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician following a clinical evaluation.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	X			Reese Hearings are held for patients receiving involuntary medications.
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1219 Suicide Prevention Program</b>				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
<b>1220 First Aid Kits</b>				Well-stocked exam rooms located in each pod
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
<b>ARTICLE 4, RECORDS AND PUBLIC INFORMATION</b>				
<b>1046 Death in Custody</b>				
Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	( No minors at CJ5)
<b>ARTICLE 5, CLASSIFICATION AND SEGREGATION</b>				
<b>1051 Communicable Diseases</b>				Inmate is transferred to SFGHMC
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
<b>1052 Mentally Disordered Inmates</b>				
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate and of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1055 Use of Safety Cell</b>				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			Inmates must be released from a safety cell within 24 hours. Deputies conduct q 15 min checks. Nurses are required to conduct 1 visit q 8 hours but often they exceed that requirement. ( Behavioral Health staff also see patient while in safety cell )
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
<b>1056 Use of Sobering Cell</b>				There are no sobering cells at CJ5
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			X	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			X	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			X	
Such inmates are removed from the sobering cell when they are able to continue with processing.			X	



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1057 Developmentally Disabled Inmates</b>				Accommodations include cells with wider egress and appropriate equipment as necessary. There is wheelchair accessibility for the bathrooms.
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
<b>1058 Use of Restraint Devices</b>				
<i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>	X			
Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.				
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every <u>two</u> hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			
<b>ARTICLE 8, MINORS IN JAILS</b>				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.	X			
<b>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</b>  Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
<b>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</b>  For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
is received from the sending facility;			X	
is reviewed by designated health care staff at the receiving facility; and,			X	
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.			X	
<b>1124 PROSTHESES AND ORTHOPEDIC DEVICES</b>  There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.			X	
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1125 PSYCHOTROPIC MEDICATIONS</b>  <i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i>  (a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
<b>Other Applicable Codes</b>				
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>  In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,	X			
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>  There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>  There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			
<b>Title 24 Part 2 § 470.2.25– Confidential Interview Rooms</b>  In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:				
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>  Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			These inmates are housed at CJ2. This is a rare incident if it occurs at CJ5. It may result in a transfer of the inmate.
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
<b>PC 4023.6 Female Inmates' Physician</b>  Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
<b>PC 4023.5 Female Inmate – Personal Care</b>  At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
<b>PC 4028 Abortions</b>				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

The following comments, observations and suggestions are provided to the Nurse Manager as quality improvement support and to assist in preparing for an external survey.

1. The staff were very knowledgeable about screening and assessments of the inmates.
2. A current review of policies and procedures is being conducted.
3. There was a container of medications listed as fiber, aspirin, Colace opened on the shelf in the medication room. These medications lacked the appropriate dispensing system utilized by all other medications in this facility.
4. Medical orders are renewed every 90 days. A computerized printout includes soon-to-expire medications, orders for renewal.
5. Monthly meetings are held with medical, correction, and behavioral staff personnel.
6. There are no supplies stored under sinks.
7. Handwashing signage s/b displayed throughout the clinic.

Summary of medical/mental health evaluation: County Jail 5 is in full compliance with Title XV standards For 2015.

Jacquelyne Caesar, RN  
Quality Management Department, Regulatory Affairs  
1001 Potrero Avenue  
San Francisco General Hospital Medical Center  
Telephone: 415-206-8484

**ADULT COURT AND TEMPORARY HOLDING FACILITIES**  
**Local Detention Facility Health Inspection Report**  
**Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

FACILITY NAME: San Francisco General Hospital Medical Center		COUNTY: San Francisco
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  1001 Potrero Avenue San Francisco, California 94110.  7D Medical Healthcare Facility 7L Psychiatric Healthcare Facility 7D/7L Holding Cells Emergency Department Holding Cell.		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
Medical Health	DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Dr. Mark Leary, Director of Psychiatry Kathy Ballou, Nursing Director, Michael Daly, Nurse Manager 7D Katrina Peters, Medical Director, 7L Senior Deputy Jang 812		
NUTRITIONAL EVALUATION	DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: July22 and July 23,2015	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Jacquelyne Caesar RN, Quality Management Department, Regulatory Affairs San Francisco General Hospital 415.206.2515		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

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

**JUVENILE FACILITY HEALTH INSPECTION REPORT**  
**Juvenile Halls, Special Purpose Juvenile Halls and Camps**  
**Health and Safety Code Section 101045**

CSA #: 10 Boys

FACILITY NAME: <b>Log Cabin Ranch</b>		COUNTY: <b>City and County of San Francisco</b>	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  <b>PO Box 220 (650) 747-0257</b> <b>La Honda, CA 94020</b>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL:	SPECIAL PURPOSE JUVENILE HALL:	CAMP: <b>X</b>
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: April 20, 2015	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): <b>Laura Brainin-Rodriguez, MPH, MS, RD</b> <b>30 Van Ness Avenue, Suite 220</b> <b>S.F., CA 94102</b> <b>(415) 575-5687</b>			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): <b>John Ngo, 2654 Cook, Log Cabin Ranch, (650) 747-0257, ext 1806</b> <b>Bob Eggleston, Food Service Manager for Juvenile Probation (415) 753-7508</b>			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

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

**JUVENILE FACILITY HEALTH INSPECTION REPORT**  
**Juvenile Halls, Special Purpose Juvenile Halls and Camps**  
**Health and Safety Code Section 101045**

CSA #: 56 (49 Boys, 7 Girls)

FACILITY NAME: <b>Youth Guidance Center</b>		COUNTY: <b>City and County of San Francisco</b>	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  <b>375 Woodside Avenue (415) 753-7500</b> <b>S.F., CA 94127</b>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL: <b>X</b>	SPECIAL PURPOSE JUVENILE HALL:	CAMP:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: February 12, 2015	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): <b>Laura Brainin-Rodriguez, MPH, MS, RD</b> <b>30 Van Ness Avenue, Suite 3500</b> <b>S.F., CA 94102</b> <b>(415) 575-5687</b>			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): <b>Bob Eggleston, Food Services Manager Juvenile Probation (415) 753-7508</b> <b>Carol Taniguchi RN, MPH, PNP, Pediatric Nurse Practitioner, Special Programs for Youth</b>			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

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



## II. NUTRITIONAL HEALTH EVALUATION

### Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>1230 Food Handlers</b>  <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i>  Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility. There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1240 Frequency of Serving</b>				
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			2 hot (Breakfast & Dinner) and 1 cold (Lunch) each day
If more than 14 hours passes between these meals, supplemental food is served.	X			
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician..	X			
A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.	X			
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	X			
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			
<b>1241 Minimum Diet</b> <i>(See regulation and guidelines for equivalencies and serving requirements.)</i>  The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.				
<u>Protein Group.</u> One serving equals 14 grams or more of protein. The daily requirement is equal to three servings (a total of 42 grams per day or 294 grams per week).	X			
There is an additional, fourth serving of legumes three days per week.	X			
<u>Dairy Group.</u> The daily requirement for milk or milk equivalents is three servings.	X			
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			One serving of milk is served at breakfast and lunch. A Fruit Drink fortified with vitamins B12, C, D, E and Calcium is provided at dinner.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings of milk or milk products.	X			
All milk is fortified with Vitamin A and D.	X			1% milk fortified with protein, A & D is served.
One serving can be from a fortified food containing at least 250 mg. of calcium.	X			Fruit Drink fortified with Calcium contains 198.9mg of Calcium per serving. The nutritional analysis of Calcium of the daily menu has exceeded the Dietary Reference Index.
<u>Vegetable-Fruit Group.</u> The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			
One serving of a fresh fruit or vegetable per day, or seven servings per week.	X			
One serving of a Vitamin C source containing 30 mg. or more per day or seven servings per week.	X			
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			
<u>Grain Group.</u> The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. <i>(See RDA for recommended caloric intakes.)</i>	X			
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.	X			
<b>1242 Menus</b> <i>(Applicable in Type II and III facilities and in those Type IV facilities where food is served.)</i>	X			6 week cycle menu
Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.	X			
A registered dietitian approves menus before they are used.	X			Aramark dietitian approves menus
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
<b>1243 Food Service Plan</b>				The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
There is a food services plan that complies with applicable CalCode. Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:				
Planning menus;	X			
Purchasing food;	X			
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			Deputy transport foods.
Orientation and ongoing training;	X			
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Emergency feeding plan;	X			
Waste management; and,	X			
Maintenance and repair.	X			
In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			X	
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.  In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to CalCode is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation in these situations.)</i>  CalCode requirements for new or replacement equipment.  CalCode requirements for cleaning and sanitizing consumer utensils.  CalCode§ 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen.  CalCode requirements for floors.  CalCode requirements for storage area(s) for cleaning equipment and supplies.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1246 Food Serving and Supervision</b>  Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1247 Disciplinary Isolation Diet</b>  No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period.				
Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Corrections Standards Authority, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.			X	
<b>1248 Medical Diets</b>				
Policies identify who is authorized to prescribe medical diets.	X			In diet manual. Copies of diet orders are kept in logs.
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			Aramark dietitian develops the therapeutic diets.
The facility manager complies with providing any medical diet prescribed for an inmate.	X			
There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.	X			
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			Diet manual was approved on 12/23/2014
Pregnant women are provided a balanced, nutritious diet approved by a doctor.	X			

Summary of nutritional evaluation:

A 6 week cycle menu is used for County Jails 5. Aramark Registered Dietitian reviews and revises the menus. The menu currently in use was implemented on 6/2012 and revised on 12/2014. This 6 week cycle menu meets Title 15 specific nutrient content.

Diet Manuals and food service manuals were reviewed and approved December 23, 2014, and a copy is kept in the dietary office and is readily available to staff.

Aramark Food Service staff at this facility is trained on a regular basis. In addition, proper food handling procedures are posted in kitchen and dishwashing area.

## Gosiengfiao, Rachel (BOS)

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**To:** BOS-Supervisors  
**Subject:** FW: 2015 Title XV Reports  
**Attachments:** Barbara Garcia.pdf; ATT00001.htm; eh.sfgh.report.pdf; ATT00002.htm; eh\_court\_cover.doc; ATT00003.htm; eh\_court\_doc.doc; ATT00004.htm; eh\_Jail 1-4\_cover.doc; ATT00005.htm; eh\_Jail 1-4\_doc.doc; ATT00006.htm; eh\_Jail 5&6\_cover.doc; ATT00007.htm; eh\_jail 5&6\_doc.doc; ATT00008.htm; eh\_LCR\_cover.doc; ATT00009.htm; eh\_LCR\_doc.doc; ATT00010.htm; eh\_sfpd\_cover.doc; ATT00011.htm; eh\_sfpd\_doc.doc; ATT00012.htm; eh\_ygc\_cover.doc; ATT00013.htm; eh\_ygc\_doc.doc; ATT00014.htm; med\_CJ2&4\_doc.doc; ATT00015.htm; med\_court\_cover.docx; ATT00016.htm; med\_court\_doc.doc; ATT00017.htm; med\_Jail5\_doc.doc; ATT00018.htm; med\_Jails\_cover.docx; ATT00019.htm; med\_lcr&ygc\_cover.doc; ATT00020.htm; med\_lcr&ygc\_doc.doc; ATT00021.htm; med\_sfgh7\_cover.docx; ATT00022.htm; med\_sfgh7\_doc.doc; ATT00023.htm; med\_sfpd\_cover.docx; ATT00024.htm; med\_sfpd\_doc.doc; ATT00025.htm; nut.lcr.cover 2015.docx; ATT00026.htm; nut.lcr.doc.2015.docx; ATT00027.htm; nut.sfghward7L.cover.doc; ATT00028.htm; nut.sfghward7L.doc.doc; ATT00029.htm; nut.ygc.cover 2015.docx; ATT00030.htm; nut.ygc.report 2015.docx; ATT00031.htm; nut\_jail5\_cover.doc; ATT00032.htm; nut\_jail124\_cover.doc; ATT00033.htm; nut\_jail5\_doc.doc; ATT00034.htm; nut\_jail124\_doc.doc; ATT00035.htm

Begin forwarded message:

**From:** "Shatara, Nader (DPH)" <[Nader.Shatara@sfdph.org](mailto:Nader.Shatara@sfdph.org)>  
**To:** "Lee, Edwin (ADM)" <[edwin.lee@sfgov.org](mailto:edwin.lee@sfgov.org)>  
**Cc:** "Kelly, Naomi (ADM)" <[naomi.kelly@sfgov.org](mailto:naomi.kelly@sfgov.org)>, "Calvillo, Angela (BOS)" <[angela.calvillo@sfgov.org](mailto:angela.calvillo@sfgov.org)>, "Patt, Frank (DPH)" <[frank.patt@sfdph.org](mailto:frank.patt@sfdph.org)>, "lisa.southwell@bscc.ca.gov" <[lisa.southwell@bscc.ca.gov](mailto:lisa.southwell@bscc.ca.gov)>, "DeGuzman, Faye (DPH)" <[faye.deguzman@sfdph.org](mailto:faye.deguzman@sfdph.org)>  
**Subject:** 2015 Title XV Reports

Dear Mayor Lee:

Please open the attachments to view the letter from Barbara Garcia, Director of Health as well as the 2015 Title XV evaluation reports for San Francisco City and County jails and detention facilities. Feel free to contact me should you have any questions.

Thank you,

Nader Shatara, REHS  
Senior Environmental Health Inspector  
Environmental Health Branch  
Population Health Division  
San Francisco Department of Public Health  
1390 Market Street, Suite 210  
San Francisco, CA 94102  
Ph: (415) 252-3887  
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**I. ENVIRONMENTAL HEALTH EVALUATION**  
**Juvenile Halls, Special Purpose Juvenile Halls and Camps**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 9. Food</b>				
<b>1464 Food Services Plan</b>  There is a written food services plan that complies with the applicable sections of California Retail food Code (CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan.  The plan includes, but is not limited to the following policies and procedures: menu planning; purchasing; storage and inventory control; food preparation; food serving; transporting food; orientation and on-going training; personnel supervision; budgets and food costs accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.	Do not identify compliance with this section here. See comments.			The Nutrition Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1465 Food Handlers Education and Monitoring</b>  <i>CalCode, the California retail food Code(HSC Division 104, Part 7, Chapter 1-13, , Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i>  There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967, 113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
<b>1466 Kitchen Facilities, Sanitation, and Food Storage</b>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.  In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 114381) is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation.)</i>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
HSC § 114419-114423, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;	X			Generic HACCP.
HSC § 114130-114141, 114163, New or replacement equipment;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114099.6, 114107 Utensil and equipment cleaning and sanitation;	X			
HSC § 114149-114149.3 Ventilation;	X			
HSC § 114268-114269 (a) Floors; and,	X			
HSC § 114279-114282 Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.	X			
<b>1467 Food Serving and Supervision</b>  There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
<b>Article 10. Clothing and Personal Hygiene</b>				
<b>1480 Standard Facility Clothing Issue</b>  <i>Note: Personal clothing and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear.</i>  Clothing provisions ensure that:				
Clothing is clean, reasonably fitted, durable, easily laundered, and in good repair; and,	X			
The standard issue of climatically suitable clothing for minors consists of but not be limited to:				
Socks and serviceable footwear;	X			
Outer garments; and,	X			
Undergarments, are freshly laundered and free of stains, including shorts and tee shirt for males; and, bra and panties for females.	X			
<b>1481 Special Clothing</b>  Provision is made to issue suitable additional clothing essential for minors to perform special work assignments when the issue of regular clothing would be unsanitary or inappropriate.	X			
<b>1482 Clothing Exchange</b>  There are policies and procedures for the cleaning and scheduled exchange of clothing.	X			
Unless work, climatic conditions or illness necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged daily.	X			
<b>1483 Clothing, Bedding and Linen Supply</b>  There is a quantity of clothing, bedding and linen available for actual and replacement needs of the facility population. Written procedures describe the acquisition, handling, storage, transportation and processing of clothing, bedding and linen in a clean and sanitary manner.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1484 Control of Vermin in Minors' Personal Clothing</b>				
There are policies and procedures to control the contamination and/or spread of vermin in all minors' personal clothing.	X			
Infested clothing is cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
<b>1485 Issue of Personal Care Items</b>				
There are policies and procedures that ensure the availability of personal hygiene items.	X			
Each female minor is provided with sanitary napkins and/or tampons as needed.	X			
Each minor to be held over 24 hours is provided with the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements (discussed below), minors are not required to share any personal care items listed above.	X			
Minors do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among minors are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			
<b>1486 Personal Hygiene</b>				
There are policies and procedures for showering/bathing and brushing of teeth.	X			
Minors are permitted to shower/bathe upon assignment to a housing unit and on a daily basis thereafter and given an opportunity to brush their teeth after each meal.	X			
<b>1487 Shaving</b>				
Minors, except those who may not shave for reasons of identification in court, are allowed to shave daily. The facility administrator may suspend shaving for minors who are considered to be a danger to themselves or others.	X			
<b>1488 Hair Care Services</b>				
Hair care services are available in all juvenile facilities. Minors receive hair care services monthly.	X			
Equipment is cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			Barber brings and takes equipment on visits.



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Bedding and Linens</b>				
<b>1500 Standard Bedding and Linen Issue</b>				
Each minor entering a living area and expected to remain overnight, is provided with laundered, clean and suitable bedding and linens which are in good repair. This includes, but is not limited to:	X			
One clean and serviceable mattress (or mattress-pillow combination) which meets the requirements of Title 15 § 1502;	X			
One pillow and a pillow case (unless provided in combination with the mattress;	X			
One mattress cover and a sheet or two sheets;	X			
One towel; and,	X			
One or more blankets, depending upon climatic conditions.	X			
<b>1501 Bedding and Linen Exchange</b>				
There are policies and procedures for the scheduled exchange of laundered bedding and linen issued to each minor housed.	X			
Washable items such as sheets, mattress covers, pillowcases and towels are exchanged for a clean replacement at least once each week.	X			
The covering blanket is cleaned or laundered at least once a month.	X			
<b>1502 Mattresses</b>				
Mattresses conform to the size of the bed (Title 24, Section 460A.25) and are enclosed in an easily cleaned, non-absorbent ticking.	X			
Any mattress purchased for issue to a minor in a facility that is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses (Technical Information Bulletin Number 121, April 1980).	X			
<b>Article 12. Facility Sanitation and Safety</b>				
<b>1510 Facility Sanitation, Safety and Maintenance</b>				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks, equipment and physical plant maintenance, and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner.	X			
Medical care housing as described in Title 24, Part 1 § 13-201(c)6 is cleaned and sanitized according to policies and procedures established by the health administrator.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1511 Smoke Free Environment</b>				
There are policies and procedures to assure that State laws prohibiting minors from smoking are enforced in all juvenile facilities, related work details, and other programs. Policies and procedures assure that minors are not exposed to second-hand smoke while in the facility or in the custody of staff.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code</b>				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.		X		Hand sink in the court holding facility HC1 was in disrepair. There was a work order for this sink. Verification of repair was emailed by the Chief Engineer on February 3, 2015.
<b>Title 24, Uniform Building Code</b>				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
<b>Title 24, Part 1, 13-201(c)6</b>				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements, of Part 6, Title 24, CCR.	X			
<b>Title 24, Uniform Plumbing Code</b>				
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>CA Safe Drinking Water Act</b>				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
<b>Local Ordinances</b>				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC and CCR Titles 22 and 24 Relating to Public Pools</b>				
Swimming pools are designed, constructed, operated, and maintained in accordance with state and local laws and regulations			X	
<b>Health and Safety Code, § 1803 and 2271</b>				
(Farms, petting zoos, etc.) All animal operations are removed from the immediate living area, designed, constructed, and maintained to minimize odor, vermin, and physical hazards.			X	
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.		X		Fruit fly harborage identified and addressed.
<b>General Industry Safety Order, Title 8-3362</b>				
The facility is free of structural and other safety hazards.	X			

General sanitation was good at the time of this inspection. Although the kitchen operates under old construction standards, the more significant food safety and food handling concerns were adequately addressed. Equipment (refrigerators, dishwasher) were adequately working and reaching their critical temperatures (Below 40 degrees Fahrenheit & above 160 degrees Fahrenheit dishwash surface temperature, respectively). Manual sanitization was accomplished using approved sanitizer containers with adequate concentrations of quaternary sanitizer (200 PPM). There were no signs of vermin, spoilage or contamination. Foods, such as raw meats, were safely stored so as not to contaminate other foods. Hand washing stations were adequately maintained. Frozen foods were being thawed in a well working refrigerator. Refrigerated foods were stored so as not to contaminate other foods. No leftovers were noted. According to the manager, leftovers are discarded. No hot holding was noted at the time of this inspection. Although food safety certification was valid, a class and exam for renewal was scheduled to be taken this month (January 2015).

Since the last inspection, efforts were made to maintain drains to help control the harborage of drain infesting flies. However, debris had been pushed towards the corners of the floor sinks below the steam tables in many of the unit pantries where flies were breeding. This was immediately pointed out to the facility administrators and engineer, and modifications in their cleaning procedures were immediately made.

The hand sink in the juvenile court holding cell #HC1 (AKA: Room 111) had no faucets. Faucets were on order.

On February 3, 2015, notification was received that floor drains are on a more thorough inspection and cleaning schedule to prevent fly harborage, and the court holding cell is scheduled to be closed to repair the specified sink.

On February 26, 2015, an email was received stating that the sink in juvenile court holding cell #HC1 was repaired and is back online.

**III. 2015 MEDICAL/MENTAL HEALTH EVALUATION**    **Hall of Justice, Civic Center Courts, Community Justice Center**  
**Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				These centers have specific plans for addressing all medical emergencies encountered for the inmates welfare.
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.			X	
Security regulations are applicable to facility staff and health care personnel.			X	
At least one physician is available.			X	
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>			X	
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.			X	
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.			X	
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.			X	
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.			X	
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>			X	
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.			X	
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco California
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>			X	
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1205 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>  Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:			X	Medical screening information is transferred to the Deputy Sheriff's Bailiffs to prompt return to the CJ for medications and treatments as necessary, including dietary requirements.  If an emergency should occur, inmates are referred to the EMS system for transport to the Hospital.
(1) Receiving screening form/history <i>(Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.);</i>			X	
(2) Medical/mental health evaluation reports;			X	
(3) Complaints of illness or injury;			X	
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;			X	
(5) Location where treatment is provided; and,			X	
(6) Medication records in conformance with Title 15 § 1216.			X	
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.  The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.			X	
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.			X	
Inmates are not used for medical record keeping.			X	
<b>1206 Health Care Procedures Manual</b> <i>(Applicable to facilities with on-site health care staff)</i>  There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.  The health care manual includes, but is not limited to:	X			
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;			X	
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;			X	This is managed through the County Jail Health Services.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;			X	
h) Implementation of special medical programs;			X	
i) Management of inmates suspected of or confirmed to have communicable diseases;			X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is transferred to the Court Deputy Sheriffs during Court proceedings for identification of medications and treatment plans instituted by the County Jail. Inmates are transferred to the county jail for the administration of medications if they are required during court proceedings.
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			Medical screening information is transferred to the Deputy Sheriff's Bailiffs to prompt return to the CJ for medications and treatments as necessary.
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206.5 Management of Communicable Diseases</b>				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:			x	
Intake health screening procedures;			x	
Identification of relevant symptoms;			x	
Referral for medical evaluation;			x	
Treatment responsibilities during incarceration; and,			X	
Coordination with public and private community-based resources for follow-up treatment.			X	
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:				
The types of communicable diseases to be reported;			X	
The persons who must receive the medical reports;			X	
Sharing of medical information with inmates and custody staff;			X	
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;			X	
Medical confidentiality requirements;			X	
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;			X	
Provision for inmates consent that address the limits of confidentiality; and,			X	
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.			X	
<b>1207 Medical Receiving Screening</b>				Medical screening has been performed by the county jail system.
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>			x	During intake at the Civic Center Courthouse a medical screening is performed by the Deputy staff and info is transferred to the County Jail.
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.			X	
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.			X	
The screening is performed by licensed health care staff or by trained facility staff.			X	
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.			X	
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.			x	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1207.5 Special Mental Disorder Assessment</b> <i>(Not applicable Type I &amp; IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>				
There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.			X	
<b>1208 Access to Treatment</b>  A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.			X	
<b>1209 Transfer to a Treatment Facility</b> <i>(Not applicable Type I and IV.)</i>				
a) There are policies and procedures to provide mental health services that include but are not limited to:			X	
1) Screening for mental health problems;			X	
2) Crisis intervention and management of acute psychiatric episodes;			X	
3) Stabilization and treatment of mental disorders; and,			X	
4) Medication support services.			X	
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.			X	
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1.			X	
<i>(If yes, please complete the following)</i>				
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:			X	
Designation of licensed personnel authorized to order and administer involuntary medication.			X	
Designation of appropriate setting for involuntary administration of medication.			X	
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.			x	



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.			X	
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			The Medical Staff and the Sheriff's departments have regularly scheduled meetings and classes for identification of signs and symptoms of medical problems.
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
<b>1210 Individualized Treatment Plans</b>				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.			X	
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	x			Medical screening information is transferred to the Deputy Sheriff's Bailiffs to prompt return to the CJ for medications and treatments as necessary.
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.			X	
<b>1211 Sick Call</b>				
There are policies and procedures for daily sick call for all inmates.			X	
Any inmate requesting health care is provided that attention.			X	
<b>1212 Vermin Control</b>				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.			X	
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.			X	
<b>1214 Informed Consent</b>				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.			X	
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.			X	
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.			X	
<b>1215 Dental Care</b>				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.			X	
<b>1216 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:			X	
Securely lockable cabinets, closets and refrigeration units;			X	
A means for the positive identification of the recipient of the prescribed medication;			X	
Administration/delivery of medicines to minors as prescribed;			X	
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;			X	
Prohibiting delivery of drugs by inmates;			X	
Limitation to the length of time medication may be administered without further medical evaluation;			X	
Limitation to the length of time allowable for a physician's signature on verbal orders, and,			X	
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.			X	
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:			X	
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.			X	
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.			X	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.			X	
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.			X	
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.			X	
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.			X	
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.			X	
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.			X	
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances ( <i>see regulation text</i> ). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:			X	
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
<b>1217 Psychotropic Medications</b> (Not applicable Type IV.)			X	
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)			X	
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.			X	
Medication is prescribed by a physician following a clinical evaluation.			X	
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.			X	
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)			X	
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	
<b>1219 Suicide Prevention Program</b>				The Facility has safety precautions built in to prevent suicide attempts, e.g., Sinks do not have open-handle railing, faucets are push-button and flush to sink face, no knobs or other hooks available, door hinges are slanted to prevent ligature access.
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
<b>1220 First Aid Kits</b>				Facility has Zoll AED available. All staff are certified every other year for BLS and AED usage. Emergency medical care can be called.
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1046 Death in Custody</b>  Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a minor dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			x	
<b>1051 Communicable Diseases</b>  Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.			x	All inmates with communicable diseases have been screened and treatment administered prior to court proceedings.
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.			x	
The inmate's response is noted on the booking form and/or screening device.			x	
<b>1052 Mentally Disordered Inmates</b>  There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.			x	All inmates with communicable diseases have been screened and treatment administered prior to court proceedings
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.			X	
<b>1055 Use of Safety Cell</b>  A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	All inmates with communicable diseases have been screened and treatment administered prior to court proceedings.
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
<b>1056 Use of Sobering Cell</b>				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			x	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			x	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			x	
Such inmates are removed from the sobering cell when they are able to continue with processing.			x	
<b>1057 Developmentally Disabled Inmates</b>				
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>			x	
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>			x	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1058 Use of Restraint Devices</b>  <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>  Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every two hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.			X	
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.			X	
<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	

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



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
<b>Other Applicable Codes</b>				
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>  In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:			X	
Be suitably equipped;			X	
Be located within the security area and provide for inmate privacy;			X	
Have at least 100 square feet of floor space with no single dimension less than 7 feet;			X	
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,			X	
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).			X	
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>  There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.			X	
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>  There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			All inmates are promptly returned to CJ from the court proceedings.
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470.2.25– Confidential Interview Rooms</b>				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:			X	
Be suitably equipped;			X	
Be located within the security area accessible to both female and male inmates; and,			X	
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.			X	
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.			X	
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.			X	
<b>PC 4023.6 Female Inmates' Physician</b>				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
<b>PC 4023.5 Female Inmate – Personal Care</b>				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
<b>PC 4028 Abortions</b>				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

San Francisco County Courts Title 15 Inspection was conducted on August 13, 2015.

The three facilities were clean, organized, and well-maintained. The holding cells at the Hall Of Justice have been freshly painted and the plumbing has been upgraded with an increase in water pressure for all holding cells.

Medical screening documentation is transferred with each inmate during court proceedings.

Security Door delay and video surveillance are continuously active at all centers.

There is a consistent method to ascertain the correct counting of all inmates during the court proceedings.in the event of evacuation is necessary.

The Sheriff's Department is actively involved with community activities especially in the Community Justice Court system.

The Hall of Justice, Civic Center Courts, and the Community Justice Courts are in compliance with Title 15 Medical/Mental Health Standards.

**JUVENILE FACILITY HEALTH INSPECTION REPORT**  
**Juvenile Halls, Special Purpose Juvenile Halls and Camps**  
**Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

FACILITY NAME:  Juvenile Justice Center, San Francisco Log Cabin Ranch, La Honda		COUNTY:  San Francisco County	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Juvenile Justice Center  375 Woodside Avenue  San Francisco, CA 94127  415-753-7500 </div> <div style="width: 10%; text-align: center;"> &amp; </div> <div style="width: 45%;"> Log Cabin Ranch  500 Log Cabin Ranch Road  La Honda, CA 94020  (650) 747-0257 </div> </div>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL:	SPECIAL PURPOSE JUVENILE HALL: X	CAMP: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED:	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 3/3/15 JJC 3/10/15 LCR	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  Jacquelyne Caesar Registered Nurse Quality Management, Regulatory Division San Francisco General Hospital 415-206-8484			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Carol S. Taniguchi, NP , Acting Director 415-753-7808 Hagop Hajian, MD, BH Medical Director 415-753-7779 Luis Recinos, Director of JJC 415-753-7501 Dennis Doyle, JJC 415-753-7514			

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

**III. MEDICAL/MENTAL HEALTH EVALUATION (San Francisco General Hospital Medical Center 7D ,7L,  
Sheriff's Holding Cell)**

**Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>  The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			Medical Emergencies are managed by the Emergency Department. 7L emergencies are managed by the MERT team when called. 7D Unit has been closed for 11 months. These inmates health care is managed on the regular medical-surgical units under the same protocols and procedures of all other patients.
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>  There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>  There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Sheriff's Department Records are maintained at Department of Public Health, 101 Grove Street, San Francisco California. SFGH staff records are maintained at Human Resources Department.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1204 Health Care Procedures</b> ( <i>Applicable to facilities with on-site health care staff</i> )  Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			
<b>1205 Health Care Records</b> ( <i>Applicable to facilities with on-site health care staff</i> )  Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:				
(1) Receiving screening form/history ( <i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i> );	X			Screening information is obtained by Sheriff's department for those arrestees placed in holding cells. 7D/7L patients are admitted and screened based on the SFGH admission form criteria.
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;				
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
<b>1206 Health Care Procedures Manual</b> ( <i>Applicable to facilities with on-site health care staff</i> )  There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.	X			
The health care manual includes, but is not limited to:				
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;	X			
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;	X			
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			
h) Implementation of special medical programs;	X		X	
i) Management of inmates suspected of or confirmed to have communicable diseases;	X		X	
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;			X	Pharmacy manages
k) Use of non-physician personnel in providing medical care;			X	
l) Provision of medical diets;			X	
m) Patient confidentiality and its exceptions;			X	
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Medical Screening Form is completed by the Station Keeper with information supplied by arrestee upon entering the station; copy provided to destination facility.  Sheriff's department transfers the Field Arrest Card to the 7D/7L sheriff's department upon admission to the hospital.  Emergency Department forwards admission records to nursing staff for all patients.
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.			X	
<b>1206.5 Management of Communicable Diseases</b>  There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			All communicable diseases are managed by SFGH Hospital Administrative and Nursing policies and procedures.
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
<b>1207 Medical Receiving Screening</b>  A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			Managed by SFGHMC Administrative and Nursing policies and procedures manual.
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			
<b>1207.5 Special Mental Disorder Assessment</b> (Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)				
There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.	X			
<b>1208 Access to Treatment</b>				
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.	X			
<b>1209 Transfer to a Treatment Facility</b> (Not applicable Type I and IV.)				
a) There are policies and procedures to provide mental health services that include but are not limited to:				
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.			X	
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. (If yes, please complete the following)			X	
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of licensed personnel authorized to order and administer involuntary medication.			X	
Designation of appropriate setting for involuntary administration of medication.			X	
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.			X	
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.			X	
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.			X	
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.			X	Monitoring is done in the Emergency Department of SFGHMC.
Documentation of the administration of involuntary medication in the inmate's medical record.			X	
<b>1210 Individualized Treatment Plans</b>				Treatment plan follows guidelines managed by SFGHMC Administrative and Nursing policies and procedures manual. 7L Operations Manual of Clinical and Administrative Collaboration.
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			7L Operational Manual identifies Social work follow up and social work orientation to comply with this standard.
<b>1211 Sick Call</b>				
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
<b>1212 Vermin Control</b>				Are managed by SFGHMC Administrative and Nursing policies and procedures manual through the EVS department.
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				Detoxification is managed by SFGHMC Administrative and Nursing policies and procedures manual in the Emergency Department
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			When no longer needing the service the Sheriff's Department transfers these arrestees to CJ#1

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			Arrestees are transferred to the Emergency Department for further evaluation and treatment.
<b>1214 Informed Consent</b>				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			Signs are posted for language services available to the custodies. Interpreter services are available by certified onsite interpreters or via contracted telephone interpreter services.
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			Managed by SFGHMC Administrative and Nursing policies and procedures manual.
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			Managed by SFGHMC Administrative and Nursing policies and procedures manual.
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			Managed by SFGHMC Administrative and Nursing policies and procedures manual.
<b>1215 Dental Care</b>				
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
<b>1216 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:				
Securely lockable cabinets, closets and refrigeration units;	X			Medications are dispensed through Omnicell and require pass codes to access.
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	Minors are not housed in these facilities.
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;			X	
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:				
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			Medications are dispensed through Omnicell and require pass codes to access assigned by the Pharmacy Department.  Medications are managed by SFGHMC Administrative and Nursing policies and procedures manual as well as through the Pharmacy Manual maintained by the Pharmacy Department at SFGHMC.
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			Medications are dispensed through Omnicell and require pass codes to access
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances ( <i>see regulation text</i> ). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.			X	Medications are administered by licensed personnel only.
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
<b>1217 Psychotropic Medications</b> (Not applicable Type IV.)				Medications are managed by SFGHMC Administrative and Nursing policies and procedures manual and abide by Pharmaceutical standards with additional oversight by JPS.
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician following a clinical evaluation.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	X			
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.			X	
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.			X	
The administration of psychotropic medication is not allowed for disciplinary reasons.			X	
<b>1219 Suicide Prevention Program</b>				JPS policy followed.
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			Inmates admitted for medical treatment are screened upon admission.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1220 First Aid Kits</b>				Facility has Zoll AED available. All staff are certified every two years. Emergency medical care can be called.
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
<b>1046 Death in Custody</b>				
Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.	X			
<b>1051 Communicable Diseases</b>				Screening process includes specific questions to ascertain this information, is consistently asked by Sheriff's Department. These arrestees are transferred to the emergency department for further evaluation and treatment. Once hospitalized the screening is completed by hospital protocols and procedures.
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
<b>1052 Mentally Disordered Inmates</b>				Are managed by SFGHMC Administrative and Nursing policies and procedures manual
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			Custodies are transferred to CJ.
<b>1055 Use of Safety Cell</b>				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	
A mental health opinion on placement and retention is secured within 24 hours of placement.			x	
<b>1056 Use of Sobering Cell</b>				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			x	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			x	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			x	
Such inmates are removed from the sobering cell when they are able to continue with processing.			x	
<b>1057 Developmentally Disabled Inmates</b>				All such custodies are admitted to CJ.
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1058 Use of Restraint Devices</b>  <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>  Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.				Restraint devices are managed by SFGHMC Administrative and Nursing policies and procedures manual. Continuous observation is done by LPT or PTAs on the unit. Documentation is every 15 minutes. RNs document every hour.
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every <u>two</u> hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			
<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	



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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
<b>Other Applicable Codes</b>			X	
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>  In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			Patients are examined in their rooms ( usually single occupancy)or in the emergency Department
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,	X			
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			Supplies are stored in separate location
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>  There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			Use of Omnicell storage for medications is employed.
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>  There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470.2.25– Confidential Interview Rooms</b>				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
<b>PC 4023.6 Female Inmates' Physician</b>				Signs are posted for all females notifying them of their right to seek pregnancy services of any physician.
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
<b>PC 4023.5 Female Inmate – Personal Care</b>				
At their request, female inmates are allowed to continue use of materials for:				
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	X			
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
<b>PC 4028 Abortions</b>				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

SFGHMC 7D/7L and Sheriffs holding Cells, Title 15 Inspection was conducted on July 22 and 23, 2015.

This facility was exceptionally clean, non-cluttered and well maintained.

Medical Screening documentation was consistently complete.

Inmates' length of stay is approximately 5 days.

Joint Meetings have been held between Sheriff's Department and Obstetrics' Department in the management of Pregnant inmates during delivery to provide safety for patients and staff.

SFGHMC 7D/7L and Sheriffs holding Cells are in compliance with Title 15 Medical/Mental Health Standards.

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**III. MEDICAL/MENTAL HEALTH EVALUATION – CJs #2 and CJ#4**  
**Adult Type I, II, III and IV Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				Discussed emergency evaluation plans and yearly practice sessions between Medical, Behavioral Health and Sheriff's Departments
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			On-call schedule is posted on Intranet home page
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			Reviewed Unusual Occurrence (UO) process; most due to med errors, missed dosages, etc.
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>				Policies and procedures are well-written, detailed, uniform, online and easily searchable by staff. The Nurse Manager holds inservices to update staff when new policies are created or policy changes occur. In the process of reviewing and renewing current policies.
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco, CA 94102
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				Standardized procedures are available
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1205 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>  Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:	X			Online charting is available for screening and daily documentation
(1) Receiving screening form/history <i>(Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.);</i>	X			Medical records are computerized
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			MCR forms readily available at each pod (CJ #2 and CJ#4 as well as with nurse during pill call.
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			In CJ #2 there is an exam room and a treatment room in CJ#4. The space is small.
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.  The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
<b>1206 Health Care Procedures Manual</b> <i>(Applicable to facilities with on-site health care staff)</i>  There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.  The health care manual includes, but is not limited to:	X			A cover sheet indicates current review by Director of Jail Health, facility Nurse Managers, and Behavior Health professionals. . They are in the process of reviewing and renewing current policies.
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;	X			Yes for CJ#2. Pregnant inmates referred to NP within 3 days for diet consult and prenatal vitamins. NP sees pregnant inmates weekly. If in alcohol withdrawal, inmate is sent to SFGH. Inmates with high-risk pregnancies are seen by OB specialist from UCSF. Well baby checks are provided within the jail clinic. Babies can receive breast milk if family is willing to pick up. There are no women in CJ#4.
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Behavioral health services are contracted with Healthright 360
h) Implementation of special medical programs;	X			Methadone maintenance and prenatal care and parenting classes for pregnant inmates in CJ#2.
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			Pharmacy is on-site
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			Inmate is assessed for special dietary needs on admission.
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Blue sealed envelopes used to transfer HC information from correctional facility to correctional facility. Red sealed envelopes are used for transfer of information to the hospital
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206.5 Management of Communicable Diseases</b>				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
<b>1207 Medical Receiving Screening</b>				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1207.5 Special Mental Disorder Assessment</b> <i>(Not applicable Type I &amp; IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>  There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.	X			Behavioral Health and NPs screen for post-partum depression.
<b>1208 Access to Treatment</b>  A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			Signage posted in relevant areas in CJ #2 and CJ#4.
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.	X			
<b>1209 Transfer to a Treatment Facility</b> <i>(Not applicable Type I and IV.)</i>  a) There are policies and procedures to provide mental health services that include but are not limited to:	X			
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.	X			
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i>	X			
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			For <b>CJ#2</b> : RN staff see patient at each shift; deputy staff conduct q 15 min checks which are documented. Inmate must be out of restraints within 24 hours. If medical issues, inmate will be transferred to the hospital
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
<b>1210 Individualized Treatment Plans</b>				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
<b>1211 Sick Call</b>				MCR
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
<b>1212 Vermin Control</b>				Performed monthly by a contractor hired by the Sheriff's Department
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				Sobering cells available in <b>CJ#1</b> at intake.
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			
<b>1214 Informed Consent</b>				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
<b>1215 Dental Care</b>				On-site dental services
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
<b>1216 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:				
Securely lockable cabinets, closets and refrigeration units;	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	CJ #2 and #CJ#4 are adult facilities
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			All medications are delivered from the larger pharmacy at CJ#5 by the pharmacy team every Tuesday.
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			Pharmacist present q Tuesday to review and refill all orders as necessary.
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			By order
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances ( <i>see regulation text</i> ). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			Self-administration of meds is by physician order only. Nurses conduct periodic audits to monitor compliance. The inmate signs an agreement to abide by requirements. Meds are re-ordered every 90 days.
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			Staff maintain a review of all inmates must comply with the signed agreement for self-administration of medications. If the review deems non-compliance then the privileges are removed from the inmate
<b>1217 Psychotropic Medications</b> (Not applicable Type IV.)	X			
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician following a clinical evaluation.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	X			Reese Hearings are held for patients receiving involuntary medications
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
<b>1219 Suicide Prevention Program</b>				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			Screened are screened by the Behavioral health team. Inmates are transferred to SFGH PES as necessary.
<b>1220 First Aid Kits</b>	X			Well-stocked exam areas
One or more first aid kits are available in the facility.				
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>ARTICLE 4, RECORDS AND PUBLIC INFORMATION</b>				
<b>1046 Death in Custody</b>  Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	No minors are housed a <b>CJ #2 or CJ# 4.</b>
<b>ARTICLE 5, CLASSIFICATION AND SEGREGATION</b>				
<b>1051 Communicable Diseases</b>  Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			Inmate is sent to SFGH
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
<b>1052 Mentally Disordered Inmates</b>  There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
<b>1055 Use of Safety Cell</b>  A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			Inmates must be released from a safety cell within 24 hours. Deputies conduct q 15 min checks. Nurses are required to conduct 1 visit q 8 hours but often they exceed that requirement. Behavioral health staff also see inmate.
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
<b>1056 Use of Sobering Cell</b>  Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			X	Sobering cells located in CJ #. <b>If there is an incidence for the use of sobering cells in CJ#2 or CJ#4 then the inmate is transferred to SFGHMC.</b>
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			X	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			X	
Such inmates are removed from the sobering cell when they are able to continue with processing.			X	
<b>1057 Developmentally Disabled Inmates</b>  There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			There is an infirmary for inmates who require extra monitoring, e.g., c-pap, brittle diabetics, and end stage renal disease.
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1058 Use of Restraint Devices</b>  <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>  Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			Per Nurse Manager, inmates restrained only twice in past 7 years.
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every <u>two</u> hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			

#### ARTICLE 8, MINORS IN JAILS

<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	



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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
<b>Other Applicable Codes</b>				
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>  In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,	X			
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>  There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>  There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470.2.25– Confidential Interview Rooms</b>  In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>  Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			At CJ #1, medical staff call methadone clinic to verify that inmate is under methadone care
<b>PC 4023.6 Female Inmates' Physician</b>  Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
<b>PC 4023.5 Female Inmate – Personal Care</b>  At their request, female inmates are allowed to continue use of materials for:	X			
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	X			
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.	X			
<b>PC 4028 Abortions</b>  Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.	X			Inmate is counseled by NP re family planning decisions.

Summary of medical/mental health evaluation:

The following comments, observations and suggestions are provided to the Nurse Manager as quality improvement support and to assist in preparing for an external survey.

#### **CJ #2 and CJ#4**

- Patient identification: each inmate wears a band with identifying photo and date of birth
- Medical staff must always be accompanied by a deputy. Short-wave radios available to staff
- Yoga, meditation, school and classrooms for women on-site
- New staff nurses train to operate a glucometer as part of new employee orientation only.
- Medicine orders are renewed every 90 days. For all self-administered medications, a computerized printout is generated and includes soon-to-expire medications, orders that need to be renewed, and the expiration dates of medications that have already been dispensed
- Monthly meetings are held with medical, correction, and behavioral staff personnel.
- Policies: Are currently being reviewed and renewed as necessary..
- There is no under sinks storage.
- Med fridge has a log.
- No reported staff diversion
- Drug list of inmates receiving drugs in the AM is printed for staff
- Computer data program shows med count; if there's a discrepancy, an audit is conducted to determine who forgot to distribute meds
- Computer data program used for precount

#### **Infirmery (CJ #2)**

- Med drawers on cart labeled with inmate names (men and women) as they will be housed in CJ #2 longer
- New employees learn procedures as part of their preceptorship and new employee orientation.
- Staff use Halogen for yearly compliance.

#### **Med Room (CJ#2 and CJ#4)**

- Meds obtained from San Bruno (CJ#5)
- Meds are replenished q Tues and Fri; not as many meds delivered as at all the other jails.
- Methadone delivered by Bay View, other vendors. Liquid methadone provided during the week and pills (which are crushed) on weekends.

County Jails #2 and CJ#4 are in full compliance with Title 15 Medical and Mental Health Standards for the year 2015.

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### III. MEDICAL/MENTAL HEALTH EVALUATION

#### Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				Discussed emergency evaluation plans and yearly practice sessions between Medical, Behavioral Health and Sheriff's Departments
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.				On-call schedule is posted on Intranet home page
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			Reviewed Unusual Occurrence (UO) process. Continue to have medication administration errors as there most frequent use for the UO Process, due to med errors, missed dosages, etc. this is reviewed as they occur and monthly during the administrative meetings.
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>				Policies and procedures are currently being updated although they remain within the 3 year review period. As new policies are implemented the Nurse Manager holds inservices to update staff.
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco, CA 94102
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				Standardized procedures are available and reviewed by the Medical staff.
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1205 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>  Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:	X			Online charting is available for screening and daily documentation
(1) Receiving screening form/history <i>(Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.);</i>	X			Medical records are computerized
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			MCR forms readily available at each pod and with the nursing staff during pill call.
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			Each pod includes a health screening station (exam room)
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.  The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
<b>1206 Health Care Procedures Manual</b> <i>(Applicable to facilities with on-site health care staff)</i>  There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.  The health care manual includes, but is not limited to:	X			A cover sheet indicates current review by Director of Jail Health facility Nurse Managers, and Behavior Health professionals. These Policies and Procedures are currently going through an update review.
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	CJ #5 does not house female inmates
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Behavioral health services are contracted with Healthright 360. The contract is managed by the Jail Services Director.
h) Implementation of special medical programs;	X			
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			Pharmacy is on-site
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			Inmate is assessed for special dietary needs on admission.
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Blue sealed envelopes used to transfer HC information from correctional facility to correctional facility. Red sealed envelopes are used for transfer of information to the hospital.
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206.5 Management of Communicable Diseases</b>				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
<b>1207 Medical Receiving Screening</b>				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1207.5 Special Mental Disorder Assessment</b> <i>(Not applicable Type I &amp; IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>				No female inmates are housed in CJ5
<p>There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.</p>			X	
<b>1208 Access to Treatment</b>  A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			When the inmate requires transferring to another medical facility a Sheriff's Deputy accompanies the inmate within the ambulance. Another Deputy is assigned to follow the ambulance to its destination in a Sheriff's vehicle.
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.	X			
<b>1209 Transfer to a Treatment Facility</b> <i>(Not applicable Type I and IV.)</i>				
a) There are policies and procedures to provide mental health services that include but are not limited to:	X			
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.	X			
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1.	X			
<i>(If yes, please complete the following)</i>				
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			RN staff see patient at each shift; deputy staff conduct q 15 minute checks; recorded in record Inmate must be out of restraints within 24 hours, or are transferred to the hospital.
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
<b>1210 Individualized Treatment Plans</b>				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
<b>1211 Sick Call</b>				
There are policies and procedures for daily sick call for all inmates.	X			MCR forms are easily accessible and notification of the Nursing staff during pill call results in a form being provided.
Any inmate requesting health care is provided that attention.	X			
<b>1212 Vermin Control</b>				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			Performed monthly by a contractor hired by the Sheriff's Department
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	Patients are not detoxed at CJ5. If detoxification is indicated, appropriate transfer policy/procedures are implemented
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.			X	
<b>1214 Informed Consent</b>				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			There are no minors housed at CJ5.
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
<b>1215 Dental Care</b>				Either at CJ2 or at SFGHMC as necessary.
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
<b>1216 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:				
Securely lockable cabinets, closets and refrigeration units;	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	CJ5 is an adult facility, only.
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances ( <i>see regulation text</i> ). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			Self-administration of meds is by physician order only. Nurses conduct periodic audits to monitor compliance. The inmate signs an agreement to abide by requirements. (Meds are re-ordered every 90 days)
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			A medication review is held to ascertain appropriate use for all medications that are for self-administration. During the review, if medications have not been taken, or not under the control of the inmate the privilege of self-administration is removed.
<b>1217 Psychotropic Medications</b> (Not applicable Type IV.)	X			
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician following a clinical evaluation.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	X			Reese Hearings are held for patients receiving involuntary medications.
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
<b>1219 Suicide Prevention Program</b>				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
<b>1220 First Aid Kits</b>	X			Well-stocked exam rooms located in each pod
One or more first aid kits are available in the facility.				
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>ARTICLE 4, RECORDS AND PUBLIC INFORMATION</b>				
<b>1046 Death in Custody</b>  Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a minor dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	( No minors at CJ5)
<b>ARTICLE 5, CLASSIFICATION AND SEGREGATION</b>				
<b>1051 Communicable Diseases</b>  Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			Inmate is transferred to SFGHMC
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
<b>1052 Mentally Disordered Inmates</b>  There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate and of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
<b>1055 Use of Safety Cell</b>  A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			Inmates must be released from a safety cell within 24 hours. Deputies conduct q 15 min checks. Nurses are required to conduct 1 visit q 8 hours but often they exceed that requirement. ( Behavioral Health staff also see patient while in safety cell )
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
<b>1056 Use of Sobering Cell</b>  Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			X	There are no sobering cells at CJ5
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			X	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			X	
Such inmates are removed from the sobering cell when they are able to continue with processing.			X	
<b>1057 Developmentally Disabled Inmates</b>  There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			Accommodations include cells with wider egress and appropriate equipment as necessary. There is wheelchair accessibility for the bathrooms.
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1058 Use of Restraint Devices</b>  <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>  Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every two hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			
<b>ARTICLE 8, MINORS IN JAILS</b>				
<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.	X			



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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
<b>Other Applicable Codes</b>				
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>  In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,	X			
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>  There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>  There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470.2.25– Confidential Interview Rooms</b>  In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:				
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>  Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			These inmates are housed at CJ2. This is a rare incident if it occurs at CJ5. It may result in a transfer of the inmate.
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
<b>PC 4023.6 Female Inmates' Physician</b>  Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
<b>PC 4023.5 Female Inmate – Personal Care</b>  At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
<b>PC 4028 Abortions</b>  Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

The following comments, observations and suggestions are provided to the Nurse Manager as quality improvement support and to assist in preparing for an external survey.

1. The staff were very knowledgeable about screening and assessments of the inmates.
2. A current review of policies and procedures is being conducted.
3. There was a container of medications listed as fiber, aspirin, Colace opened on the shelf in the medication room. These medications lacked the appropriate dispensing system utilized by all other medications in this facility.
4. Medical orders are renewed every 90 days. A computerized printout includes soon-to-expire medications, orders for renewal.
5. Monthly meetings are held with medical, correction, and behavioral staff personnel.
6. There are no supplies stored under sinks.
7. Handwashing signage s/b displayed throughout the clinic.

Summary of medical/mental health evaluation: County Jail 5 is in full compliance with Title XV standards For 2015.

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### III. MEDICAL/MENTAL HEALTH EVALUATION

#### Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				Discussed emergency evaluation plans and yearly practice sessions between Medical, Behavioral Health and Sheriff's Departments
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.				On-call schedule is posted on Intranet home page
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			Reviewed Unusual Occurrence (UO) process. Continue to have medication administration errors as there most frequent use for the UO Process, due to med errors, missed dosages, etc. this is reviewed as they occur and monthly during the administrative meetings.
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>				Policies and procedures are currently being updated although they remain within the 3 year review period. As new policies are implemented the Nurse Manager holds inservices to update staff.
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			Department of Public Health, 101 Grove Street, San Francisco, CA 94102
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				Standardized procedures are available and reviewed by the Medical staff.
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1205 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>  Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:	X			Online charting is available for screening and daily documentation
(1) Receiving screening form/history <i>(Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.);</i>	X			Medical records are computerized
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			MCR forms readily available at each pod and with the nursing staff during pill call.
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			Each pod includes a health screening station (exam room)
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.  The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
<b>1206 Health Care Procedures Manual</b> <i>(Applicable to facilities with on-site health care staff)</i>  There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.  The health care manual includes, but is not limited to:	X			A cover sheet indicates current review by Director of Jail Health facility Nurse Managers, and Behavior Health professionals. These Policies and Procedures are currently going through an update review.
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;			X	
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;			X	CJ #5 does not house female inmates
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Behavioral health services are contracted with Healthright 360. The contract is managed by the Jail Services Director.
h) Implementation of special medical programs;	X			
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			Pharmacy is on-site
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			Inmate is assessed for special dietary needs on admission.
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Blue sealed envelopes used to transfer HC information from correctional facility to correctional facility. Red sealed envelopes are used for transfer of information to the hospital.
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206.5 Management of Communicable Diseases</b>				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
<b>1207 Medical Receiving Screening</b>				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1207.5 Special Mental Disorder Assessment</b> <i>(Not applicable Type I &amp; IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>  There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.			X	No female inmates are housed in CJ5
<b>1208 Access to Treatment</b>  A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			When the inmate requires transferring to another medical facility a Sheriff's Deputy accompanies the inmate within the ambulance. Another Deputy is assigned to follow the ambulance to its destination in a Sheriff's vehicle.
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.	X			
<b>1209 Transfer to a Treatment Facility</b> <i>(Not applicable Type I and IV.)</i>				
a) There are policies and procedures to provide mental health services that include but are not limited to:	X			
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1.	X			
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1. <i>(If yes, please complete the following)</i>	X			
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			RN staff see patient at each shift; deputy staff conduct q 15 minute checks; recorded in record Inmate must be out of restraints within 24 hours, or are transferred to the hospital.
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
<b>1210 Individualized Treatment Plans</b>				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
<b>1211 Sick Call</b>				
There are policies and procedures for daily sick call for all inmates.	X			MCR forms are easily accessible and notification of the Nursing staff during pill call results in a form being provided.
Any inmate requesting health care is provided that attention.	X			
<b>1212 Vermin Control</b>				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			Performed monthly by a contractor hired by the Sheriff's Department
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	Patients are not detoxed at CJ5. If detoxification is indicated, appropriate transfer policy/procedures are implemented
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.			X	
<b>1214 Informed Consent</b>				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			There are no minors housed at CJ5.
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
<b>1215 Dental Care</b>				Either at CJ2 or at SFGHMC as necessary.
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
<b>1216 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:				
Securely lockable cabinets, closets and refrigeration units;	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;			X	CJ5 is an adult facility, only.
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			
Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber.	X			
Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			
Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances ( <i>see regulation text</i> ). If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to:	X			
Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration.	X			Self-administration of meds is by physician order only. Nurses conduct periodic audits to monitor compliance. The inmate signs an agreement to abide by requirements. (Meds are re-ordered every 90 days)
Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate.	X			
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.	X			
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.	X			
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.	X			A medication review is held to ascertain appropriate use for all medications that are for self-administration. During the review, if medications have not been taken, or not under the control of the inmate the privilege of self-administration is removed.
<b>1217 Psychotropic Medications</b> (Not applicable Type IV.)	X			
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician following a clinical evaluation.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	X			Reese Hearings are held for patients receiving involuntary medications.
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
<b>1219 Suicide Prevention Program</b>				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
<b>1220 First Aid Kits</b>	X			Well-stocked exam rooms located in each pod
One or more first aid kits are available in the facility.				
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>ARTICLE 4, RECORDS AND PUBLIC INFORMATION</b>				
<b>1046 Death in Custody</b>  Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	( No minors at CJ5)
<b>ARTICLE 5, CLASSIFICATION AND SEGREGATION</b>				
<b>1051 Communicable Diseases</b>  Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			Inmate is transferred to SFGHMC
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
<b>1052 Mentally Disordered Inmates</b>  There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate and of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
<b>1055 Use of Safety Cell</b>  A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			Inmates must be released from a safety cell within 24 hours. Deputies conduct q 15 min checks. Nurses are required to conduct 1 visit q 8 hours but often they exceed that requirement. ( Behavioral Health staff also see patient while in safety cell )
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
<b>1056 Use of Sobering Cell</b>  Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			X	There are no sobering cells at CJ5
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			X	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			X	
Such inmates are removed from the sobering cell when they are able to continue with processing.			X	
<b>1057 Developmentally Disabled Inmates</b>  There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			Accommodations include cells with wider egress and appropriate equipment as necessary. There is wheelchair accessibility for the bathrooms.
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1058 Use of Restraint Devices</b>  <i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>  Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every two hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			
<b>ARTICLE 8, MINORS IN JAILS</b>				
<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.	X			



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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
<b>Other Applicable Codes</b>				
<b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b>  In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water ( <i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i> ); and,	X			
Have lockable storage for medical supplies ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			
<b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b>  There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>  There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470.2.25– Confidential Interview Rooms</b>				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:				
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			These inmates are housed at CJ2. This is a rare incident if it occurs at CJ5. It may result in a transfer of the inmate.
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
<b>PC 4023.6 Female Inmates' Physician</b>				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	
<b>PC 4023.5 Female Inmate – Personal Care</b>				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
<b>PC 4028 Abortions</b>				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

The following comments, observations and suggestions are provided to the Nurse Manager as quality improvement support and to assist in preparing for an external survey.

1. The staff were very knowledgeable about screening and assessments of the inmates.
2. A current review of policies and procedures is being conducted.
3. There was a container of medications listed as fiber, aspirin, Colace opened on the shelf in the medication room. These medications lacked the appropriate dispensing system utilized by all other medications in this facility.
4. Medical orders are renewed every 90 days. A computerized printout includes soon-to-expire medications, orders for renewal.
5. Monthly meetings are held with medical, correction, and behavioral staff personnel.
6. There are no supplies stored under sinks.
7. Handwashing signage s/b displayed throughout the clinic.

Summary of medical/mental health evaluation: County Jail 5 is in full compliance with Title XV standards For 2015.

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### III. MEDICAL/MENTAL HEALTH EVALUATION – Juvenile Justice Center and Log Cabin Ranch

March 2015

#### Juvenile Halls, Special Purpose Juvenile Halls and Camps

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 8. Health Services</b>				
<b>1400 Responsibility For Health Care Services</b>				
Health care services are provided to all minors.	X			
There is a designated health administrator who, in cooperation with the mental health director and the facility administrator, has responsibility for administrative health care policies.	X			
A responsible physician is designated to develop policy in health care matters involving clinical judgments.	X			
<b>1401 Patient Treatment Decisions</b>				
Clinical decisions about the treatment of individual minors are the sole province of licensed health care professionals operating within the scope of their license and within facility policy.	X			
Security policies and procedures apply to both child supervision and health care personnel.	X			
<b>1402 Scope of Health Care</b>				
Policy and procedures define which health care services are provided in the facility and which services are provided through community providers.	X			
There is at least one physician available to provide treatment.	X			
Health care services meet the minimum requirements of these regulations and are provided at a level to address acute symptoms and/or conditions and avoid preventable deterioration of the minor's health while in confinement.	X			Detailed health care policies and procedures are in place with current signature page indicating review and approval by Medical Director, Nurse Manager, Behavioral Health, and Probationary Managers and others from responsible departments.
Staff, space, equipment, supplies, materials and resource manuals are adequate for the level of health care provided in the facility.	X			
There is provision for parents, guardians, or other legal custodians to arrange for health care that is permitted by law, at their expense.	X			
<b>1403 Health Care Monitoring and Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	X			
There are policies and procedures requiring that the quality and adequacy of health care services are assessed at least annually.	X			
There is a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The health administrator provides the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services. <i>(Inspectors are requested to verify existence of these reports.)</i>	X			
At least quarterly, there are documented administrative meetings between health and facility administrators to review medical, mental health and medical services.	X			
<b>1404 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			
Recruitment education and experience requirements are consistent with those in the community.				
There are policies and procedures to assure that state license, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility	X			
Health care staff credentials are on file at the facility or another central location where they are available for review. Policies and procedures require that these credentials are periodically reviewed and remain current.	X			
Position descriptions and actual practice reflect that health care staff receive the supervision required by their license and operate within the scope of their practice.	X			
<b>1405 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				Standardized procedures have been developed, reviewed and submitted to Medical Staff Offices at SFGH.
When the responsible physician determines that a clinical function can be delegated to health care staff other than a physician, that function is performed by staff operating within their scope of practice, pursuant to written protocol standardized procedures or direct medical order.	X			
<b>1406 Health Care Records</b> <i>(Applicable to facilities with on-site health care staff)</i>	X			
Complete, individual and dated health records are maintained and include, but are not limited to:				
Intake health screening form <i>(Note: The intake screening form may also be included in the probation file as a non-confidential document. See guidelines for discussion.);</i>	X			
Health appraisals/medical examinations;	X			
Heath service reports (e.g., emergency department, dental, psychiatric and other consultations);	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Location where treatment is provided;	X			
Medication records in conformance with Title 15 § 1438;	X			
Progress notes;	X			
Consent forms;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Authorization for release of information;	X			
Copies of previous health records;	X			
Immunization records; and,	X			
Laboratory reports.	X			
Policies/procedures and practice require that health records are in a locked area separate from the confinement record.	X			JJC: All health records are secured behind an electronic punch lock. Log Cabin Ranch: Health records under lock and key
The health administrator controls access to health records and confidentiality laws related to provider-patient privilege apply. Minors are not used to translate confidential medical information for non-English speaking minors.	X			
Health records are retained in accordance with community standards.	X			
<b>1407 Confidentiality</b>				
Policy and procedures for multi-disciplinary sharing of health information, address providing information to the court, child supervision staff and to probation. Information from minors' (probation) case files is shared with health care staff when relevant.	X			
The nature and extent of information shared is appropriate to: treatment planning; program needs; protecting the minor or others; facility management; security or preservation of safety; and order.	X			
Information can be communicated confidentially at the time of health encounters.	X			
<b>1408 Transfer of Health Care Summary Records</b>				Policy No. 1408 addresses transfer of youth information in detail.
Policy and procedures assure that:				
A summary of the health record, in an established format, or documentation that no health record exists in the facility, is transferred to another jurisdiction prior to or at the time of transfer;	X			
Relevant health records are forwarded to the health care staff of the receiving facility;	X			
Advance notification is provided to the local health officer in the sending jurisdiction and the responsible physician of the receiving facility prior to the release or transfer of minors with known or suspected active tuberculosis disease;	X			
Written authorization from the parent and/or legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
Confidentiality of health records is maintained during transfer.	X			
After minors are released to the community, health record information is transmitted to community physicians or health care facilities upon the request and with written authorization of the minor and/or parent or guardian.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In facilities without on-site health care staff, policies and procedures assure that child supervision staff forward non-confidential information on medications and other treatment orders, prior to or at the time of transfer.	X			
<b>1409 Health Care Procedures Manual</b> ( <i>Applicable to facilities with on-site health care staff</i> )  There is a facility-specific health services manual for written policies and procedures that, at a minimum, address all health care related standards that are applicable to the facility. ( <i>Note: "Facility specific" means that policies and procedures for that facility are included. In multi-facility systems policies and procedures for more than one facility in that system may be included in the same manual.</i> )	X			
The manual is available to all health care staff, the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			
There is a documented annual review of the health care procedures manual, with revisions as necessary.	X			
The facility administrator, the facility manager, the health administrator and the responsible physician have approved and signed the manual.	X			
<b>1410 Management of Communicable Diseases</b>  Policy and procedures have been developed in cooperation with the local health officer to address the identification, treatment, control and follow-up management of communicable diseases. Policy and procedures include:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during detention;	X			
Coordination with public and private community-based resources for follow-up treatment;	X			
Applicable reporting requirements, and,	X			
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to reflect local disease priorities.	X			
<b>1411 Access to Treatment</b>  Policy and procedures provide unimpeded access to health care.	X			
<b>1412 First Aid and Emergency Response</b>  Policy and procedures assure access to first aid and emergency services.	X			
First aid kits are available in designated areas of each juvenile facility.	X			
The responsible physician approved the contents, number, location and procedure for periodic inspection of the first aid kits.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Child supervision and health care staff is trained and there are policies and procedures to respond to emergencies requiring first aid.	X			
<b>1413 Individualized Treatment Plans</b> <i>(Excluding Special Purpose Juvenile Halls)</i>				
Policy and procedures direct that health care treatment plans are developed for minors who receive services for significant health care concerns.	X			
Health care treatment plans are considered in facility program planning.	X			
Health care restrictions do not limit participation in school, work, exercise and other programs beyond what is necessary to protect the health of the minor or others.	X			
Medical and mental health information is shared with supervision staff in accordance with §1407 for purposes of programming, treatment planning and implementation.	X			
Program planning includes pre-release arrangements for continuing health care, together with participation in relevant programs upon release.	X			
Minors who are suspected or confirmed to be developmentally disabled are referred to the local Regional Center for the Developmentally Disabled within 24 hours of identification, excluding holidays and weekends. <i>(See also Title 15 § 1355, Assessment and Plan)</i>	X			
<b>1414 Health Clearance for in-Custody Work and Program Assignments</b>				Prior to transfer to LCR, each person is evaluated for allergies and medical conditions that would presuppose a medical emergency.
There are health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to food handlers. <i>(See also Title 15 § 1465.)</i>	X			
<b>1415 Health Education</b> <i>(Excluding Special Purpose Juvenile Halls)</i>				JJC and Log Cabin Ranch: Active school programs and library access
Policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	X			
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the offender population.	X			
<b>1416 Reproductive Services</b>				
Policy and procedures assure that reproductive health services are available to both male and female minors.	X			
Reproductive services include but are not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.	X			
<b>Section 1417. Pregnant Minors.</b>				
<b>Policies and procedures pertaining address a diet, vitamins, education and limitations on the use of restraints.</b>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1430 Intake Health Screening</b>				
Policies and procedures define when a health evaluation and/or treatment must be obtained prior to acceptance for booking, and establish a documented intake screening procedure to be conducted immediately upon entry into the facility.	X			
Consistent with facility resources to safely hold a minor, the responsible physician has identified health conditions that would preclude a minor's acceptance into a facility without a documented medical clearance. At a minimum, intake criteria provide that:	X			
Unconscious minors are not accepted;	X			
Minors who are known to have ingested or who appear to be under the influence of intoxicating substances are cleared in accordance with Title 15 § 1431, ( <i>Intoxicated and Substance Abusing Minors</i> )	X			Medical Evaluations are completed at SFGH after screening by the SPY staff.
Circumstances and reasons for requiring a medical clearance are documented whenever a minor is not accepted for booking; and,	X			
Written medical clearance is received prior to accepting any minor who was referred for pre-booking treatment and clearance.	X			
An intake screening, consisting of a defined, systematic inquiry and observation of every minor booked into the facility is conducted by health care or trained child supervision staff at the time of entry into the facility.	X			
Screening procedures address medical, dental and mental health concerns that may pose a hazard to the minor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.	X			
Minors suspected of having a communicable disease are separated from the general population pending the outcome of an evaluation by medical staff.	X			
There is provision for a timely referral for health care commensurate with the nature of any problems or compliant identified during the screening process.	X			
<b>1431 Intoxicated and Substance Abusing Minors</b>				
There are policy and procedures for the identification and management of alcohol and other drug intoxication that address:	X			
Designated housing, including protective environments for placement of intoxicated minors;	X			
Symptoms or known history of ingestion that should prompt immediate referral for medical evaluation and treatment;	X			
Determining when the minor is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
Medical responses to minors experiencing intoxication or withdrawal reactions;	X			
Management of pregnant minors who use alcohol or other drugs;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community, consistent with Title 15 § 1413 and Title 15 § 1355; and,	X			
Coordination of mental health services in cases of substance abusing minors with known or suspected mental illness.	X			
A medical clearance is obtained prior to booking any minor who displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency.	X			
Supervision of intoxicated minors who are cleared to be booked into a facility includes monitoring no less often than every 15 minutes until resolution of the intoxicated state.	X			
The monitoring observations are documented, with actual time of occurrence recorded.	X			
Medical, or child supervision staff operating pursuant to medical protocols, conduct a medical evaluation for all minors whose intoxicated behavior persists beyond six hours from the time of admission.	X			
<b>1432 Health Appraisals/Medical Examinations</b>				
Policy and procedures require a health appraisal/medical examination of minors.				
The health appraisal/medical examination is completed within 96 hours of admission, in a location that protects the minor's privacy and by a physician or other licensed or certified health professional working under direction of a physician.	X			
This health evaluation includes a health history, medical examination, laboratory and diagnostic testing and necessary immunizations.	X			
The health history includes: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other drugs), developmental history (e.g., school, home, and peer relations), sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			
The examination includes: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, gross hearing test, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal neurological.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Laboratory and diagnostic testing includes: Tuberculosis testing, pap smears and testing for sexually transmitted diseases for sexually active minors. Additional testing is available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	X			
Immunizations are verified and, within two weeks of the Health Appraisal/ Medical Examination, a program is started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.	X			
The responsible physician may modify the health examination for minors admitted with an adequate examination done within the previous 12 months, provided there is reason to believe that no substantial change would have occurred since the full evaluation. When this is done, health care staff review the intake health screening form and conduct a face-to-face interview with the minor.	X			
There are policy and procedures for a medical evaluation and clearance for adjudicated minors who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours.  When this evaluation and clearance cannot be completed at the facility during the initial stay, it is completed prior to acceptance at the facility and includes screening for tuberculosis.	X			
For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:	X			
Is received from the sending facility;	X			
Is reviewed by designated health care staff at the receiving facility; and,	X			
Absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the minor within 96 hours of admission.	X			
Policy and procedures require that minors who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination is reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			
<b>1433 Requests for Health Care Services</b>  Policy and procedures establish a daily routine for minors to convey requests for emergency and non-emergency health care requests and include the following:	X			MCR forms in various accessible locations throughout JJC and Log Cabin Ranch.
There is opportunity for both written and verbal requests, with provision for minors having language or literacy barriers.	X			Verbal requests are sought with each medical pass and other encounters with each youth. Verbal and written requests are managed with efficiency.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Supervision staff relays requests from the minor, initiate referrals when the need for health care services is observed, and advocate for the minor when the need for services appears urgent.	X			
Designated staff inquires and make observations regarding the health of each minor on a daily basis and in the event of possible injury.	X			
There is 24-hour opportunity for minors and staff to communicate the need for emergency health care services.	X			
There is provision for any minor requesting health care, or observed to need such care, to be given that attention by licensed or certified health care staff.	X			
All health care requests are documented and maintained.	X			
<b>1434 Consent for Health Care</b>				
Policy and procedures require informed consent for health care examinations.	X			
Examinations, treatments, and procedures requiring verbal or written consent in the community also require that consent for confined minors.	X			Medical staff make every attempt to notify the youths' parents and/or legal guardians/caretakers of pending medical issues requiring consent regardless of their custody status.
There is provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent-guardian or other person standing in loco parentis.	X			
Policy and procedures are consistent with applicable statute in those instances where the minor's consent for testing or treatment is sufficient or specifically required.	X			
Conservators provide consent only within limits of their court authorization.	X			
Minors may refuse non-emergency medical and mental health care, verbally or in writing.	X			
<b>1435 Dental Care</b>				
Policy and procedures require that dental treatment is provided to minors as necessary to respond to acute conditions and to avert adverse effects on the minor's health. Treatment is not limited to extractions.	X			
<b>1436 Prostheses and Orthopedic Devices</b>				
Policy and procedures address the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			
Prostheses are provided when the responsible physician determines that the health of the minor would be adversely affected without them.	X			
Procedures for the retention and removal of prostheses comply with the requirements of Penal Code § 2656. (See guidelines discussion.)	X			
<b>1437 Mental Health Services and Transfer to a Treatment Facility</b>				
Policy and procedures require providing mental health services that include but not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Screening for mental health problems at intake;	X			
Crisis intervention and the management of acute psychiatric episodes;	X			
Stabilization of the mentally ill and prevention of psychiatric deterioration in the facility setting;	X			
Elective therapy services and preventive treatment, where resources permit;	X			
Medication support services; and,	X			
Provision for referral and admission to licensed mental health facilities for minors whose psychiatric needs exceed the treatment capability of the facility.	X			
<u>The minor may be evaluated by licensed health personnel to determine if treatment can be initiated at the juvenile facility.</u>	X			
Any minor who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication, is provided a mental status assessment by a licensed mental health clinician, psychologist or psychiatrist.	X			
A mentally disordered minor who appears to be a danger to himself or others or to be gravely disabled, is evaluated pursuant to Penal Code § 4011.6 or Welfare and Institutions Code § 6551. Absent an emergency, unless the facility has been designated as a Lanterman-Petris-Short (LPS) facility, and minors meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code § 5000 et seq., all services are provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code § 4011.8 or Welfare and Institutions Code § 6552,	X			
<b>1438 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include but not be limited to:				
Securely lockable cabinets, closets and refrigeration units:			X	<b>Log Cabin Ranch:</b> Medications are stored in locked cabinets. Medications to be administered to specific youth filed in locked file cabinet under each youth's name (e.g.inhalers, antihistemics). Administration of medications are done individually in the medical offices only.
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;	X			
Confirmation that the recipient has ingested the medication;	X			
Documenting that prescribed medications have or have not been administered by whom, and if not, for what reason;	X			<b>Log Cabin Ranch:</b> developed specific protocols for medication administration when not administered by nursing personnel. All medications given are identified and documented on the MAR by an RN resulting in increased compliance with medication administration.
Prohibition of the delivery of drugs from one minor to another:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Limitation to the length of time medication may be administered without further medical evaluation;	X			
The length of time allowable for a physician's signature on verbal orders;	X			
Training for non-licensed personnel includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for confirming ingestion of medication; and, consultation with health care staff for monitoring the minor's response to medication; and,	X			
At least annually, a pharmacist prepares a written report on the status of pharmacy services in the facility. The report is provided to the health authority and the facility administrator. <i>(See also Title 15 § 1403.)</i>	X			
Written protocols are consistent with pharmacy laws and regulations and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by a physician, dentist, pharmacist or other personnel, either licensed or trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the minor. Labels are prepared in accordance with Business and Professions Code § 4047.5.	X			
Dispensing is only done by a physician, dentist, pharmacist, or other person authorized by law.	X			
Administration of medication is only done by licensed health care personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications to minors.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1439 Psychotropic Medications</b>				<b>Log Cabin Ranch:</b> youth who are eligible for residence at Log Cabin Ranch may not be prescribed psychotropic medications
Policies and procedures govern the use of voluntary and involuntary medications. These policies and procedures include, but are not limited to:				
Protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate for the minor's need;	X			
Requirements that verbal orders be entered in the minor's health record and signed by a physician within 72 hours;	X			
The length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;	X			
Provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;	X			
Provision that the necessity for continuation on psychotropic medication is addressed in pre-release planning and prior to transfer to another facility or program; and,	X			
Provision for regular clinical-administrative review for utilization patterns for all psychotropic medications, including every emergency situation.	X			
Psychotropic medications are not administered to a minor absent an emergency unless informed consent has been given by the legally authorized person or entity.	X			
Minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
Absent an emergency, minors may refuse treatment.	X			
Minors found by a physician to be a danger to themselves or others by reason of a mental disorder, may be involuntarily given psychotropic medication that is immediately necessary for the preservation of life or the prevention of serious bodily harm. This can only be done when there is insufficient time to obtain consent from the parent, guardian or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment.	X			
Assessment and diagnosis supports the administration of psychotropic medications and administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1450 Suicide Prevention Program</b>  There is a written suicide prevention plan, with policies and procedures to prevent and respond to crisis. Staff training shall include, but not be limited to, identification of t minors who present a suicide risk, appropriate monitoring of their condition and provide for the necessary treatment ,follow-up and emergency response protocols for self-injurious behaviors.	X			
<b>1452 Collection of Forensic Evidence</b>  Policy and procedures assure that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the minor.	X			
<b>1453 Sexual Assaults</b>  There is policy and procedures for treating victims of sexual assaults and for reporting such incidents, when they occur in the facility, to local law enforcement.	X			
The evidentiary examination and initial treatment of victims of sexual assault is conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	X			
<b>1454 Participation in Research</b>  Policy and procedures govern biomedical or behavioral research involving minors and require assurances for informed consent and the safety of the minor. Such research occurs only when ethical, medical and legal standards for human research are met.	X			
Participation in research is not a condition for obtaining privileges or other rewards and the court, health administrator, and facility administrator are informed of all proposed actions.	X			
<b>1358 Use of Physical Restraints</b>  Policies and procedures govern the use of restraint devices. The policies address: known medical conditions that would contraindicate certain restraint devices and/or techniques; acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained minors; provision for hydration and sanitation needs; exercising of extremities.	X			
Physical restraints are utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Restraints are used only for those minors who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			Behavioral health specialists are actively involved with youth who present as an immediate danger to themselves or others
Minors are placed in restraints only with the approval of the facility manager or the shift supervisor. The facility manager may delegate authority to place a minor in restraints to a physician.	X			
Continued retention in restraints is reviewed a minimum of every hour.	X			
A medical opinion on the safety of placement and retention is secured as soon as possible, but no later than two hours from the time of placement. The minor is medically cleared for continued retention at least every three hours after the initial medical opinion.	X			
A mental health consultation to assess the need for mental health treatment is secured as soon as possible, but in no case longer than four hours from the time of placement.	X			
Continuous direct visual supervision is conducted and documented to ensure that the restraints are properly employed and to ensure the well-being of the minor.	X			
All minors in restraint devices are housed alone or in a specified housing area for restrained minors with provisions to protect the minor from abuse.	X			
Restraints are not used as punishment, discipline, or as a substitution for treatment.	X			
The affixing of hands and feet together behind the back (hog-tying) is prohibited.	X			
<b>1359 Safety Room Procedures</b>				
Policies and procedures govern the use of safety rooms, as described in Title 24, Part 2, Section 460A.1.13.	X			
The safety room is used to hold only those minors who present an immediate danger to themselves or others who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			
The safety room is not to be used for punishment, discipline, or as a substitute for treatment. Policies and procedures:	X			
Include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;	X			
Provide for approval of the facility administrator, or designed shift supervisor, before a minor is placed into a safety room;	X			
Provide for continuous direct visual observation;	X			
Provide that the minor is evaluated by the facility administrator, or designee, every four hours;	X			
Provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call;	X			
Provide that a minor is medically cleared for continued retention every 24 hours;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide that a mental health opinion is secured within 24 hours; and,	X			
Provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, observations of the minor during confinement, and decisions to continue and end placement.	X			

Summary of medical/mental health evaluation:

JUVENILE JUSTICE CENTER (SPY) completed on March 3, 2015

LOG CABIN RANCH (LCR) completed on March 10, 2015.

Juvenile Justice Center: total population was 50 male and female youths.

Log Cabin Ranch: Total population was 9 male youths.

#### Observations and Suggestions

- The facilities are cleaned and well-maintained; an increase in cleaning has been clearly demonstrated throughout the department
- Signature page was developed in the front of Policy and Procedure Manual to document that all policies have been reviewed and signed by appropriate management staff.
- Continued meetings are documented for conflict resolution between Probation and Medical.
- A reminder that in all facilities storage must be 18 inches from all ceilings and 6 inches from all floors, especially if sprinkler systems are located in those areas.
- All staff are committed to lowering the incidences of safety cell use by providing increased emotional support to troubled youth.
- LCR is currently in the process of bathroom and shower renovations.
- Communication, cooperation and support are clearly evident between custody and healthcare staffs. This inspector wishes to thank everyone for his or her contribution to this report.

Jacquelyne Caesar, RN  
March 16, 2015

**ADULT COURT AND TEMPORARY HOLDING FACILITIES**  
**Local Detention Facility Health Inspection Report**  
**Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

<b>FACILITY NAME:</b> Southern Police Station Park Police Station      Northern Police Station Bayview Police Station      Ingleside Police Station Taraval Police Station      Richmond Police Station Mission Police Station      Tenderloin Police Station	<b>COUNTY:</b>  San Francisco		
<b>FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Park: 1899 Waller St, SF, CA 94117 (415) 242-3000            Bayview: 201 Williams St, SF, CA 94124 (415) 671-2300            Taraval: 2345-24<sup>th</sup> Av, SF, CA 94116 (415) 759-3100            Mission: 630 Valencia, SF, CA 94110 (415) 558-5400         </div> <div style="width: 45%;">           Southern: 1251-3<sup>rd</sup> Street, SF, CA 94158 (415) 575-6000            Northern: 1125 Fillmore St, SF, CA 94115 (415) 614-3400            Ingleside: 1 Sgt. John V Young Ln, SF, CA 94112 (415) 404-4000            Richmond: 461-6<sup>th</sup> Av, SF, CA 94118 (415) 666-8000            Tenderloin: 301 Eddy St, SF, CA 94102 (415) 345-7300         </div> </div>			
<b>CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 2px;">COURT HOLDING FACILITY:</td> <td style="width: 33%; border: 1px solid black; padding: 2px;">TEMPORARY HOLDING FACILITY: X</td> </tr> </table>	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X		
Medical Health	DATE INSPECTED: June 25, 2015		
<b>ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):</b>  			
<b>FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):</b>  Officer Ivan Sequeira, Facilities Manager, SF Police Department (415) 553-1076 Sofia Barcena, Facilities Manager, SF Police Department Anthony Tade, Maintenance Planner, SF Police Department			
NUTRITIONAL EVALUATION	DATE INSPECTED:		
<b>NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):</b>  			
<b>FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):</b>  			
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: June 25, 2015		
<b>MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):</b> Jacquelyne Caesar RN, Quality Management Department, Regulatory Affairs San Francisco General Hospital 415.206.2515			
<b>FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):</b>  			

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

**JUVENILE FACILITY HEALTH INSPECTION REPORT**  
**Juvenile Halls, Special Purpose Juvenile Halls and Camps**  
**Health and Safety Code Section 101045**

CSA #: 10 Boys

FACILITY NAME: <b>Log Cabin Ranch</b>		COUNTY: <b>City and County of San Francisco</b>	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  <b>PO Box 220 (650) 747-0257</b> <b>La Honda, CA 94020</b>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL:	SPECIAL PURPOSE JUVENILE HALL:	CAMP: <b>X</b>
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: April 20, 2015	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): <b>Laura Brainin-Rodriguez, MPH, MS, RD</b> <b>30 Van Ness Avenue, Suite 220</b> <b>S.F., CA 94102</b> <b>(415) 575-5687</b>			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): <b>John Ngo, 2654 Cook, Log Cabin Ranch, (650) 747-0257, ext 1806</b> <b>Bob Eggleston, Food Service Manager for Juvenile Probation (415) 753-7508</b>			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

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

## II. NUTRITIONAL HEALTH EVALUATION

### Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>1230 Food Handlers</b>  <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i>  Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.  There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1240 Frequency of Serving</b>	X			Jail Health patients receive Breakfast at 6:52 AM, Lunch at 11:15 AM, and Dinner at 5:15 PM
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			3 hot meals, same as hospital patients
If more than 14 hours passes between these meals, supplemental food is served.	X			
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician..	X			Nourishment Center is located in Jail Health Services receives low fat milk, juices, and sandwiches daily.
A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.	X			
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	X			Staff can order a late tray or obtain foods and beverage from Nourishment Center.
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			
<b>1241 Minimum Diet</b> <i>(See regulation and guidelines for equivalencies and serving requirements.)</i>  The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.				
<u>Protein Group.</u> One serving equals 14 grams or more of protein. The daily requirement is equal to three servings (a total of 42 grams per day or 294 grams per week).	X			The Regular diet provides 74 grams of protein. There is approximately 22 grams protein at Breakfast, 23 grams at Lunch and 30 grams protein at Dinner.
There is an additional, fourth serving of legumes three days per week.	X			Legumes in the form of salad (Garbanzo, Tuscan Bean, Broccoli and White Bean) and soup (Lentil Soup, Black Bean, Split Peas) are on the menu 4 times per week.
<u>Dairy Group.</u> The daily requirement for milk or milk equivalents is three servings.	X			8 oz. fluid milk is on the menu for breakfast and dinner. The 3 <sup>rd</sup> serving of dairy group is fulfilled by yogurt or foods with other dairy products, such as lasagna, cheese stuffed shell, macaroni and cheese.
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			The regular menu provides on average 1,400 mg calcium per day.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings of milk or milk products.	X			
All milk is fortified with Vitamin A and D.	X			Berkeley Farms milk is fortified with Vit. A and D
One serving can be from a fortified food containing at least 250 mg. of calcium.			X	Uses other high calcium foods.
<b>Vegetable-Fruit Group.</b> The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			
One serving of a fresh fruit or vegetable per day, or seven servings per week.	X			Fresh fruit is provided daily.
One serving of a Vitamin C source containing 30 mg. or more per day or seven servings per week.	X			4 ounces of orange Juice is provided daily at breakfast.
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			The regular menu provides on average 16.120 RE of Vitamin A per day.
<b>Grain Group.</b> The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			Includes whole wheat pasta, brown rice, oatmeal, whole wheat roll.
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. <i>(See RDA for recommended caloric intakes.)</i>	X			The regular diet at SFGH provides 1,883 Kcal which is sufficient for female but inadequate for male. Patient can order additional foods from the nourishment center.
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.	X			Regular diet provides 25 percent of total calories from fat.
<b>1242 Menus</b> <i>(Applicable in Type II and III facilities and in those Type IV facilities where food is served.)</i>				Uses a 2 week menu cycle.
Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.	X			
A registered dietitian approves menus before they are used.	X			
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			Patient services substitution log binder kept in the diet office and signed by an RD.
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
<b>1243 Food Service Plan</b>				The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
There is a food services plan that complies with applicable CalCode. Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:				
Planning menus;	X			
Purchasing food;	X			Food provided by US Foods
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			
Orientation and ongoing training;	X			
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			
Emergency feeding plan;	X			
Waste management; and,	X			
Maintenance and repair.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			X	Patients in the holding cell are provided with the same meals as hospital in-patients.
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.  In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to CalCode is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>  CalCode requirements for new or replacement equipment.  CalCode requirements for cleaning and sanitizing consumer utensils.  CalCode§ 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen.  CalCode requirements for floors.  CalCode requirements for storage area(s) for cleaning equipment and supplies.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1246 Food Serving and Supervision</b>  Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1247 Disciplinary Isolation Diet</b>  No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.			X	
The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period.  Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Corrections Standards Authority, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.			X	



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1248 Medical Diets</b>				Diet order is prescribed by physician.
Policies identify who is authorized to prescribe medical diets.	X			
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			
The facility manager complies with providing any medical diet prescribed for an inmate.	X			
There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.	X			Available on the SFGH intranet
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			Diet manual updated by dietitian and approved by medical staff on July 2015.
Pregnant women are provided a balanced, nutritious diet approved by a doctor.	X			

Summary of nutritional evaluation:

The San Francisco General Hospital and Trauma Center provides food and nutrition services for Jail Health Services. The food served in this facility meets Title 15 requirements. Jail Health inmates receive the same food as hospital in-patients. This facility has a two week cycle menu which has adequate variety of healthy foods. It offers choices that promote intake of whole grains, fresh fruits, and vegetables, soups, fish and poultry and small portions of red meat, and low fat milk.

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

BSCC #: \_\_\_\_\_

FACILITY NAME:  County Jail 5		COUNTY:  San Francisco		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  1 Moorland Drive San Bruno, CA 94060				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: June 12, 2015		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):  Magdalene Louie, MS, RD Interim Director of Nutrition Services, Department of Public Health (415) 575-5750				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  John Sylvince, General Manager, Aramark (650) 266-7505 Jennifer Collins, Sergeant, Sheriff's Department (415) 575-4460				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

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

## II. NUTRITIONAL HEALTH EVALUATION

### Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>1230 Food Handlers</b>  <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i>  Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.  There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1240 Frequency of Serving</b>				
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			2 hot (Breakfast & Dinner) and 1 cold (Lunch) each day
If more than 14 hours passes between these meals, supplemental food is served.	X			
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician..	X			
A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.	X			
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	X			
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			
<b>1241 Minimum Diet</b> <i>(See regulation and guidelines for equivalencies and serving requirements.)</i>  The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.				
<u>Protein Group.</u> One serving equals 14 grams or more of protein. The daily requirement is equal to three servings (a total of 42 grams per day or 294 grams per week).	X			
There is an additional, fourth serving of legumes three days per week.	X			
<u>Dairy Group.</u> The daily requirement for milk or milk equivalents is three servings.	X			
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			One serving of milk is served at breakfast and lunch. A Fruit Drink fortified with vitamins B12, C, D, E and Calcium is provided at dinner
The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings of milk or milk products.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
All milk is fortified with Vitamin A and D.	X			1% milk fortified with protein, A & D is served
One serving can be from a fortified food containing at least 250 mg. of calcium.	X			Fruit Drink fortified with Calcium contains 198.9mg of Calcium per serving. The nutritional analysis of Calcium of the daily menu has exceeded the Dietary Reference Index.
<b>Vegetable-Fruit Group.</b> The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			
One serving of a fresh fruit or vegetable per day, or seven servings per week.	X			
One serving of a Vitamin C source containing 30 mg. or more per day or seven servings per week.	X			
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			
<b>Grain Group.</b> The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. <i>(See RDA for recommended caloric intakes.)</i>	X			
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.	X			
<b>1242 Menus</b> <i>(Applicable in Type II and III facilities and in those Type IV facilities where food is served.)</i>  Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.	X			6 week cycle menu
A registered dietitian approves menus before they are used.	X			Aramark dietitian approves menus
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
<b>1243 Food Service Plan</b>  There is a food services plan that complies with applicable CalCode. Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:				The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
Planning menus;	X			
Purchasing food;	X			
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			From one jail to another.
Orientation and ongoing training;	X			
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			
Emergency feeding plan;	X			
Waste management; and,	X			
Maintenance and repair.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			X	
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.  In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to CalCode is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>  CalCode requirements for new or replacement equipment.  CalCode requirements for cleaning and sanitizing consumer utensils.  CalCode§ 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen.  CalCode requirements for floors.  CalCode requirements for storage area(s) for cleaning equipment and supplies.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1246 Food Serving and Supervision</b>  Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1247 Disciplinary Isolation Diet</b>  No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.			X	
The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period.  Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Corrections Standards Authority, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1248 Medical Diets</b>				
Policies identify who is authorized to prescribe medical diets.	X			In diet manual. Copies of diet orders are kept in logs.
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			Aramark dietitian develops the therapeutic diets.
The facility manager complies with providing any medical diet prescribed for an inmate.	X			
There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.	X			
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			Diet manual was approved on 12/23/2014
Pregnant women are provided a balanced, nutritious diet approved by a doctor.	X			

Summary of nutritional evaluation:

A 6 week cycle menu is used for County Jails 1, 2, and 4. Aramark Registered Dietitian reviews and revises the menus. The menu currently in use was implemented on 6/2012 and revised on 12/2014. This 6 week cycle menu meets Title 15 specific nutrient content.

Diet Manuals and food service manuals were reviewed and approved December 23, 2014, and a copy is kept in the dietary office and is readily available to staff.

Aramark Food Service staff at this facility is trained on a regular basis. In addition, proper food handling procedures are posted in kitchen and dishwashing area.

**II. NUTRITIONAL HEALTH EVALUATION**  
**Juvenile Halls, Special Purpose Juvenile Halls and Camps**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 9. Food</b>				
<b>1460 Frequency of Serving</b>				
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			All meals include hot food.
If more than 14 hours passes between these meals, supplemental food is served.	X			Breakfast is at 8:00 AM Lunch is at 12 PM, Dinner is at 5:15 PM and snack is at 8 PM
Supplemental food is offered at initial intake.	X			If the youth come in near lunch they get this meal. If the youth come after lunch, they've usually eaten this meal at YGC or if needed a bag lunch is provided from YGC.
Food is served to minors on medical diets as prescribed by the attending physician.	X			Lactose free nonfat milk is offered to lactose intolerant youth as well as modifications to allow for allergies to items such as bananas.
A minimum of twenty minutes is allowed for the actual consumption of each meal except for those minors on medical diets where the responsible physician has prescribed additional time.	X			About 30-40 minutes are allowed for meals.
Minors who miss a regularly scheduled facility meal, are provided with a beverage and a substitute meal.	X			When they have sports teams and these are off-site bag lunches are provided for the youth when they are missing regular meal times
Minors on medical diets are provided with their prescribed meal.	X			The diet order sheets were reviewed. Only medical diets such as those eliminating allergic foods are offered at LCR. If they need a Diabetic or other medically indicated diet, the youth are kept at YGC.
<b>1461 Minimum Diet</b> <i>Note: See regulations for equivalencies and serving requirements. Snacks may be included as part of the minimum diet. A wide variety of foods should be served and spices should be used to improve the taste and eye appeal of food that is served.</i>	X			Menu cycles and averaged nutritional analysis have been analyzed using Nutrikids and evaluated by Susan Poston RD, a Consulting Nutritionist in February 3, 2015, prior to this inspection.
The minimum diet that is provided in the facility is based on the nutritional and caloric requirements found in the 1999-2002 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2005 California Daily Food Guide; and, the 2000 Dietary Guidelines for Americans.				
Religious and vegetarian diets conform to these nutritional standards.	X			The only vegetarian diets provided are those given for religious reasons or if requested by the Medical Staff. An effort is made to offer more servings of fruits and vegetables to these youth.
<u>Protein Group.</u> There are two servings each day and an additional third serving from the legumes three days a week.	X			Typically, 4-6 servings of protein food are offered to the youth, not including access to second helpings at meals.
One serving equals 14 or more grams of protein.	X			
<u>Milk Group.</u> There are four daily servings of milk or milk equivalents for persons 9-18 years of age, including pregnant and lactating women.	X			There are no women at this facility.
A serving is equivalent to eight ounces of fluid milk and provides at least 250 mg. of calcium.	X			Currently lactose intolerant individuals get lactose free nonfat milk.
All milk products are pasteurized and fortified with vitamins A and D.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Vegetable-Fruit Group.</b> There are at least six servings each day, including the specified type and frequency in each of the following categories:	X			Typically, 6-9 servings of vegetables and fruit are offered to the youth, not including access to second helpings at meals.
One serving of a fresh fruit or vegetable.	X			
One serving of a Vitamin C source containing 30 mg. or more.	X			The diet analysis shows that the daily intake of Vitamin C is 3-5 times higher than 30 mg.
One serving of a Vitamin A source fruit or vegetable containing at least 200 micrograms Retinol Equivalents (RE).	X			The amount of RE is over 18 times this standard.
<b>Grain Group.</b> There are at least six servings each day, at least three of which are made with some whole grain products.	X			All bread served (with the exception of hamburger/hoagie and hotdog buns and dinner rolls is all or partially whole grain The average fiber intake is over 33 grams per day.
<i>Calories. Note: Providing only the minimum serving is not sufficient to meet the minor's caloric requirements. Based on activity levels, additional servings from dairy, vegetable-fruit, and bread-cereal (grain) groups must be provided to meet caloric requirements. Pregnant minors must receive a supplemental snack if medically indicated. The RDA allows for a plus or minus 20% of the recommended caloric intake.</i>  The average daily caloric allowance for female minors between 11-18 years of age is 2200 calories and for males in that age category, 2500-3000 calories each day.	X			The menus were analyzed using Nutrikids software and contain adequate calories.
Total dietary fat does not exceed 30% of total calories on a weekly basis.	X			The menus were analyzed using Nutrikids software and are less than 30% calories from fat.
<b>1462 Medical Diets</b>	X			
Only the attending physician prescribes a medical diet.				
Medical diets that are utilized by a facility are planned, prepared and served in consultation with a registered dietitian.	X			
The facility manager provides any medical diet prescribed for a minor.	X			
Diet orders are maintained on file for at least one year.	X			These were reviewed and were in order.
There is a medical diet manual that includes sample menus. It is available in the medical and food service offices.	X			The only medical diets offered are for lactose intolerance where lactose free milk is offered instead, as well as modifications to allow for allergies to items such as bananas .
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			The current Therapeutic Diet Manual is reviewed annually, with the 2015 review scheduled to take place in July. There have been no changes in the Diet Manual or the medical diets provided to youth.
<b>1463 Menus</b>	X			
Menus are planned at least one month in advance of their use. Menus provide a variety of foods considering the cultural and ethnic makeup of the facility thus preventing repetitive meals.				The current menus were planned and tested by Bob Eggleston, to meet CDE requirements. They were reviewed and approved by Susan Poston RD in November 2012 prior to final implementation and again in February 2015.
A registered dietitian approves menus before they are used.	X			The menu being used was reviewed and approved by Susan Poston RD, Consultant. See immediately above.



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Changes are noted on the menu and/or production worksheet when any meal that is served varies from the planned menu.	X			These were reviewed and were in order.
Menus, as planned and including changes, are retained for one year and evaluated by a registered dietitian at least annually.	X			These were reviewed and were in order.
<b>1464 Food Services Plan</b>  There is a written food services plan that complies with the applicable sections of California Retail food Code ( CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan.  The plan includes, but is not limited to the following policies and procedures;	X			The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.  YGC has hired a new Food Service Manager position and they have created a Food Services Plan with controls. He has been training staff on these. This is being shared with Log Cabin Ranch.
menu planning;	X			
purchasing;	X			Purchase records are kept
storage and inventory control;	X			Access to inventory is controlled at this time.
food preparation;	X			Some recipes are written and others are heat and serve. Production Sheets are in process.
food serving;	X			
transporting food;			X	This takes place in a central cafeteria, so there is no need to transport food.
orientation and on-going training;	X			Staff is trained and certification of this is kept on file.
personnel supervision;	X			Personnel records are kept
budgets and food costs accounting;	X			
documentation and record keeping;	X			
emergency feeding plan;	X			Retired Cook Jeff Hatton took great initiative to create an Emergency Feeding Plan. See notes at end of report.
waste management; and,	X			
maintenance and repair.	X			Requests for maintenance are kept
<b>1465 Food Handlers Education and Monitoring</b>  <u>CalCode, the California retail food Code(HSC Division 104, Part 7, Chapters 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</u>  There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967,113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1466 Kitchen Facilities, Sanitation, and Food Storage</b>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode. In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 114381) is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation.)</i>	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
HSC § 114419-114423 Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;				
HSC § 114130-114141, 114163, New or replacement equipment;				
HSC § 114099.6, 114107 Utensil and equipment cleaning and sanitation;				
HSC § 114149-114149.3 Ventilation;				
HSC § 114268-114269 Floors; and,				
HSC § 114185-114185.5 Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.				
<b>1467 Food Serving and Supervision</b>  There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.

### **Summary of nutritional evaluation:**

The food served in this facility seems to meet Title 15 requirements, verified by a nutritional analysis of the menu served. Cook John Ngo, under the guidance of Food Services Manager Bob Eggleston has been very committed to offering a varied, well-prepared and amply portioned menu to the youth at Log Cabin Ranch.

### **Observations and Comments:**

1. At the current time the staffing needs after Mr. Hatton's retirement in 2012 have been met with three permanent and one on-call cook.
2. I was told that Food Service Staff will be given access to an adequate computer with an internet connection and a printer. It was agreed by Asst. Dir. Diestel in 2013 that Food Service Staff should have a departmental email account which they now lack, something he agreed to remedy. This will permit the Food Service Staff to order online and to have appropriate documentation of these activities. While Food Service Staff continues to have access to the fax in the main office for orders to Sysco, which assures accountability and the ability to verify orders once these are received at Log Cabin Ranch, it is still desirable that staff have the ability to place online orders. Based on difficulties with the Wi-Fi signal at the kitchen, the current connection has worked fitfully. In addition the Food Services staff needs to have the ability to submit maintenance and engineering work orders using the new system which is online. Mr. Diestel still needs to pursue getting a hard line connection to the computer in the kitchen warehouse that will permit these functions to take place by September 2014. **This has been an item carried over from a number of prior annual inspections.**
3. As part of the written Food Services Plan, a requirement of Title 15, there needs to be a binder with Production Sheets - There are new production sheets, pre-printed with the menu cycle that Food Services Director Bob Eggleston has made available to the Log Cabin Ranch kitchen staff. This allows easier documentation of menu changes, with one sheet per day. In addition they will continue to use a form that also logs kitchen equipment as well as food and refrigerator temperatures. I am glad to report that a filing system for this information be set up to facilitate access to this information when needed.
4. They now have a written Emergency Feeding Plan – This includes an inventory of emergency supplies with their locations specified, menus that are adapted to use available food that can be prepared without heat, meeting the requirements for Title 15. It should also include any important information, such as how to prepare the food in a food safe way when washing the hands may be difficult, etc. Some things they now have include charcoal for cooking though they don't yet have sufficient Sterno to warm food for 3-5 days. In addition it is recommended that all LCR staff receive orientation on the contents of this Emergency Food Preparedness Plan, since the isolated location of LCR and possible road damage, leading to the facility could make it impossible for kitchen staff that is not at the facility at the time of an emergency to get there. **Staff was introduced to Emergency Procedures** in the Spring of 2012. It is recommended there be bi-annual refreshers to ensure staff is informed on the above.
5. It was reported that there has been continued improvement in staff coordination to supervise youth resident workers in the kitchen. It is suggested that there always be two staff in the back and two in the front to ensure that minors are supervised at all times.
6. There has been improvement in the bringing of outside food to the premises by visitors, staff (teachers and counselors) and vocational groups. This includes special events. The Food Services Manager, Log Cabin Administration and Kitchen Staff are working to ensure that food is kept safe when it is presented. Mr. Marc Humphries, the new LCR Director has instituted a policy that any outside food be approved by him and Asst. Director Tim Diestel and that it have a nexus to programming.

## 7. Equipment Needs:

- There is now a steamer used to prepare food, sterilize equipment, warm food. This allows for better quality of cooked vegetables.
- In a prior inspection I was told that there is a need for a new 12 gallon mixer. The old mixer parts are no longer available. This would be used to make mashed potatoes, pancakes, cakes, meat loaf, fresh pizza dough, cookies from scratch and can be (with proper attachments) used as a shredder for cheese used in many recipes. After assessment with the kitchen staff by the Food Services Director it became clear they could carry out these functions with a professional Kitchen Aid mixer and do not need a 12 gallon mixer. This was ordered and is now in use.
- The refrigeration units were first installed in the 1950's, and one of these leaks, resulting in more work for the kitchen staff, in addition to risk of falls and creating an environment where mold and germs can grow and possibly contaminate food. Capital improvements are not currently possible, but improved maintenance has allowed these to continue being in service and extended their usable life. It was reported that these leaks had been fixed and there was a focus on maintenance of the equipment. We did see some containers in one of the walk in refrigerators that were positioned to capture leaks. One of these had water in it.

**JUVENILE FACILITY HEALTH INSPECTION REPORT**  
**Juvenile Halls, Special Purpose Juvenile Halls and Camps**  
**Health and Safety Code Section 101045**

CSA #: 56 (49 Boys, 7 Girls)

FACILITY NAME: <b>Youth Guidance Center</b>		COUNTY: <b>City and County of San Francisco</b>	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  <b>375 Woodside Avenue (415) 753-7500</b> <b>S.F., CA 94127</b>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL: <b>X</b>	SPECIAL PURPOSE JUVENILE HALL:	CAMP:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: February 12, 2015	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): <b>Laura Brainin-Rodriguez, MPH, MS, RD</b> <b>30 Van Ness Avenue, Suite 3500</b> <b>S.F., CA 94102</b> <b>(415) 575-5687</b>			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): <b>Bob Eggleston, Food Services Manager Juvenile Probation (415) 753-7508</b> <b>Carol Taniguchi RN, MPH, PNP, Pediatric Nurse Practitioner, Special Programs for Youth</b>			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

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

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

BSCC #: \_\_\_\_\_

FACILITY NAME:  County Jail 1, 2 and 4		COUNTY:  San Francisco		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  850 Bryant Street, 6 <sup>th</sup> and 7 <sup>th</sup> Floors San Francisco, CA 94103				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: June 2, 2015		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):  Magdalene Louie, MS, RD Interim Director of Nutrition Services, Department of Public Health (415) 575-5750				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Vincent Mitchell, Food Service Director, Aramark (415) 552-6670 Jennifer Collins, Sergeant, Sheriff's Department (415) 575-4460				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

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

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**To:** BOS-Supervisors  
**Subject:** FW: Recreation and Park Department Park Hours Report  
**Attachments:** ATT00001.htm; Park Hours Memo 2015\_BOS.docx; ATT00002.htm

**From:** "White, Staci (REC)" <[staci.white@sfgov.org](mailto:staci.white@sfgov.org)>  
**Date:** September 2, 2015 at 1:56:12 PM PDT  
**To:** "Calvillo, Angela (BOS)" <[angela.calvillo@sfgov.org](mailto:angela.calvillo@sfgov.org)>  
**Subject:** Recreation and Park Department Park Hours Report

Good Afternoon Angela,

Please find attached the Department's "Park Hours Report" pursuant to Park Code Section 3.21 (f).

Sincerely,

**Staci L. White**  
Executive Assistant to the General Manager

San Francisco Recreation and Park Department | City & County of San Francisco  
McLaren Lodge in Golden Gate Park | 501 Stanyan Street | San Francisco, CA | 94117

(415) 831-2701 | [Staci.White@sfgov.org](mailto:Staci.White@sfgov.org)



Edwin M. Lee, Mayor  
Philip A. Ginsburg, General Manager

To: Angela Calvillo, Clerk of the Board of Supervisors  
From: Philip A. Ginsburg, General Manager  
Date: September 1, 2015  
Re: Park Hours Report Pursuant to Park Code Section 3.21(f)

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In accordance with Park Code Section 3.21 HOURS OF OPERATION, subsection (f), we submit this report to the Board of Supervisors. Park Code section 3.21 (f) provides as follows:

The Department shall issue an annual report to the Board of Supervisors and Mayor by September 1 of each year providing the following information for the preceding fiscal year: (1) the number of citations issued by the Police Department and Park Patrol for violations of this section and the age and race of individuals cited, (2) the Department's costs for repairs and maintenance, including graffiti abatement, resulting from vandalism in parks, and (3) the Department's costs associated with enforcing this section.

#### Background

With some exceptions, park hours are from 5:00 a.m. to midnight daily. Park Code Section 3.21 became effective 12/27/2013. Following approximately four months of public outreach and education, as well as the installation of new signage with posted hours, the Park Ranger unit began issuing citations in April 2014.

Please note the data below reflects only those citations issued by the Recreation and Park Department's (RPD) Park Patrol. While the San Francisco Police Department is able to issue citations for violations of the Park Code, the Recreation and Park Department does not track these citations and therefore is not able to report any SFPD data.

#### Citations Issued by SFRPD Park Rangers Under Park Code Section 3.21 in FY 14-15 and Associated Estimated Costs of Enforcement

For FY14-15 Park patrol issued 164 citations for violations of Park Code Section 3.21. Seventy-three percent of the people cited identified as white, 14% Hispanic, 6% Black, 2% Asian and 5% did not identify themselves.



Of the 164 citations issues 10% were issued to people under the age of 21. Forty-eight percent were issued to people in the 21-30 age cohort while 20% were between the ages of 31-40. Twelve percent of those cited were 41-50 and 8% were over the age of 50.

Park Ranger staffing during the period when parks are closed from midnight to 5:00 a.m. varies by day of week, season, and depends on available staff. SFRPD typically has 2 rangers on duty for the midnight shift, and those rangers enforce *all* Park Codes, not just operating hours. As such, there is no way to determine the cost of enforcing this single code section. The Park Ranger unit operates 24/7, so park hours are enforced only 5 out of 24 hours, or 20.8% of all park patrol time. The FY14/15 actual expenditure, per FAMIS, for the Park Ranger unit was \$2.712 million. Approximately twenty-one percent, or \$563,680 might be estimated to fund *all* Park Ranger activities between midnight and 5:00 a.m.

#### Incidents of Vandalism in City Parks and Associated Costs for Repairs

Vandalism reports are reported through RPD's workorder management system, called TMA. In FY13/14, there were 3,780 requests for repair of vandalism, which includes graffiti abatement, and cost RPD \$593,910. In FY14/15 SFRPD processed 3,550 workorders at a cost of \$433,932. This is a reduction of 230 work orders from the previous year, resulting in a cost savings of \$159,978.

---

**From:** Major, Erica (BOS)  
**Sent:** Thursday, September 24, 2015 9:25 AM  
**To:** BOS-Supervisors  
**Cc:** BOS-Legislative Aides; jcunningham@sfcgj.org; ascott@sfcgj.org; Janice Pettey; Philip Reed; Howard, Kate (MYR); Simi, Chris (MYR); Gamino, Miguel; Rosenfield, Ben (CON); Rydstrom, Todd (CON); Callahan, Micki (HRD); Gard, Susan (HRD); Givner, Jon (CAT); Caldeira, Rick (BOS); Campbell, Severin (BUD); Newman, Debra (BUD); Wasilco, Jadie (BUD)  
**Subject:** Civil Grand Jury 60-Day Response Receipt - Unfinished Business: A Continuity Report on the 2011-12 Report, Deja Vu All Over Again  
**Attachments:** 60 Day Memo Receipt - Deja Vu All Over Again.doc.pdf

Supervisors:

Please find the attached 60-day receipt from the Clerk of the Board documenting the required department responses for the Civil Grand Jury Report, "Unfinished Business: A Continuity Report on the 2011-12 Report, Deja Vu All Over Again." We will be working with Supervisor Yee's Office on a hearing date to be scheduled in the Government Audit and Oversight Committee in October. The departments included in the consolidated response are as follows:

- ✓ Mayor's Office
- ✓ Office of the Controller
- ✓ Department of Technology
- ✓ Department of Human Resources

Best,

**Erica Major**  
**Assistant Committee Clerk**  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244  
San Francisco, CA 94102  
Phone: (415) 554-4441 | Fax: (415) 554-5163  
[Erica.Major@sfgov.org](mailto:Erica.Major@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)



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The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation, and archived matters since August 1998.

***Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors website or in other public documents that members of the public may inspect or copy.*

BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 544-5227

DATE: September 24, 2015  
TO: Members of the Board of Supervisors  
FROM:  Angela Calvillo, Clerk of the Board

SUBJECT: 2014-2015 Civil Grand Jury Report "Unfinished Business: A Continuity Report on the 2011-12 Report, Déjà Vu All Over Again"

We are in receipt of the following required responses to the San Francisco Civil Grand Jury report released July 20, 2015, entitled: Unfinished Business: A Continuity Report on the 2011-12 Report, Déjà Vu All Over Again. Pursuant to California Penal Code, Sections 933 and 933.05, the City Departments shall respond to the report within 60 days of receipt, or no later than September 18, 2015.

For each finding the Department response shall:

- 1) agree with the finding; or
- 2) disagree with it, wholly or partially, and explain why.

As to each recommendation the Department shall report that:

- 1) the recommendation has been implemented, with a summary explanation of how;
- 2) the recommendation has not been implemented, but will be within a set timeframe as provided;
- 3) the recommendation requires further analysis and define what additional study is needed, the Grand Jury expects a progress report within six months from the publication of the Report; or
- 4) the recommendation will not be implemented because it is not warranted or reasonable, with an explanation of why.

The Civil Grand Jury Report identified the following City Departments to submit responses (attached):

- Mayor's Office submitted a consolidated response for the following departments:
    - a. Office of the Controller
    - b. Department of Technology
    - c. Department of Human Resources
- Received September 18, 2015, for Findings 1 through 7 and Recommendations 1 through 10

These departmental responses are being provided for your information, as received, and may not conform to the parameters stated in California Penal Code, Section 933.05 et seq. The Government Audit and Oversight Committee will consider the subject report, along with the responses, at an upcoming hearing and will prepare the Board's official response by Resolution for the full Board's consideration.

C:

Honorable John K. Stewart, Presiding Judge  
Jay Cunningham, 2015-2016 San Francisco Civil Grand Jury  
Alison Scott, 2015-2016 San Francisco Civil Grand Jury  
Janice Pettey, 2014-2015 San Francisco Civil Grand Jury  
Philip Reed, 2014-2015 San Francisco Civil Grand Jury  
Kate Howard, Mayor's Office  
Chris Simi, Mayor's Office  
Miguel Gamino, Department of Technology  
Ben Rosenfield, Office of the Controller  
Todd Rydstrom, Office of the Controller  
Micki Callahan, Department of Human Resources  
Susan Gard, Department of Human Resources  
Jon Givner, Deputy City Attorney  
Rick Caldeira, Legislative Deputy  
Severin Campbell, Budget and Legislative Analyst  
Debra Newman, Budget and Legislative Analyst  
Jadie Wasilco, Budget and Legislative Analyst

OFFICE OF THE MAYOR  
SAN FRANCISCO



EDWIN M. LEE  
MAYOR

September 18, 2015

The Honorable John K. Stewart  
Presiding Judge  
Superior Court of California, County of San Francisco  
400 McAllister Street  
San Francisco, CA 94102

Dear Judge Stewart:

Pursuant to Penal Code sections 933 and 933.05, the following is in reply to the 2014-2015 Civil Grand Jury report, *Unfinished Business: A Continuity Report on the 2011-12 Report, Déjà Vu All Over Again*. We would like to thank the members of the Civil Grand Jury for their interest in the quality of San Francisco's information technology (IT) infrastructure and associated staff.

Since the 2011-12 Civil Grand Jury report, the City has made significant efforts to improve coordination and funding of IT needs citywide. The City's Committee on Information Technology (COIT) has continued to evolve as the City's central IT policy, planning, and fiscal coordination body. In the spring of 2015, COIT released the third update to the 5-Year Information & Communication Technology (ICT) Plan, which spans fiscal years (FY) 2016-2020. The ICT Plan serves as the City's framework to proactively plan, invest, and implement IT projects which align with the City's goals of innovation, sustainability, and resilience. The latest iteration of the plan recommends historic levels of funding for IT infrastructure, replacement of legacy systems, and annual projects—recommending \$150 million in General Fund investments over the five-year time period through the COIT Annual Project Allocation and the newly created Major IT Project Allocation. This recommended level of IT funding was assumed in the City's Five Year Financial Plan for the same time period.

In addition to the citywide efforts mentioned above, the Department of Technology is in the process of implementing a reorganization with the goals of achieving better efficiency, improved service to client departments, and addressing recruitment and workforce development needs.

**A detailed response from the Mayor's Office, the Controller's Office, the Department of Technology, and the Department of Human Resources to the Civil Grand Jury's findings and recommendations follows.**

Thank you again for the opportunity to comment on this Civil Grand Jury report.

Sincerely,

Handwritten signature of Edwin M. Lee.

Edwin M. Lee  
Mayor

Handwritten signature of Miguel Gamino, Jr.

Miguel Gamino, Jr.  
Chief Information Officer

Handwritten signature of Ben Rosenfield.

Ben Rosenfield  
Controller

Handwritten signature of Micki Callahan.

Micki Callahan  
Human Resources Director

Finding 1: The City has not prioritized critical network infrastructure investments, as demonstrated by their failure to fund essential network improvements.

**Disagree with finding, wholly.** The City has made significant steps in prioritizing and planning for major IT infrastructure projects, maintenance and renewal. The Department of Technology's (DT) plan to improve the network, the "Fix the Network" or "Fix the Fundamentals" project, was identified as a top City priority in the FY 2015-16 – FY 2019-20 Information & Communication Technology (ICT) Plan. By the end of FY 2016-17, the City will have invested over \$6.5 million in this project alone, above and beyond DT's operating budget. In addition, the City has invested over \$7 million in building and consolidating data centers and nearly \$3.5 million in disaster recovery through DT's budget. This is all while the City's investments in IT projects citywide have reached historic levels and are planned to grow to over \$150 million over the next 5 years, as laid out in the latest ICT Plan.

Recommendation 1: The Mayor should prioritize the network infrastructure and fully fund the required investment in this foundational platform.

**Recommendation has been implemented.**

As described in the response to Finding 1, the City has made significant commitments to strengthening the City's network infrastructure through DT's "Fix the Network" project and other citywide efforts around maintenance, disaster recovery, and data center consolidation. As evidence of this commitment, the "Fix the Network" project was highlighted as high priority into the most recent ICT plan and funded with \$4.3 million in the Mayor's FY 2015-16 and 2016-17 budget- the largest single allocation from COIT's annual project allocation. Additionally, funding for DT's operational budget has continued to grow to support the ongoing capacity of the department to prioritize this project and support its ongoing maintenance.

Finding 2: Significant problems still exist within DT that limit the services it provides to departments, largely due to their inability to fill job positions and funding restraints.

**Disagree with finding, in part.**

It is challenging to recruit information technology professionals to City jobs in today's competitive market. DT continues to work closely with the Department of Human Resources (DHR) on initiatives designed to reduce vacancy rates and streamline hiring. These initiatives include a modernized continuous testing program for permanent civil service employees, clarification of project hires, and a new branding and recruitment campaign. DT has implemented a comprehensive four tier plan to prioritize staffing needs and expedite new hires with DHR.

Finding 3: The planned reorganization of DT to designate a responsible party to each department could be a positive step in building DT's credibility.

**Agree with finding.**

Finding 4: DT lacks business analyst capabilities to launch new initiatives and implement processes to make DT more efficient and effective.

**Disagree with finding, in part.**

A major goal of DT's reorganization is improvement of the department's business analyst capabilities, while making existing resources more efficient and effective. To this end, DT created a new Business Engagement Manager position and added a second business analyst position in the current fiscal year.

The Business Engagement staff will follow client relationship best practices and seek to create a value-based partnership between DT and City departments through coordination of IT project delivery, services delivery, and vendor relationship management. The staff will also focus on engaging with DT clients to meet their emerging needs and fostering new department and City wide initiatives.

Recommendation 2: The Mayor and Board of Supervisors should require a six-month and twelve-month report on the status of the DT reorganization.

**Recommendation will not be implemented because it is not warranted.**

Through the annual budget process, the Mayor and the Board of Supervisors have reviewed the Department of Technology's position changes and new organizational structure. Any further changes will be reviewed as part of future budget cycles.

Additionally, in September the department began releasing a monthly project status and key performance indicator report for department heads, including measures on services performed at project levels, network uptime, and other yet-to-be determined metrics. The report will reflect the impacts of the reorganization on service delivery. It will be summarized and presented at public COIT meetings.

Recommendation 3: A user satisfaction survey should be sent to all DT clients, before the end of 2015 and later in six months after the reorganization, to assess whether the new accountability structure is making a difference for clients.

**Recommendation has not been, but will be, implemented in the future.**

DT agrees with the recommendation and will implement both survey recommendations in the proposed timeline - an initial survey before the end of the CY 2015 and follow-up survey by the end of FY 2015-16.

Finding 5: The skills inventory capability of the eMerge PeopleSoft system, as currently configured, will not enable Department Heads to quickly identify City employees with skill sets in demand.

**Agree with finding.** The capability is currently in the eMerge PeopleSoft system, but needs departmental configuration to: 1) identify specific skills, 2) link the skills to job codes and positions, which then, 3) aligns the skills to employees by position. As departments implement ePerformance, this process can be employed to meaningfully address their specific needs as well as to address overarching general skills and competencies. Please see the response to Recommendation 4 for more details on the implementation timeline of this initiative.

Recommendation 4: The Office of the Controller should develop the skills inventory capability in the eMerge PeopleSoft system to update IT employee skills by the end of FY15-16.

**Recommendation has not been, but will be, implemented in the future.**

The Office of the Controller agrees with this recommendation. The Office of the Controller is advancing this capability through the eMerge PeopleSoft system which includes functionality to house a skills inventory and link those skills to job classifications, positions, and employees- successful implementation is

dependent on citywide departmental engagement and adoption. At the center of this functionality is the use of “competencies,” which in PeopleSoft are used to define skills and levels of proficiency expected for job classifications and positions. By properly using the competency and performance appraisal features in the ePerformance module in PeopleSoft, the City could develop skills inventory capability.

The current ePerformance Pilot Project is implementing competency and skills assessment for the FY 2015-16 performance appraisal period. The pilot project includes 41 job classifications and 595 employees at the Airport Commission, Controller’s Office, Department of Public Health, and Public Utilities Commission. The Controller’s Office and its eMerge Division are soliciting additional departments to leverage the ePerformance module for FY 2016-17 performance appraisals. The Office of the Controller will work with the Department of Human Resources and Department of Technology toward citywide deployment after the pilot is successfully concluded.

Finding 6: DHR’s efforts through the IT Hiring Group to stimulate IT recruitment and streamline IT hiring will not sufficiently impact departmental IT units and DT.

**Disagree with finding, wholly.**

The IT Hiring Group, which includes DHR, DT, the Controller’s Office, Public Health, and other City departments, continues to move forward with initiatives to improve the City’s ability to hire top-notch IT professionals. Every factor impacting hiring is under review and subject to redesign, including: understanding the needs of the market; creating a brand and launching recruitment campaigns; improving the candidate hiring experience; changing workplace culture; revising policies; and utilizing exempt hiring as appropriate. DT will provide funds to hire a temporary recruiter to assist DHR with expedited IT outreach and hiring.

Recommendation 5: DHR should publicly present the results of its pilot IT hiring process to the Mayor and the Board of Supervisors before the end of CY 2015.

**Recommendation has not been, but will be, implemented in the future.**

The Department of Human Resources is currently expanding its IT hiring pilot, in cooperation with the Department of Technology, the Controller’s Office and other City departments. The results will not be ready for presentation at the end of calendar year 2015, but the department projects they will be available by the end of FY 2015-16 and will present these findings to the public COIT oversight body, which includes representatives of both the Mayor and the Board of Supervisors.

Recommendation 6: DHR should issue a monthly written report to the Mayor and Board of Supervisors showing the number of open IT positions at the beginning of the month, the number of new IT position requisitions received in the current month, the number of IT positions filled in the current month, the number of open IT positions at the end of the month, and the average number of days required to fill the IT positions closed in the current month.

**Recommendation will not be implemented because it is not warranted.**

DHR regularly reports to the Committee on Information Technology (COIT) on the status of the IT Hiring Group’s progress, so further reporting is not operationally beneficial at this time. For context, current results reflect that approval of a department’s request to fill a position, a process managed by DHR and the Mayor’s Office, takes an average of four days. Other parts of the hiring process are managed at the department level, where extended periods of time between when a position goes vacant and when a



department submits a request a hire occurs, based on the department's immediate priorities, needs, and goals. There may also be periods of time between when the request to hire is approved and when a person is actually hired, due to circumstances such as lack of an adequate candidate pool. Without any context on where a vacancy actually is in the hiring process, and departmental insight into why a position remains vacant, a monthly set of data will not shed any light on why an IT job remains unfilled.

DHR and the Mayor's Office are pursuing numerous, potentially impactful improvements to processes and systems that will create more transparency for hiring in general.

Additionally, DHR regularly reports to the Civil Service Commission on matters under its jurisdiction. Annual reports to the Civil Service Commission, which are relevant to IT hiring, include:

- Appointments Exempt from Civil Service under the 1996 Charter Section 10.104 - 1 through 10.104 – 12
- Appointments Exempt from Civil Service under the 1996 Charter Section 10.104 – Categories 16 through 18
- Position-Based Testing Program
- Class Consolidation

**Finding 7:** The absence of a way to quickly bring in technology resources, whether on an "at will" or CSS basis, puts the City at a great disadvantage in hiring, and potentially at risk, in all of its technology initiatives.

**Disagree with finding, in part.**

DHR supports the principles of the merit system, which provides equal opportunity for employment to all applicants, and helps ensure employees are selected and promoted based on merit, and without discrimination. The City's civil service system provides options to hire exempt employees. DHR, along with the IT Hiring Group, is clarifying these options as part of the IT hiring program.

DHR and the IT Hiring Group continue to improve hiring, as stated in response to finding six. The progress being made was noted in the City Services Auditor (CSA) Performance Unit's April 2015 hiring report.

**Recommendation 7:** DT should launch a taskforce to recommend options for recruiting and hiring IT staff, particularly on an "at will" basis.

**Recommendation has been implemented.**

In its original report, the Civil Grand Jury recommended that the Mayor's Office and DHR convene a taskforce to develop methods to speed up the process for hiring IT personnel in the absence of making all IT positions exempt, which would require a Charter change. The taskforce was convened and included DT, DHR, the Mayor's Office, the Controller's Office, other City departments, and IFPTE Local 21.

As noted in response to recommendations five and six, this group developed and implemented interim strategies to improve hiring, including a pilot online, on-demand exam. The pilot exam was successful, but only impacted one portion of the hiring process. As noted in response to finding two, this group is implementing a comprehensive plan to improve IT hiring.

Recommendation 8: The Mayor and Board of Supervisors should calendar an interim review of taskforce proposals within six months of its convening.

**Recommendation has been implemented.**

The taskforce, described in the response to Recommendation 7, presented to the public COIT body in their September 19<sup>th</sup>, 2013 meeting and updated the group on January 29<sup>th</sup>, 2015. The taskforce will continue to present updates and proposals to the public COIT body in the future.

Recommendation 9: DT needs a recruiter dedicated exclusively to DT and other IT units' staffing needs.

**Recommendation has not been, but will be, implemented in the future.**

As part of the larger departmental reorganization, DT has prioritized existing resources in the current fiscal year to support the existing efforts to improve IT recruitment through DHR. The department is in the process of identifying the appropriate staff position to focus on expedited outreach and hiring for IT positions. The ongoing nature of this position will be re-evaluated at the fiscal year end as part of the larger taskforce planning and recommendations for improving the City's IT hiring.

Recommendation 10: DT needs to hire business analyst talent for the taskforce, new reorganization, and new initiatives.

**Recommendation has been implemented.**

As described in the response to Finding 4, DT created a Business Engagement Office as part of its reorganization. The purpose of the Business Engagement Office is to utilize best practices for client engagement, service delivery, and vendor relationship management. The Office is currently staffed by an existing staff member with budget approval to add an additional staff member in the current fiscal year. The department intends to continually evaluate the needs of the team and consider adding additional resources in coming fiscal years.

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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** FW: Official Board Response - Civil Grand Jury Report: San Francisco's Whistleblower Protection Ordinance is in Need of Change  
**Attachments:** BOS to Presiding Judge - 150603 - 09.24.2015.pdf

**From:** Major, Erica (BOS)  
**Sent:** Thursday, September 24, 2015 2:44 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Cc:** BOS-Legislative Aides <bos-legislative\_aides@sfgov.org>; jcunningham@sfcgj.org; ascott@sfcgj.org; Janice Pettey <janice.sfgj@gmail.com>; Philip Reed <Phil.sfgj@gmail.com>; Howard, Kate (MYR) <kate.howard@sfgov.org>; Simi, Chris (MYR) <chris.simi@sfgov.org>; Wheaton, Nicole (MYR) <nicole.wheaton@sfgov.org>; Mainardi, Jesse (ETH) <jesse.mainardi@sfgov.org>; Rosenfield, Ben (CON) <ben.rosenfield@sfgov.org>; Rydstrom, Todd (CON) <Todd.Rydstrom@sfgov.org>; Steeves, Asja (CON) <asja.steeves@sfgov.org>; Givner, Jon (CAT) <jon.givner@sfgov.org>; Caldeira, Rick (BOS) <rick.caldeira@sfgov.org>; Campbell, Severin (BUD) <severin.campbell@sfgov.org>; Newman, Debra (BUD) <debra.newman@sfgov.org>; Wasilco, Jadie (BUD) <jadie.wasilco@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>  
**Subject:** Official Board Response - Civil Grand Jury Report: San Francisco's Whistleblower Protection Ordinance is in Need of Change

Greetings:

Attached is the Board's official response to the Presiding Judge John K. Stewart on the Civil Grand Jury Report entitled "San Francisco's Whistleblower Protection Ordinance is in Need of Change."

Best,

**Erica Major**  
**Assistant Committee Clerk**  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244  
San Francisco, CA 94102  
Phone: (415) 554-4441 | Fax: (415) 554-5163  
[Erica.Major@sfgov.org](mailto:Erica.Major@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)

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**BOARD of SUPERVISORS**



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 544-5227

September 24, 2015

The Honorable John K. Stewart  
Presiding Judge  
Superior Court of California, County of San Francisco  
400 McAllister Street  
San Francisco, CA 94102

Dear Judge Stewart:

The following is a report on the 2014-2015 Civil Grand Jury Report (Report), "San Francisco's Whistleblower Protection Ordinance is in Need of Change."

The Board of Supervisors Government Audit and Oversight Committee conducted a public hearing on September 3, 2015, to discuss the findings and recommendations of the Civil Grand Jury and the departments' responses to the report.


The following City departments submitted a response to the Civil Grand Jury (copies enclosed):

- Ethics Commission Executive Director  
Received August 3, 2015, for Findings 1, 2, 3.1, 3.2, and 4 and Recommendations 1.1, 1.3, 2.1, 2.2, 3, and 4
- Ethics Commission  
Received August 3, 2015, for Findings 1, 2, 3.1, 3.2, and 4 and Recommendations 1.1, 1.3, 2.1, 2.2, 3, and 4
- Mayor's Office  
Received August 6, 2015, for Findings 1, 2, 3.1, 3.2, 4 and Recommendations 1.4, 2.1, 2.2, 3, and 4

The Report was heard in committee and a Resolution was prepared for the Board of Supervisors approval that formally accepted or rejected the findings and recommendations requiring the Board of Supervisors response September 8, 2015 (copy of Resolution No. 325-15 enclosed).

If you have any questions, please contact me at (415) 554-5184.

Sincerely,

  
Angela Calvillo  
Clerk of the Board

c:

Members, Board of Supervisors

Honorable John K. Stewart, Presiding Judge

Jay Cunningham, 2015-2016 San Francisco Civil Grand Jury

Alison Scott, 2015-2016 San Francisco Civil Grand Jury

Janice Pettey, 2014-2015 San Francisco Civil Grand Jury

Philip Reed, 2014-2015 San Francisco Civil Grand Jury

Kate Howard, Mayor's Office

Chris Simi, Mayor's Office

Nicole Elliott, Mayor's Office

Jesse Mainardi, Ethics Commission

Ben Rosenfield, Office of the Controller

Todd Rydstrom, Office of the Controller

Asja Steeves, Office of the Controller

Jon Givner, City Attorney's Office

Rick Caldeira, Legislative Deputy

Severin Campbell, Budget and Legislative Analyst

Debra Newman, Budget and Legislative Analyst

Jadie Wasilco, Budget and Legislative Analyst

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**City and County of San Francisco**

**Certified Copy**

**Resolution**

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

150603

**[ Board Response - Civil Grand Jury - San Francisco's Whistleblower Protection Ordinance is in Need of Change ]**

Resolution responding to the Presiding Judge of the Superior Court on the findings and recommendations contained in the 2014-2015 Civil Grand Jury Report, entitled "San Francisco's Whistleblower Protection Ordinance is in Need of Change;" and urging the Mayor to cause the implementation of accepted findings and recommendations through his/her department heads and through the development of the annual budget. (Clerk of the Board)

9/8/2015 Board of Supervisors - ADOPTED

Ayes: 11 - Avalos, Breed, Campos, Christensen, Cohen, Farrell, Kim, Mar, Tang, Wiener and Yee

9/18/2015 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA  
CITY AND COUNTY OF SAN FRANCISCO

**CLERK'S CERTIFICATE**

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

September 22, 2015

Date



Angela Calvillo  
Clerk of the Board

1 [Board Response - Civil Grand Jury - San Francisco's Whistleblower Protection Ordinance is  
2 in Need of Change]

3 **Resolution responding to the Presiding Judge of the Superior Court on the findings**  
4 **and recommendations contained in the 2014-2015 Civil Grand Jury Report, entitled**  
5 **"San Francisco's Whistleblower Protection Ordinance is in Need of Change;" and**  
6 **urging the Mayor to cause the implementation of accepted findings and**  
7 **recommendations through his/her department heads and through the development of**  
8 **the annual budget.**

9  
10 WHEREAS, Under California Penal Code, Section 933 et seq., the Board of  
11 Supervisors must respond, within 90 days of receipt, to the Presiding Judge of the Superior  
12 Court on the findings and recommendations contained in Civil Grand Jury Reports; and

13 WHEREAS, In accordance with California Penal Code, Section 933.05(c), if a finding or  
14 recommendation of the Civil Grand Jury addresses budgetary or personnel matters of a  
15 county agency or a department headed by an elected officer, the agency or department head  
16 and the Board of Supervisors shall respond if requested by the Civil Grand Jury, but the  
17 response of the Board of Supervisors shall address only budgetary or personnel matters over  
18 which it has some decision making authority; and

19 WHEREAS, Under San Francisco Administrative Code, Section 2.10(a), the Board of  
20 Supervisors must conduct a public hearing by a committee to consider a final report of the  
21 findings and recommendations submitted, and notify the current foreperson and immediate  
22 past foreperson of the civil grand jury when such hearing is scheduled; and

23 WHEREAS, In accordance with San Francisco Administrative Code, Section 2.10(b),  
24 the Controller must report to the Board of Supervisors on the implementation of  
25

1 recommendations that pertain to fiscal matters that were considered at a public hearing held  
2 by a Board of Supervisors Committee; and

3 WHEREAS, The 2014-2015 Civil Grand Jury Report, entitled "San Francisco's  
4 Whistleblower Protection Ordinance is in Need of Change" (Report) is on file with the Clerk of  
5 the Board of Supervisors in File No. 150603, which is hereby declared to be a part of this  
6 Resolution as if set forth fully herein; and

7 WHEREAS, The Civil Grand Jury has requested that the Board of Supervisors respond  
8 to Finding Nos. 1, 2, 3.1, 3.2, and 4, as well as Recommendation Nos. 1.2, 2.1, 2.2, 3, and 4  
9 contained in the subject Report; and

10 WHEREAS, Finding No. 1 states: "The [Whistleblower Protection Ordinance] (WPO)  
11 does not fully "protect" City officers and employees from retaliation for filing a complaint as  
12 required by the Charter mandate of Proposition C, because it covers only a limited range of  
13 complaints, it provides no effective remedy for the victim, and its secrecy provisions limit its  
14 deterrent effect;" and

15 WHEREAS, Finding No. 2 states: "The WPO also fails to fulfill the Charter mandate, in  
16 that it does not cover all whistleblower disclosures specified in the Charter;" and

17 WHEREAS, Finding No. 3.1 states: "While other large California cities and counties  
18 have relatively weak laws protecting their employees from retaliation for whistleblowing, this  
19 does not relieve the Board of its responsibility under the Charter mandate, to enact an  
20 ordinance that genuinely protects whistleblowers;" and

21 WHEREAS, Finding No. 3.2 states: "Whistleblower protection laws that cover  
22 government employees at the state and Federal level can serve as a useful model for  
23 improving the WPO;" and

24 WHEREAS, Finding No. 4 states: "The WPO creates an unwarranted obstacle to  
25 administrative complaints of retaliation filed with the Ethics Commission, by imposing a



1 burden of proof on the complainant during preliminary review and investigation of such  
2 complaints;" and

3 WHEREAS, Recommendation No. 1.2 states: "If the Ethics Commission fails to act  
4 within a reasonable time, that the Board of Supervisors on its own amend the WPO to provide  
5 real protection to whistleblowers, in conformity with the Charter mandate of Proposition C;"  
6 and

7 WHEREAS, Recommendation No. 2.1 states: "That amendments to the WPO expand  
8 the definition of whistleblowing to cover oral complaints to the complainant's department;  
9 disclosures to a City department or commission other than the complainant's own; and  
10 providing information to any of the recipients listed in the Charter mandate (hereafter "listed  
11 recipients"), outside of the formal complaint or investigation process;" and

12 WHEREAS, Recommendation No. 2.2 states: "That these amendments further expand  
13 the scope of covered disclosures to include "providing information" to any of the listed  
14 recipients regarding improper government activities, whether or not such information is set  
15 forth in a formal complaint, or provided during an official investigation;" and

16 WHEREAS, Recommendation No. 3 states: "That amendments to the WPO provide a  
17 meaningful remedy for the effects of retaliation, by authorizing the Ethics Commission to order  
18 cancellation of a retaliatory job action, and increasing the limit of the civil penalty available  
19 under the WPO to an amount adequate to repay the financial losses that can result from such  
20 an action;" and

21 WHEREAS, Recommendation No. 4 states: "That amendments to the WPO include a  
22 revision of Subsection 4.115(b)(iii) providing that the burden of proof set forth therein does not  
23 apply during preliminary review and investigation of administrative complaints to the  
24 Commission;" and  
25

1 WHEREAS, in accordance with California Penal Code, Section 933.05(c), the Board of  
2 Supervisors must respond, within 90 days of receipt, to the Presiding Judge of the Superior  
3 Court on Findings No. 1, 2, 3.1, 3.2, and 4 as well as Recommendations No. 1.2, 2.1, 2.2, 3,  
4 and 4 contained in the subject Report; now, therefore, be it

5 RESOLVED, That the Board of Supervisors reports to the Presiding Judge of the  
6 Superior Court that they disagree partially with Finding No. 1 for reasons as follows: the  
7 confidentiality provisions for investigations are important as they protect both the complainant  
8 and the respondent during the period when accusations are proved or disproved, but the  
9 WPO does have limitations that could potentially be enhanced based on future  
10 recommendations from the Ethics Commission; and, be it

11 FURTHER RESOLVED, That the Board of Supervisors reports that they disagree  
12 partially with Finding No. 2 for reasons as follows: the WPO does fulfill the Charter mandate,  
13 but could be improved; and, be it

14 FURTHER RESOLVED, That the Board of Supervisors reports that they agree with  
15 Finding No. 3.1; and, be it

16 FURTHER RESOLVED, That the Board of Supervisors reports that they agree with  
17 Finding No. 3.2; and, be it

18 FURTHER RESOLVED, That the Board of Supervisors reports that they disagree with  
19 Finding No. 4 for reasons as follows: there is no empirical data to support this finding and it  
20 does not indicate the scope and nature of the problem nor the solution to deal with the  
21 problem; and, be it

22 FURTHER RESOLVED, That the Board of Supervisors reports that Recommendation  
23 No. 1.2 will not be implemented for reasons as follows: the Board of Supervisors will work with  
24 the Ethics Commission to improve the WPO; however, the Board of Supervisors cannot  
25

1 predict the timing or outcome of the Ethics Commission's actions nor the approvals by the  
2 legislative body; and, be it

3 FURTHER RESOLVED, That the Board of Supervisors reports that Recommendation  
4 No. 2.1 will not be implemented for reasons as follows: the Board of Supervisors will work with  
5 the Ethics Commission to improve the WPO; however, the Board of Supervisors cannot  
6 predict the timing or outcome of the Ethics Commission's actions nor the approvals by the  
7 legislative body. The Board would also need a more specific definition of "oral complaints" in  
8 order to warrant implementation of this recommendation; and, be it

9 FURTHER RESOLVED, That the Board of Supervisors reports that Recommendation  
10 No. 2.2 will not be implemented for reasons as follows: The Board of Supervisors will work  
11 with the Ethics Commission to improve the WPO; however, the Board of Supervisors cannot  
12 predict the timing or outcome of the Ethics Commission's actions nor the approvals by the  
13 legislative body. The Board would also need a more specific definition of what "providing  
14 information" entails in order to warrant implementation of this recommendation since there is  
15 no clear data that defines the problem; and, be it

16 FURTHER RESOLVED, That the Board of Supervisors reports that Recommendation  
17 No. 3 will not be implemented for reasons as follows: the Board of Supervisors concurs with  
18 the Mayor's Office, which states that "under the WPO, the Ethics Commission is provided with  
19 punitive, not restorative, powers to respond to the finding of retaliatory job action. However,  
20 there are a number of other avenues a complainant can pursue in such circumstances. As  
21 the Civil Grand Jury notes, 'City officers and employees have successfully litigated complaints  
22 of whistleblower retaliation in state court.' Contrary to the Jury's claim that this proves the  
23 ineffectiveness of the WPO, it in fact demonstrates that there is an established process for  
24 filing a civil action. In addition, if an employee believes that he or she has been disciplined  
25 without just cause or has suffered adverse job impact in retaliation for blowing the whistle, the

1 employee can file a grievance through his or her union. A grievance of this nature may be  
2 resolved at the department or Department of Human Resources level, or be escalated to  
3 arbitration, in accordance with the negotiated rules of the employee's Memorandum of  
4 Understanding. If the Ethics Committee had investigated and found that the job action was in  
5 fact retaliation for activities protected by the Whistleblower Protection Ordinance, this ruling  
6 would likely influence the independent arbitrator, who does have the power to reverse a  
7 retaliatory job action. While the investigation and ruling of the Ethics Commission would be a  
8 critical step in the process, as the Ethics Commission notes in their response, labor relations  
9 are the responsibility of the Department of Human Resources;" and, be it

10 FURTHER RESOLVED, That the Board of Supervisors reports that Recommendation  
11 No. 4 will not be implemented for reasons as follows: there should be minimum evidence  
12 requirement to justify a whistleblower complaint in order for the Ethics Commission to pursue  
13 an investigation; and, be it

14 FURTHER RESOLVED, That the Board of Supervisors urges the Mayor to cause the  
15 implementation of accepted findings and recommendations through his/her department heads  
16 and through the development of the annual budget.



**City and County of San Francisco**  
**Tails**  
**Resolution**

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

**File Number:** 150603

**Date Passed:** September 08, 2015

Resolution responding to the Presiding Judge of the Superior Court on the findings and recommendations contained in the 2014-2015 Civil Grand Jury Report, entitled "San Francisco's Whistleblower Protection Ordinance is in Need of Change;" and urging the Mayor to cause the implementation of accepted findings and recommendations through his/her department heads and through the development of the annual budget.

September 03, 2015 Government Audit and Oversight Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING SAME TITLE

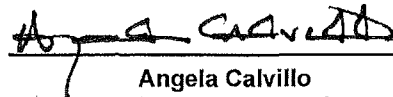
September 03, 2015 Government Audit and Oversight Committee - RECOMMENDED AS AMENDED AS A COMMITTEE REPORT

September 08, 2015 Board of Supervisors - ADOPTED

Ayes: 11 - Avalos, Breed, Campos, Christensen, Cohen, Farrell, Kim, Mar, Tang, Wiener and Yee

File No. 150603

I hereby certify that the foregoing  
Resolution was ADOPTED on 9/8/2015 by  
the Board of Supervisors of the City and  
County of San Francisco.



Angela Calvillo  
Clerk of the Board

Unsigned

\_\_\_\_\_  
Mayor

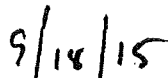
9/18/15

\_\_\_\_\_  
Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without his approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.



Angela Calvillo  
Clerk of the Board



Date

File No.  
150603



# ETHICS COMMISSION CITY AND COUNTY OF SAN FRANCISCO

BENEDICT Y. HUR  
CHAIRPERSON

PAUL A. RENNE  
VICE-CHAIRPERSON

BRETT ANDREWS  
COMMISSIONER

BEVERLY HAYON  
COMMISSIONER

PETER KEANE  
COMMISSIONER

JOHN ST. CROIX  
EXECUTIVE DIRECTOR

August 4, 2014

The Honorable Presiding Judge John K. Stewart  
400 McAllister Street, Room 008  
San Francisco, CA 94102-4512

Re: Civil Grand Jury Report: San Francisco's Whistleblower Protection Ordinance is in  
Need of Change

Dear Judge Stewart:

The 2015 Civil Grand Jury produced a report regarding the Whistleblower Ordinance  
requiring responses from the Ethics Commission and the Director. My responses must  
concur with those of my Commissioners. They are attached.

Sincerely,

John St. Croix  
Executive Director

Cc: Board of Supervisors

### Finding 1:

The WPO does not fully "protect" City officers and employees from retaliation for filing a complaint as required by the Charter mandate of Proposition C, because it covers only a limited range of complaints, it provides no effective remedy for the victim, and its secrecy provisions limit its deterrent effect.

*Finding 1. Partially agree. The WPO does have some limitations that can be improved. However, the confidentiality provisions for investigations are important as they protect both the complainant and the respondent during the period when accusations are proved or disproved. There is a difference between "confidentiality" and "secrecy."*

### Recommendation 1.1:

That the Ethics Commission recommend to the Board of Supervisors an amendment to the WPO that provides real protection for whistleblowers, in conformity with the Charter mandate of Proposition C.

*Recommendation 1.1. May be implemented. The Ethics Commission is willing to suggest amendments to the WPO to the Board of Supervisors but will need the assistance of the City Attorney's Office, the Department of Human Resources and the Controller's Office. Also, due to an already heavy planned workload for this year, and in addition the upcoming election cycle, the Commission anticipates that it will not be able to begin this project until 2016. Further, should the Board of Supervisors communicate in writing to the Commission that they wish to conduct the drafting of these amendments, the Commission will defer to the Board.*

### Recommendation 1.3:

If the Ethics Commission requests that the Board amend the WPO and the Board fails to act, that the Commission consider submitting such an amendment directly to the voters.

*Recommendation 1.3. May be implemented. If the Commission recommends amendment(s) to the Board that are not considered or not adopted, the Commission will then consider sending the amendment(s) to the voters.*

### Finding 2:

The WPO also fails to fulfill the Charter mandate, in that it does not cover all whistleblower disclosures specified in the Charter.

*Finding 2. Partially agree. The WPO may not reach all aspects of complaints provided in the Charter. However, defining "providing information" in terms of oral complaints may provide difficulties in that the record of the complaint is not memorialized as the person making the complaint and the person receiving the complaint could easily have different versions of the conversation.*

### Recommendation 2.1:

That amendments to the WPO expand the definition of whistleblowing to cover oral complaints to the complainant's department; disclosures to a City department or commission other than the complainant's own; and providing information to any of the recipients listed in the Charter mandate (hereafter "listed recipients"), outside of the formal complaint or investigation process.



Recommendation: 2.2:

That these amendments further expand the scope of covered disclosures to include "providing information" to any of the listed recipients regarding improper government activities, whether or not such information is set forth in a formal complaint, or provided during an official investigation.

*Recommendations 2.1 and 2.2. May be implemented. If and when the Commission considers amending the WPO, it will take these recommendations into consideration. It may be advisable to expand the scope of the definition of "providing information" but there needs to be provision for the memorializing of these reports.*

Finding 3.1:

While other large California cities and counties have relatively weak laws protecting their employees from retaliation for whistleblowing, this does not relieve the Board of its responsibility under the Charter mandate, to enact an ordinance that genuinely protects whistleblowers.

Finding 3.2:

Whistleblower protection laws that cover government employees at the state and Federal level can serve as a useful model for improving the WPO.

*Finding 3.1 and 3.2. No disagreement.*

Recommendation 3:

That amendments to the WPO provide a meaningful remedy for the effects of retaliation, by authorizing the Ethics Commission to order cancellation of a retaliatory job action, and increasing the limit of the civil penalty available under the WPO to an amount adequate to repay the financial losses that can result from such an action.

*Recommendation 3. May be implemented. The Commission believes these recommendations may well improve the WPO and will also take them into consideration. The Commission notes that Employment Law is not part of our mandate and is normally handled by other departments. Many factors may come into consideration in this area such as MOU's and other labor agreements that are not properly part of the Ethics Commission mission. The Commission also notes that these proposals may create a large increase in staff workload.*

Finding 4:

The WPO creates an unwarranted obstacle to administrative complaints of retaliation filed with the Ethics Commission, by imposing a burden of proof on the complainant during preliminary review and investigation of such complaints.

*Finding 4. Partially agree. The Commission was not party to the creation of the WPO, and so is not aware of the intended scope by the creators of the ordinance.*

Recommendation 4:

That amendments to the WPO include a revision of Subsection 4.115(b)(iii) providing that the burden of proof set forth therein does not apply during preliminary review and investigation of administrative complaints to the Commission.

*Recommendation 4. May be implemented. As stated above, the Commission will carefully consider these recommendations when considering amending the ordinance. The Commission believes that there needs to be some demonstrable basis for a complaint in order to justify an investigation.*

OFFICE OF THE MAYOR  
SAN FRANCISCO



EDWIN M. LEE

August 7, 2015

The Honorable John K. Stewart  
Presiding Judge  
Superior Court of California, County of San Francisco  
400 McAllister Street  
San Francisco, CA 94102

Dear Judge Stewart:

Pursuant to Penal Code sections 933 and 933.05, the following is in reply to the 2014-2015 Civil Grand Jury report, *San Francisco's Whistleblower Protection Ordinance Is In Need of Change*. I would like to thank the members of the Civil Grand Jury for their interest in the Whistleblower Protection Ordinance (WPO).

This is a policy area that I care deeply about—I first began working for the City and County of San Francisco in 1989 as the Investigator for the City's first Whistleblower Ordinance. I agree with the Jury's assertion that the City needs a strong and effective process for reporting complaints and protecting whistleblowers. These kinds of protections are a cornerstone of government accountability and transparency. I began my career in public service fighting for these protections, and I continue to care deeply about them.

Introduced in 2004, the Whistleblower Protection Ordinance provides an avenue for employees and government officers to report complaints without fear of reprisal. This program is one component of the City's efforts to protect City resources, deter fraudulent behavior, ensure confidentiality and protect complainants, and establish internal departmental controls. The result is a more efficient government.

The Jury concentrated on the Ethics Commission and its administration of the program, though the Controller's Office also plays a crucial role with respect to both internal and external whistleblower complaints, as does the Department of Human Resources. The Jury finds that as currently written, the WPO is too narrow in scope, more forms of disclosure should be covered, the burden of proof should be modified, and that more remedies for retaliation be provided.

Furthermore, in addition to the critical work of the Ethics Commission and the Controller's Office, existing Department of Human Resources processes negotiated directly with employee representatives provide additional mechanisms to respond to a situation of whistleblower retaliation.

**A detailed response from the Mayor's Office to the Civil Grand Jury's findings and recommendations follows.**

**Findings:**

Finding 1: The WPO does not fully “protect” City officers and employees from retaliation for filing a complaint as required by the Charter mandate of Proposition C, because it covers only a limited range of complaints, it provides no effective remedy for the victim, and its secrecy provisions limit its deterrent effect.

**Disagree, partially.** The WPO, like most laws, may have limitations, and is one element of a broader framework of whistleblower protections and interventions. However, the confidentiality provisions for investigations are important as they protect both the complainant and the respondent during the period when accusations are proved or disproved. As currently structured, the program provides a balance between confidentiality and transparency that is important to maintain.

Finding 2: The WPO also fails to fulfill the Charter mandate, in that it does not cover all whistleblower disclosures specified in the Charter.

**Disagree, partially.** The Civil Grand Jury is correct in noting that the language in the Charter mandate does not exactly match that of the WPO. However, the Mayor’s Office disagrees with the finding that the WPO fails to fulfill the Charter mandate. The difference in language is the outcome of a normal legislative process. An ordinance is the product of an iterative process, informed by a number of legal and practical considerations that arise as it is being drafted, reviewed, and input from a wide variety of stakeholders is taken into account.

Finding 3.1: While other large California cities and counties have relatively weak laws protecting their employees from retaliation for whistleblowing, this does not relieve the Board of its responsibility under the Charter mandate, to enact an ordinance that genuinely protects whistleblowers.

**Agree.**

Finding 3.2: Whistleblower protection laws that cover government employees at the state and Federal level can serve as a useful model for improving the WPO.

**Agree.**

Finding 4: The WPO creates an unwarranted obstacle to administrative complaints of retaliation filed with the Ethics Commission, by imposing a burden of proof on the complainant during preliminary review and investigation of such complaints.

**Disagree.** The Mayor’s Office agrees that robust anti-retaliation provisions must be in place for complainants to feel comfortable coming forward. However, the burden of proof requirement is there for a reason—it creates an important balance by disincentivizing spurious complaints. Without this provision, there is a real risk that poorly-defined or even false complaints will be filed, siphoning away important staff resources from real retaliation investigations. The WPO is consistent with other government provisions on this matter, notably that of the State of California. (see: [http://spb.ca.gov/content/appeals/Appeals\\_Resource\\_Guide.pdf](http://spb.ca.gov/content/appeals/Appeals_Resource_Guide.pdf), bottom of page 18).

**Recommendations:**

Recommendation 1.4: If the Ethics Commission and the Board fail to act within a reasonable time, that the Mayor introduce legislation to the Board of Supervisors that would amend the WPO to provide real protection to whistleblowers, in conformity with the Charter mandate of Proposition C.

**Recommendation will not be implemented.** This sub-recommendation is part of a larger recommendation that first calls for the Ethics Commission to submit an amendment to the WPO to the Board of Supervisors. If the Ethics Commission fails to do so, the Board of Supervisors is to act on its own to amend the WPO. In the event that the Ethics Commission does not take action or the recommended amendment is not enacted by the Board of Supervisors, the Ethics Commission is to submit an amendment directly to the voters. In the event that none of these recommendations occur, Recommendation 1.4 calls for the Mayor to introduce legislation to the Board of Supervisors to amend the ordinance.

The amendment to the WPO recommended here is too vaguely-defined for the Mayor to take a position on it at this time. Further, the sequencing described in the recommendation is not consistent with the way the Mayor's Office approaches major changes to City law. If such changes were to be contemplated, a consensus-based approach would be adopted, with engagement from relevant City departments, stakeholders, legal and subject-matter experts, as well as other elected officials. This is a more effective method of enacting changes to City law.

Recommendation 2.1: That amendments to the WPO expand the definition of whistleblowing to cover oral complaints to the complainant's department; disclosures to a City department or commission other than the complainant's own; and providing information to any of the recipients listed in the Charter mandate (hereafter "listed recipients"), outside of the formal complaint or investigation process.

**The recommendation requires further analysis.**

Recommendation 2.2: That these amendments further expand the scope of covered disclosures to include "providing information" to any of the listed recipients regarding improper government activities, whether or not such information is set forth in a formal complaint, or provided during an official investigation.

**The recommendation requires further analysis.**

Recommendation 3: That amendments to the WPO provide a meaningful remedy for the effects of retaliation, by authorizing the Ethics Commission to order cancellation of a retaliatory job action, and increasing the limit of the civil penalty available under the WPO to an amount adequate to repay the financial losses that can result from such an action.

**The recommendation will not be implemented.** Under the WPO, the Ethics Commission is provided with punitive, not restorative, powers to respond to findings of retaliatory job action. However, there are a number of other avenues a complainant can pursue in such circumstances. As the Civil Grand Jury notes, "City officers and employees have successfully litigated complaints of whistleblower retaliation in state court." Contrary to the Jury's claim that this proves the ineffectiveness of the WPO, it in fact demonstrates that there is an established process for filing a civil action. In addition, if an employee believes that he or she has been disciplined without just cause or has suffered an adverse job impact in retaliation for blowing the

whistle, the employee can file a grievance through his or her union. A grievance of this nature may be resolved at the department or Department of Human Resources level, or be escalated to arbitration, in accordance with the negotiated rules of the employee's Memorandum of Understanding. If the Ethics Committee had investigated and found that a job action was in fact retaliation for activities protected by the Whistleblower Protection Ordinance, this ruling would likely influence the independent arbitrator, who does have the power to reverse a retaliatory job action. While the investigation and ruling of the Ethics Commission would be a critical step in the process, as the Ethics Commission notes in their response, labor relations are the responsibility of the Department of Human Resources.

Given the sufficient availability of existing options for complainants to pursue both civil penalties and reversal of the retaliatory job action, there is no need to amend the WPO in the manner recommended.

Recommendation 4: That amendments to the WPO include a revision of Subsection 4.115(b)(iii) providing that the burden of proof set forth therein does not apply during preliminary review and investigation of administrative complaints to the Commission.

**The recommendation will not be implemented.** As noted above, the burden of proof requirement provides critical balance to the WPO by eliminating the element of moral hazard that its removal would enable.

Thank you again for the opportunity to comment on this Civil Grand Jury report.

Sincerely,

A handwritten signature in black ink, appearing to read "Edwin M. Lee", written in a cursive style.

Edwin M. Lee  
Mayor

---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** FW: Official Board Response - Civil Grand Jury Report: Office of the Assessor-Recorder: Despite Progress, Still the Lowest Rated in the State  
**Attachments:** BOS to Presiding Judge - 150601 - 09.24.2015.pdf

**From:** Major, Erica (BOS)  
**Sent:** Thursday, September 24, 2015 2:44 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Cc:** BOS-Legislative Aides <bos-legislative\_aides@sfgov.org>; jcunningham@sfcgj.org; ascott@sfcgj.org; Janice Pettey <janice.sfgj@gmail.com>; Philip Reed <Phil.sfgj@gmail.com>; Howard, Kate (MYR) <kate.howard@sfgov.org>; Simi, Chris (MYR) <chris.simi@sfgov.org>; Wheaton, Nicole (MYR) <nicole.wheaton@sfgov.org>; Chu, Carmen (ASR) <carmen.chu@sfgov.org>; Mccaffrey, Edward (ASR) <edward.mccaffrey@sfgov.org>; Kelly, Jr, Harlan (PUC) <hkelly@sfgov.org>; Ellis, Juliet (PUC) <jellis@sfgov.org>; Hood, Donna (PUC) <dhood@sfgov.org>; patrick.caceres@sfgov.org; Rosenfield, Ben (CON) <ben.rosenfield@sfgov.org>; Rydstrom, Todd (CON) <Todd.Rydstrom@sfgov.org>; Steeves, Asja (CON) <asja.steeves@sfgov.org>; Givner, Jon (CAT) <jon.givner@sfgov.org>; Caldeira, Rick (BOS) <rick.caldeira@sfgov.org>; Campbell, Severin (BUD) <severin.campbell@sfgov.org>; Newman, Debra (BUD) <debra.newman@sfgov.org>; Wasilco, Jadie (BUD) <jadie.wasilco@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>  
**Subject:** Official Board Response - Civil Grand Jury Report: Office of the Assessor-Recorder: Despite Progress, Still the Lowest Rated in the State

Greetings:

Attached is the Board's official response to the Presiding Judge John K. Stewart on the Civil Grand Jury Report entitled "Office of the Assessor-Recorder: Despite Progress, Still the Lowest Rated in the State."

Best,

**Erica Major**  
**Assistant Committee Clerk**  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244  
San Francisco, CA 94102  
Phone: (415) 554-4441 | Fax: (415) 554-5163  
[Erica.Major@sfgov.org](mailto:Erica.Major@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)

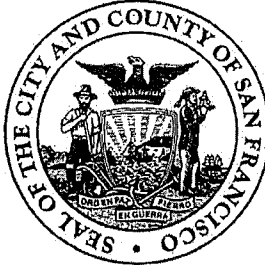


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**Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors website or in other public documents that members of the public may inspect or copy.

BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 544-5227

September 24, 2015

The Honorable John K. Stewart  
Presiding Judge  
Superior Court of California, County of San Francisco  
400 McAllister Street  
San Francisco, CA 94102

Dear Judge Stewart:

The following is a report on the 2014-2015 Civil Grand Jury Report (Report), "Office of the Assessor-Recorder: Despite Progress, Still the Lowest Rated in the State."

The Board of Supervisors Government Audit and Oversight Committee conducted a public hearing on September 3, 2015, to discuss the findings and recommendations of the Civil Grand Jury and the departments' responses to the report.

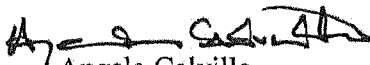
The following City departments submitted a response to the Civil Grand Jury (copies enclosed):

- Office of the Assessor-Recorder  
Received August 5, 2015, for Finding Nos. 1 through 7 and Recommendation Nos. 1 through 5
- Mayor's Office  
Received August 6, 2015, for Finding Nos. 1 through 7 and Recommendation Nos. 1 through 5

The Report was heard in Committee and a Resolution was prepared for the Board of Supervisors approval that formally accepted or rejected the findings and recommendations requiring the Board of Supervisors response on September 8, 2015 (copy of Resolution No. 324-15 enclosed).

If you have any questions, please contact me at (415) 554-5184.

Sincerely,

  
Angela Calvillo  
Clerk of the Board



c:

Members, Board of Supervisors  
Honorable John K. Stewart, Presiding Judge  
Jay Cunningham, 2015-2016 San Francisco Civil Grand Jury  
Alison Scott, 2015-2016 San Francisco Civil Grand Jury  
Janice Pettey, 2014-2015 San Francisco Civil Grand Jury  
Philip Reed, 2014-2015 San Francisco Civil Grand Jury  
Kate Howard, Mayor's Office  
Chris Simi, Mayor's Office  
Nicole Elliott, Mayor's Office  
Carmen Chu, Office of the Assessor-Recorder  
Edward McCaffrey, Office of the Assessor-Recorder  
Harlan Kelly, Jr., Public Utilities Commission  
Juliet Ellis, Public Utilities Commission  
Donna Hood, Public Utilities Commission  
Patrick Caceres, Public Utilities Commission  
Ben Rosenfield, Office of the Controller  
Todd Rydstrom, Office of the Controller  
Asja Steeves, Office of the Controller  
Jon Givner, City Attorney's Office  
Rick Caldeira, Legislative Deputy  
Severin Campbell, Budget and Legislative Analyst  
Debra Newman, Budget and Legislative Analyst  
Jadie Wasilco, Budget and Legislative Analyst

---



City and County of San Francisco

Certified Copy

Resolution

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

150601

**[ Board Response - Civil Grand Jury - Office of the Assessor-Recorder:  
Despite Progress, Still the Lowest Rated in the State ]**

Resolution responding to the Presiding Judge of the Superior Court on the findings and recommendations contained in the 2014-2015 Civil Grand Jury Report, entitled "Office of the Assessor-Recorder: Despite Progress, Still the Lowest Rated in the State;" and urging the Mayor to cause the implementation of accepted findings and recommendations through his/her department heads and through the development of the annual budget. (Clerk of the Board)

9/8/2015 Board of Supervisors - ADOPTED

Ayes: 11 - Avalos, Breed, Campos, Christensen, Cohen, Farrell, Kim, Mar, Tang, Wiener and Yee

9/18/2015 Mayor - RETURNED UNSIGNED

STATE OF CALIFORNIA  
CITY AND COUNTY OF SAN FRANCISCO

CLERK'S CERTIFICATE

I do hereby certify that the foregoing Resolution is a full, true, and correct copy of the original thereof on file in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City and County of San Francisco.

September 22, 2015

Date

Angela Calvillo  
Clerk of the Board

1 [Board Response - Civil Grand Jury - Office of the Assessor-Recorder: Despite Progress, Still  
2 the Lowest Rated in the State]

3 **Resolution responding to the Presiding Judge of the Superior Court on the findings**  
4 **and recommendations contained in the 2014-2015 Civil Grand Jury Report, entitled**  
5 **“Office of the Assessor-Recorder: Despite Progress, Still the Lowest Rated in the**  
6 **State;” and urging the Mayor to cause the implementation of accepted findings and**  
7 **recommendations through his/her department heads and through the development of**  
8 **the annual budget.**

9  
10 WHEREAS, Under California Penal Code, Section 933 et seq., the Board of  
11 Supervisors must respond, within 90 days of receipt, to the Presiding Judge of the Superior  
12 Court on the findings and recommendations contained in Civil Grand Jury Reports; and

13 WHEREAS, In accordance with California Penal Code, Section 933.05(c), if a finding or  
14 recommendation of the Civil Grand Jury addresses budgetary or personnel matters of a  
15 county agency or a department headed by an elected officer, the agency or department head  
16 and the Board of Supervisors shall respond if requested by the Civil Grand Jury, but the  
17 response of the Board of Supervisors shall address only budgetary or personnel matters over  
18 which it has some decision making authority; and

19 WHEREAS, Under San Francisco Administrative Code, Section 2.10(a), the Board of  
20 Supervisors must conduct a public hearing by a committee to consider a final report of the  
21 findings and recommendations submitted, and notify the current foreperson and immediate  
22 past foreperson of the civil grand jury when such hearing is scheduled; and

23 WHEREAS, In accordance with San Francisco Administrative Code, Section 2.10(b),  
24 the Controller must report to the Board of Supervisors on the implementation of  
25

1 recommendations that pertain to fiscal matters that were considered at a public hearing held  
2 by a Board of Supervisors Committee; and

3 WHEREAS, The 2014-2015 Civil Grand Jury Report, entitled "Office of the Assessor-  
4 Recorder: Despite Progress, Still the Lowest Rated in the State" (Report) is on file with the  
5 Clerk of the Board of Supervisors in File No. 150601, which is hereby declared to be a part of  
6 this Resolution as if set forth fully herein; and

7 WHEREAS, The Civil Grand Jury has requested that the Board of Supervisors respond  
8 to Finding Nos. 3, 4, 5, as well as Recommendation Nos. 2 and 3 contained in the subject  
9 Report; and

10 WHEREAS, Finding No. 3 states: "The funding from [the State-County Assessor's  
11 Partnership Program] (SCAPP) and the matching monies from the City and County provides  
12 an opportunity to eliminate the Office of Assessor-Recorder backlog and raise their [California  
13 State Board of Equalization] (BOE) rating;" and

14 WHEREAS, Finding No. 4 states: "The funding from SCAPP is limited in time and does  
15 not cover other [Office of Assessor-Recorder] (OAR) personnel needs, including key  
16 administrative positions that can keep the backlog reduction momentum going;" and

17 WHEREAS, Finding No. 5 states: "OAR does not have a written staffing analysis and  
18 plan to reduce the remaining backlog of unassessed properties;" and

19 WHEREAS, Recommendation No. 2 states: "The Office of Assessor-Recorder needs to  
20 conduct a staffing analysis and generate an aggressive written long-term plan to maintain a  
21 backlog-free OAR before the end of CY2015;" and

22 WHEREAS, Recommendation No. 3 states: "The City and County needs to provide  
23 General Fund money (from the expected increase in revenue from property taxes due to a  
24 more productive OAR) in the FY15-16 budget to support new funding for key administrative  
25

1 positions and on-going funding for OAR positions after the expiration of the three-year grant;"  
2 and

3 WHEREAS, In accordance with California Penal Code, Section 933.05(c), the Board of  
4 Supervisors must respond, within 90 days of receipt, to the Presiding Judge of the Superior  
5 Court on Finding Nos. 3, 4, 5, as well as Recommendation Nos. 2 and 3 contained in the  
6 Report; now, therefore, be it

7 RESOLVED, That the Board of Supervisors reports to the Presiding Judge of the  
8 Superior Court that they partially disagree with Finding No. 3 for reasons as follows: the  
9 SCAPP grant funding and matching funds are not likely to be sufficient to fully eliminate the  
10 backlog; however, the Board of Supervisors approved additional funding and staffing in  
11 FY2015-16 and will likely provide continued support in the future to reduce the backlog; and,  
12 be it

13 FURTHER RESOLVED, That the Board of Supervisors reports that they agree with  
14 Finding No. 4; and, be it

15 FURTHER RESOLVED, That the Board of Supervisors reports that they partially  
16 disagree with Finding No. 5 for reasons as follows: the Board of Supervisors concurs with the  
17 OAR, which states that "over the last two budget cycles [their] office has successfully  
18 advocated for and outlined work plans for the hiring of additional staff through the City's  
19 annual appropriation process. In both instances funding requests were made to address a  
20 part of the outstanding assessment work load in both assessment appeals as well as new  
21 construction and to partially address the resources needed in key administrative positions.  
22 Looking forward, the office prioritized transitioning previously project-based limited positions  
23 who worked on appeals cases only to permanent positions for the office in order to provide  
24 operational flexibility. Operational flexibility is critical as [their] office is impacted by economic  
25 cycles - market downturns may drive more appeals cases and market upswings may drive

1 additional new construction work so the ability to assign staff where the need remains  
2 important. As administrative resources and data become available in the coming year, the  
3 office intends to refine [their] long-term projections and provide trade-offs for policy makers in  
4 their funding decisions;" and, be it

5 FURTHER RESOLVED, That the Board of Supervisors reports that Recommendation  
6 No. 2 has not yet been implemented, but will be implemented in the future, for reasons as  
7 follows: while this recommendation is beyond the authority of the Board of Supervisors, OAR  
8 is working on finalizing a complete staffing analysis and expects to be finished by the end of  
9 FY2015-16, and the Board shall report to the Civil Grand Jury on the status of this  
10 recommendation within six months from the date of issuance or by December 8, 2015; and,  
11 be it

12 FURTHER RESOLVED, That the Board of Supervisors reports that Recommendation  
13 No. 3 has been implemented for reasons as follows: the Board of Supervisors and the Mayor  
14 approved the FY2015-16 budget, which included a \$655,634 increase in General Fund  
15 support and 18 new positions for the OAR; and, be it

16 FURTHER RESOLVED, That the Board of Supervisors urges the Mayor to cause the  
17 implementation of the accepted findings and recommendations through his/her department  
18 heads and through the development of the annual budget.



**City and County of San Francisco**  
**Tails**  
**Resolution**

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

**File Number:** 150601

**Date Passed:** September 08, 2015

Resolution responding to the Presiding Judge of the Superior Court on the findings and recommendations contained in the 2014-2015 Civil Grand Jury Report, entitled "Office of the Assessor-Recorder: Despite Progress, Still the Lowest Rated in the State;" and urging the Mayor to cause the implementation of accepted findings and recommendations through his/her department heads and through the development of the annual budget.

September 03, 2015 Government Audit and Oversight Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING SAME TITLE

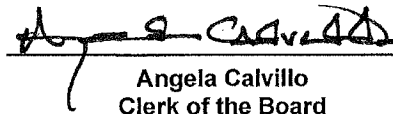
September 03, 2015 Government Audit and Oversight Committee - RECOMMENDED AS AMENDED AS A COMMITTEE REPORT

September 08, 2015 Board of Supervisors - ADOPTED

Ayes: 11 - Avalos, Breed, Campos, Christensen, Cohen, Farrell, Kim, Mar, Tang, Wiener and Yee

File No. 150601

I hereby certify that the foregoing  
Resolution was ADOPTED on 9/8/2015 by  
the Board of Supervisors of the City and  
County of San Francisco.

  
Angela Calvillo  
Clerk of the Board

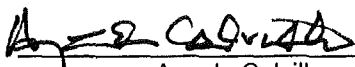
Unsigned

\_\_\_\_\_  
Mayor

9/18/15

\_\_\_\_\_  
Date Approved

I hereby certify that the foregoing resolution, not being signed by the Mayor within the time limit as set forth in Section 3.103 of the Charter, or time waived pursuant to Board Rule 2.14.2, became effective without his approval in accordance with the provision of said Section 3.103 of the Charter or Board Rule 2.14.2.

  
\_\_\_\_\_  
Angela Calvillo  
Clerk of the Board

  
\_\_\_\_\_  
Date

File No.  
150601





August 5, 2015

Attn: Government Audit and Oversight Committee  
Clerk of the Board  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

Re: Office of the Assessor-Recorder's response to the May 2015 Civil Grand Jury report

Dear Government Audit and Oversight Committee:

Thank you for your leadership with the San Francisco Superior Courts. Pursuant to Penal Code sections 933 and 933.05, the following is in response to the Civil Grand Jury report issued May 2015. As an office, we want to thank the Civil Grand Jury for commending "the strides [our office has] made toward improving overall office performance and in reducing the backlog." We are mindful of the work we have still to do and look forward to meeting those challenges. We also want to appreciate the work of the citizen volunteers of the Civil Grand Jury for their dedication, for their time, and for recognizing and highlighting the importance of supporting the function of the Office of the Assessor-Recorder.

**The Office of the Assessor-Recorder's response to the Civil Grand Jury's findings and recommendations is as follows:**

**FINDINGS**

***Response Options:***

- 1) *Agree with the finding (if agree is chosen, no explanation is necessary)*
- 2) *Disagree with the finding, Wholly*
- 3) *Disagree with the finding, Partially*

**Finding 1:** The Office of Assessor- Recorder has made progress in clearing up the backlog, and as of February 2015, only 39 properties had exceeded the four-year statute of limitations. Nevertheless, a severe backlog problem remains.

**Response:** I, the office agrees that it has made significant progress in working down assessments and that there is a large number of unworked items remaining in the work queue. It is important to note that the term "backlog" has been used to generically describe the number of outstanding items on our work list at a single point in time and as such is inclusive of all outstanding assessments including those transactions that have recently occurred, duplicates, or cases that are ineligible for reassessment.

**Finding 2:** The lag in issuing assessments delays the receipt of tax revenue, leads to a loss in interest earnings on property tax revenue, and puts a burden on taxpayers who "are entitled to timely notification of assessments." (2013 BOE Survey)

**Response:** I, the Office of the Assessor-Recorder values timely assessments and is currently working to reduce the time needed to work assessment cases. Currently, the Revenue and Taxation Code provides county offices with a four year window to work change in ownership and new construction

items and a two year window to hear assessment appeals cases – scheduling assessment appeals hearing is an independent function of the Board of Supervisor's Assessment Appeals Board.

**Finding 3:** The funding from SCAPP and the matching monies from the City and County provides an opportunity to eliminate the Office of Assessor-Recorder backlog and raise their BOE rating.

**Response:** 3, the SCAPP grant and matching monies provides much needed resources for the office, but it is only the start of addressing a larger need to resource the office. The grant funds provide a total of \$300,000 in FY 2014-15, \$460,000 in FY 2015-16, and \$525,000 in FY 2016-17. Long term success at reducing the number of outstanding cases depends on additional resources, operational efficiencies, and market conditions which ultimately drive the number of appeals, changes in ownership, and new construction cases our office receives. Other measures that our office has successfully advocated for in partnership with the Assessment Appeals Board has been resources that allow for more scheduled more hearings.

With respect to the term "BOE rating," and the report's use of the term "least efficient" when comparing San Francisco to other California counties, it is important to distinguish that the number referred to is actually the Board of Equalization's (BOE's) "assessment ratio." The assessment ratio does not measure an organization's efficiency in accomplishing its duties within resource constraints, nor does it speak to the complexities and unique attributes of different counties. In general, the assessment ratio compares our office's enrolled values to the BOE's opinion of value. It is derived based on a random sampling of assessments at a single point in time. An assessment ratio of 100 means the values enrolled are the same as the BOE's opinion of value. An assessment ratio less than 100 means that a county is valuing property at a level that is lower than the BOE's opinion of value and an assessment ratio greater than 100 means that a county is valuing property at a level that is higher than the BOE's opinion of value. Notably, since it is a point in time snapshot, any assessments that have not yet been worked will be counted as "undervaluing" the assessment even if the county is on track to value those assessments within the statute of limitation.

**Finding 4:** The funding from SCAPP is limited in time and does not cover other OAR personnel needs, including key administrative positions that can keep the backlog reduction momentum going.

**Response:** 1, in addition to hiring staff to work assessment cases, it is vitally important to have strong staffing in administrative functions to support the work of the organization including staffing in information technology, human resources, contracting, etc.

**Finding 5:** OAR does not have a written staffing analysis and plan to reduce the remaining backlog of unassessed properties.

**Response:** 3, over the last two budget cycles our office has successfully advocated for and outlined work plans for the hiring of additional staff through the City's annual appropriation process. In both instances funding requests were made to address a part of the outstanding assessment work load in both assessment appeals as well as new construction and to partially address the resources needed in key administrative positions. Looking forward, the office prioritized transitioning previously project-based limited positions who worked on appeals cases only to permanent positions for the office in order to provide operational flexibility. Operational flexibility is critical as our office is impacted by economic cycles – market downturns may drive more appeals cases and market upswings may drive additional new construction work so the ability to assign staff where the need is remains important. As administrative resources and data become available in the coming year, the office intends to refine our long-term projections and provide trade-offs for policy makers in their funding decisions.

**Finding 6:** There is still a need to communicate with the Department of Building Inspection about OAR needs in terms of the flow of information between the two departments, which has the potential for greater efficiencies for the OAR.

**Response:** 1, the Office of the Assessor-Recorder is currently holding regularly scheduled meetings with the Department of Building Inspection (DBI) to improve data flow between both departments. In addition, we will be working through the City Services Auditor Division within the Controller's Office and with DBI to find additional opportunities to improve the flow of information from DBI to our office – this is particularly important as DBI begins planning for the next phase of their technology project.

**Finding 7:** There is a disconnect between the OAR Annual Report and the recommendations that have come from Civil Grand Jury, Controller, and State Board of Equalization reports. The Annual Report fails to clearly address the progress made, or the lack thereof, in its operations that stem from the recommendations that come from these outside agencies.

**Response:** 2, Section 1.56 of the San Francisco Administrative Code requires City offices or departments to prepare an annual report describing its activities as part of the annual statement of purpose. The intent of the annual report is to share progress on key initiatives, inform the taxpayers of the general function and direction of the office, in addition to providing data on workload, challenges and achievements. Recommendations from previous Civil Grand Jury/Controller Reports and from previous Board of Equalization Assessment Surveys have also been addressed through the office's official responses – Civil Grand Jury responses are sent to the SF Superior Court, heard at public hearings before the Board of Supervisors and may have follow-up actions from the Civil Grand Jury - the State Board of Equalization also has a process to publicly incorporate the office's response and progress on recommendations and renews their review of San Francisco every five years. We look forward to working in the year ahead to improve our work and our annual report.

## **RECOMMENDATIONS**

### ***Response Options:***

- 1) The recommendation has been implemented*
- 2) The recommendation has not been, but will be, implemented in the future*
- 3) The recommendation requires further analysis (explanation of the scope of that analysis and a timeframe)*
- 4) The recommendation will not be implemented because it is not warranted or reasonable*

**Recommendation 1.** The Office of Assessor-Recorder should raise the bar by meeting the state requirement and clear the backlog by the end of FY16-17.

**Response:** 1, 3 & 4, see response to Findings 3, 4 and 5. Although our office has been successful in advocating for and receiving funds from the State and locally, long term success depends on a number of factors, including: success in receiving additional support for operations, identifying operational efficiencies, support in the hiring process to implement the staffing plan, and market conditions. While the office's goal is to clear the outstanding assessment cases, current staffing levels are not adequate to do so by FY16-17. The office, however, is focused on refining our analysis to determine the combination of strategies needed to address work load in the long-term.

**Recommendation 2.** The Office of Assessor-Recorder needs to conduct a staffing analysis and generate an aggressive written long-term plan to maintain a backlog-free OAR before the end of CY2015.

**Response:** 1 and 2, see response to Finding 5. The office's goal is to develop a long-term plan in FY 2015-16 and to continue refining that plan as more information is known about market conditions or resource changes.

**Recommendation 3.** The City and County needs to provide General Fund money (from the expected increase in revenue from property taxes due to a more productive OAR) in the FY15-16 budget to

support new funding for key administrative positions and on-going funding for OAR positions after the expiration of the three-year grant.

**Response:** 1 & 2, the Board of Supervisors and the Mayor approved a \$22 million General Fund budget for OAR for FY 2015-16, including additional resources for key administrative and operations positions. As the office further refines the long-term outlook, additional resources may be necessary to reduce the number of outstanding assessment cases. In addition, the expiration of a three-year state grant is outside the timeframe of the recently passed two year FY 2015-17 budget. The office will be in conversations with the Board of Supervisors and the Mayor's Office prior to the expiration of grant funding in FY 2017-18.

**Recommendation 4.** The Office of Assessor-Recorder should regularly meet with staff from DBI to transfer data more efficiently between the departments before the end of CY15.

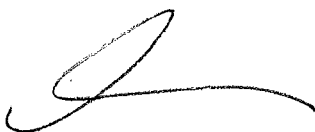
**Response:** 1, see response to Finding 6.

**Recommendation 5.** The 2015 and on-going OAR Annual Reports need to be written in a more explicit, consumer-friendly, jargon-free fashion, highlighting and clearly defining any efforts made in reducing the backlog, discussing the financial implications for not doing so, and addressing any progress made, or obstacles encountered, in fulfilling the recommendations for office improvements.

**Response:** 1, the Office of the Assessor-Recorder strives to make information on the functions of the office and requirements of the revenue and tax code assessable to taxpayers and looks forward to continuing to improve our communications. Pages 4 & 5 of the 2014 Annual Report highlights key initiatives for the office. Pages 11-21 focuses on the Real Property Division and includes information such as pending assessment appeals cases over the last ten years and descriptions of the property roll. While the report does not include a discussion on the financial implication of unworked assessments (because individual cases have not yet been reviewed), pages 7-9 speaks to how property tax revenues are allocated and programs it supports.

Thank you again for the opportunity to comment on this Civil Grand Jury report.

Sincerely,

A handwritten signature in black ink, appearing to be 'Carmen Chu', with a stylized, flowing script.

Carmen Chu  
Assessor-Recorder

OFFICE OF THE MAYOR  
SAN FRANCISCO



EDWIN M. LEE

August 7, 2015

The Honorable John K. Stewart  
Presiding Judge  
Superior Court of California, County of San Francisco  
400 McAllister Street  
San Francisco, CA 94102

Dear Judge Stewart:

Pursuant to Penal Code sections 933 and 933.05, the following is in reply to the 2014-2015 Civil Grand Jury continuity report, *Office of the Assessor-Recorder: Despite Progress, Still The Lowest Rated Office in the State*. I would like to thank the members of the Civil Grand Jury for their interest in the operations of the Office.

The Office of the Assessor-Recorder serves a crucial role in the City's operations. It is charged with assessing all taxable property in San Francisco and is committed to providing fair and equitable treatment of taxpayers while delivering outstanding public service.

The Jury found that while the Assessor-Recorder has made significant strides since the Jury's last report, in Fiscal Year 2005-06; this is a success for which the department should be commended. Responses to the Civil Grand Jury's findings and recommendations follow.

**Findings:**

Finding 1: The Office of Assessor- Recorder has made progress in clearing up the backlog, and as of February 2015, only 39 properties had exceeded the four-year statute of limitations. Nevertheless, a severe backlog problem remains.

**Agree.**

Finding 2: The lag in issuing assessments delays the receipt of tax revenue, leads to a loss in interest earnings on property tax revenue, and puts a burden on taxpayers who "are entitled to timely notification of assessments." (2013 BOE Survey)

**Agree.**

Finding 3: The funding from SCAPP and the matching monies from the City and County provides an opportunity to eliminate the Office of Assessor-Recorder backlog and raise their BOE rating.

**Agree.** While the SCAPP funding is an important resource, it is not sufficient to completely eliminate the Assessor-Recorder's backlog. To that end, the Mayor has made important investments in the department over the past several fiscal years, both in staffing and technology. The department's funded position count has increased from 152 in FY 2013-14 to 190 in the FY 2015-16 budget; this is a 25% increase in department staffing. In addition, the Mayor has included funding for replacement of the department's

property tax assessment database, which was identified as a Major IT Project by the City's Committee on Information Technology (COIT), with a total funding need of \$13.0 million over the next 5 years. Though these investments are expected to reduce the backlog and raise the department's BOE rating, neither outcome is guaranteed at this time.

Finding 4: The funding from SCAPP is limited in time and does not cover other OAR personnel needs, including key administrative positions that can keep the backlog reduction momentum going.

**Agree.** The funding from SCAPP is limited and does not cover key administrative positions. In recognition of this, the Fiscal Years 2015-16 and 2016-17 budget includes additional administrative positions at the Assessor-Recorder's Office.

Finding 5: OAR does not have a written staffing analysis and plan to reduce the remaining backlog of unassessed properties.

**Disagree, Partially.** The Assessor-Recorder does produce a staffing analysis each year in order to provide sufficient staff to process workload and reduce the backlog. The department is developing a formal plan to reduce the remaining backlog. This plan is expected to be completed by the end of Fiscal Year 2015-16.

Finding 6: There is still a need to communicate with the Department of Building Inspection about OAR needs in terms of the flow of information between the two departments, which has the potential for greater efficiencies for the OAR.

**Agree.**

Finding 7: There is a disconnect between the OAR Annual Report and the recommendations that have come from Civil Grand Jury, Controller, and State Board of Equalization reports. The Annual Report fails to clearly address the progress made, or the lack thereof, in its operations that stem from the recommendations that come from these outside agencies.

**Agree.** While there has been a disconnect in the past, the Mayor looks forward to the forthcoming 2015 Annual Report, which will incorporate recommendations from the Civil Grand Jury, Controller, and State Board of Equalization.

### **Recommendations:**

Recommendation 1: The Office of Assessor-Recorder should raise the bar by meeting the state requirement and clear the backlog by the end of FY16-17.

**Requires further analysis.** Please see the department's response regarding the feasibility of clearing the backlog by the end of FY 2016-17. The Mayor supports the goal of clearing the backlog and as a result the budget has included funds for significant staffing and IT investments for the Assessor-Recorder's Office over the past several fiscal years.

Recommendation 2: The Office of Assessor-Recorder needs to conduct a staffing analysis and generate an aggressive written long-term plan to maintain a backlog-free OAR before the end of CY2015.

**Has not been, but will be, implemented in the future.** Please see the department's response for information on its plan to implement this recommendation by the end of Fiscal Year 2015-16. The Mayor encourages the department to generate a long-term plan, which will supplement its practice of producing an annual staffing analysis.

Recommendation 3: The City and County needs to provide General Fund money (from the expected increase in revenue from property taxes due to a more productive OAR) in the FY15-16 budget to support new funding for key administrative positions and on-going funding for OAR positions after the expiration of the three-year grant.

**Recommendation has been implemented.** The adopted Fiscal Year 2015-16 budget includes a \$655,634 increase in General Fund support for the Assessor-Recorder's Office; 18 new positions are included in that funding increase.

Recommendation 4: The Office of Assessor-Recorder should regularly meet with staff from DBI to transfer data more efficiently between the departments before the end of CY15.


**Recommendation has been implemented.** As noted in the Assessor-Recorder's response, this recommendation has been implemented.

Recommendation 5: The 2015 and on-going OAR Annual Reports need to be written in a more explicit, consumer-friendly, jargon-free fashion, highlighting and clearly defining any efforts made in reducing the backlog, discussing the financial implications for not doing so, and addressing any progress made, or obstacles encountered, in fulfilling the recommendations for office improvements.

**Has not been, but will be, implemented in the future.** As noted in the Assessor-Recorder's response, this recommendation will be implemented in the upcoming OAR Annual Report, which is expected to be released in September 2015.

Thank you again for the opportunity to comment on this Civil Grand Jury report.

Sincerely,



Edwin M. Lee  
Mayor

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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; BOS-Legislative Aides  
**Subject:** FW: Required: Copy of Waiver Request Sent to Board of Supervisors--Focus Diagnostics  
**Attachments:** Focus Diagnostics 12b Waiver Request Form.pdf

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**From:** Folmar, David (DPH)  
**Sent:** Tuesday, September 22, 2015 2:46 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** Required: Copy of Waiver Request Sent to Board of Supervisors--Focus Diagnostics

Board of Sup Required: Copy of Waiver Request Sent to Board of Supervisors

Attached 12b Waiver Request—Focus Diagnostics , \$7,000: ELISA Herpes Testing Kits for San Francisco General Hospital  
July 1, 2015-June 30, 2016

No Potential Contractors Comply  
Administrative Code 12B.5-1



**City and County of San Francisco**



**Edwin M. Lee**  
Mayor

**Department of Public Health**

**Barbara A. Garcia, MPA**  
Director of Health

**MEMORANDUM**

TO: Maria Cordero, Director, Contract Monitoring Division  
THROUGH: Barbara A. Garcia, MPA, Director of Health  
FROM: Jacquie Hale, Director, DPH Office of Contracts Management  
DATE: May 5, 2015  
SUBJECT: 12B Waiver

The Department of Public Health (DPH) respectfully requests approval of the attached 12B Waiver for the following:

**Focus Diagnostics (v30069)**

**Commodity/Service:** HerpeSelect® - 2 ELISA lag herpes test kits for DPH STD Control for use at the Public Health Lab in detecting herpes

**Amount:** \$7,000

**Funding Source:** General Fund

**Term:** July 1, 2015 through June 30, 2016

**Rationale for this sole source waiver:**

HerpeSelect® - 2 ELISA IgG herpes testing kits has performance characteristics that meet the Departments requirements for detecting herpes and no other product matches those performance characteristics. The Public Health Lab performed a parallel test to evaluate the three known ELISA test kits for detecting herpes that included HerpeSelect® - 2 ELISA IgG test kits. The results of that evaluation showed HerpeSelect® test kits as having the highest sensitivity and specificity for detecting herpes among the kits evaluated.

There are several other vendors that sell the kits, only one other is a city vendor, Diamedix, but is not 12B compliant either. DPH prefers purchasing directly from Focus Diagnostics for pricing and performance/medical reasons.

**SF Administrative Code 21.5(b)**

Notwithstanding any other provision of this Code, procurement of the following shall be made in accordance with the Purchaser's regulations: b. Commodities or services available only from a sole source; Performance Features essential to the City and no other vendor satisfies these requirements.

For questions concerning this waiver request, please call the Office of Contract Management at 554-2839.

Thank you for your consideration.



# CITY AND COUNTY OF SAN FRANCISCO CONTRACT MONITORING DIVISION

## S.F. ADMINISTRATIVE CODE CHAPTERS 12B and 14B WAIVER REQUEST FORM (CMD-201)

Send completed waiver requests to:  
cmd.waiverrequest@sfgov.org or  
CMD, 30 Van Ness Avenue, Suite 200, San Francisco, CA  
94102

FOR CMD USE ONLY

Request Number:

### ➤ Section 1. Department Information

Department Head Signature: \_\_\_\_\_

Name of Department: Department of Public Health

Department Address: 101 Grove St. Rm 307 San Francisco CA 94102

Contact Person: Jacquie Hale, Director, Contract Management and Compliance

Phone Number: 554-2609 E-mail: Jacquie.Hale@sfdph.org

### ➤ Section 2. Contractor Information

Contractor Name: Focus Diagnostics Vendor No.: 30069

Contractor Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

### ➤ Section 3. Transaction Information

Date Waiver Request Submitted: May 8, 2015 Type of Contract: Commodity, Medical

Contract Start Date: July 1, 2015 End Date: June 30, 2016 Dollar Amount of Contract: \$ \$ 7,000.00

### ➤ Section 4. Administrative Code Chapter to be Waived (please check all that apply)

☒ Chapter 12B

☐ Chapter 14B Note: Employment and LBE subcontracting requirements may still be in force even when a 14B waiver (type A or B) is granted.

### ➤ Section 5. Waiver Type (Letter of Justification *must* be attached, see Check List on back of page.)

☒ A. Sole Source

☐ B. Emergency (pursuant to Administrative Code §6.60 or 21.15)

☐ C. Public Entity

☐ D. No Potential Contractors Comply (Required) Copy of waiver request sent to Board of Supervisors on: \_\_\_\_\_

☐ E. Government Bulk Purchasing Arrangement (Required) Copy of waiver request sent to Board of Supervisors on: \_\_\_\_\_

☐ F. Sham/Shell Entity (Required) Copy of waiver request sent to Board of Supervisors on: \_\_\_\_\_

☐ G. Subcontracting Goals

☐ H. Local Business Enterprise (LBE)

#### CMD/HRC ACTION

12B Waiver Granted: \_\_\_\_\_

14B Waiver Granted: \_\_\_\_\_

12B Waiver Denied: \_\_\_\_\_

14B Waiver Denied: \_\_\_\_\_

Reason for Action: \_\_\_\_\_

CMD Staff: \_\_\_\_\_ Date: \_\_\_\_\_

CMD Director: \_\_\_\_\_ Date: \_\_\_\_\_

HRC Director (12B Only): \_\_\_\_\_ Date: \_\_\_\_\_

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; BOS-Legislative Aides  
**Subject:** FW: Required: Copy of Waiver Request Sent to Board of Supervisors--Patterson  
**Attachments:** Patterson Medical CMD Waiver Request 2015-16.pdf

**From:** Folmar, David (DPH)  
**Sent:** Tuesday, September 22, 2015 2:56 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Cc:** Winchester, Tamra (ADM) <tamra.winchester@sfgov.org>  
**Subject:** Required: Copy of Waiver Request Sent to Board of Supervisors--Patterson

Board of Sup Required: Copy of Waiver Request Sent to Board of Supervisors

Attached 12b Waiver Request—Patterson, \$100,000: for San Francisco General Hospital September 18, 2015-June 30, 2020

No Potential Contractors Comply  
Administrative Code 12B.5-1

City and County of San Francisco

Department of Public Health



Edwin M Lee  
Mayor

MEMORANDUM

TO: Veronica Ng, Director, Contract Monitoring Division  
THROUGH: Barbara A. Garcia, MPA, Director of Health *AO*  
FROM: Jacquie Hale, Director, DPH Office of Contracts Management *JH*  
DATE: August 31, 2015  
SUBJECT: 12B Sole Source Waiver Request

The Department of Public Health (DPH) respectfully requests approval of the attached 12B Waiver for **Patterson Medical, v# 87990** (formerly Sammons Preston Rolyan):

**Purpose:** Purchase of highly specialized medical supplies used by the Department of Public Health hospitals and clinics.  
**Amount:** Estimated amount for term is \$100,000  
**Funding Source:** General Funds and State Funds  
**Term:** September <sup>18</sup> ~~4~~, 2015 through June 30, 2020 *DNF*

\*\*Exempt from 14B consideration when Federal or State funds are used.

**Rationale for this sole source waiver request:**

The medical and rehabilitation supplies and devices purchased from Patterson Medical have performance characteristics that meet department requirements for children, seniors and disabled patients and residents at San Francisco General Hospital, Laguna Honda Hospital and City Clinics. Products are purchased under a Novation contract.

Searches for vendors of these highly specialized products yield no other suitable vendors. Others have a smaller range of product offerings and are higher priced. No other vendors are identified as 12B compliant.

For questions concerning this waiver request, please call the Office of Contract Management at 255-3491

Thank you for your consideration.



# CITY AND COUNTY OF SAN FRANCISCO CONTRACT MONITORING DIVISION

## S.F. ADMINISTRATIVE CODE CHAPTERS 12B and 14B WAIVER REQUEST FORM (CMD-201)

Send completed waiver requests to:  
cmd.waiverrequest@sfgov.org or  
CMD, 30 Van Ness Avenue, Suite 200, San Francisco, CA  
94102

FOR CMD USE ONLY

Request Number:

### Section 1. Department Information

Department Head Signature: [Signature]

Name of Department: Department of Public Health

Department Address: 101 Grove St. Rm 307 San Francisco CA 94102

Contact Person: Jacquie Hale, Director, Contract Management and Compliance

Phone Number: 554-2609 E-mail: Jacquie.Hale@sfdph.org

### Section 2. Contractor Information

Contractor Name: Patterson Medical Vendor No.: 87990

Contractor Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

### Section 3. Transaction Information

Date Waiver Request Submitted: August 31, 2015 Type of Contract: Commodity, Medical

Contract Start Date: Sept 15, 2015 End Date: June 30, 2020 Dollar Amount of Contract: \$ \$ 100,000.00

### Section 4. Administrative Code Chapter to be Waived (please check all that apply)

☒ Chapter 12B

☐ Chapter 14B Note: Employment and LBE subcontracting requirements may still be in force even when a 14B waiver (type A or B) is granted.

### Section 5. Waiver Type (Letter of Justification *must* be attached, see Check List on back of page.)

☒ A. Sole Source

☐ B. Emergency (pursuant to Administrative Code §6.60 or 21.15)

☐ C. Public Entity

☐ D. No Potential Contractors Comply (Required) Copy of waiver request sent to Board of Supervisors on: \_\_\_\_\_

☐ E. Government Bulk Purchasing Arrangement (Required) Copy of waiver request sent to Board of Supervisors on: \_\_\_\_\_

☐ F. Sham/Shell Entity (Required) Copy of waiver request sent to Board of Supervisors on: \_\_\_\_\_

☐ G. Subcontracting Goals

☐ H. Local Business Enterprise (LBE)

### CMD/HRC ACTION

12B Waiver Granted: \_\_\_\_\_

14B Waiver Granted: \_\_\_\_\_

12B Waiver Denied: \_\_\_\_\_

14B Waiver Denied: \_\_\_\_\_

Reason for Action: \_\_\_\_\_

CMD Staff: \_\_\_\_\_ Date: \_\_\_\_\_

CMD Director: \_\_\_\_\_ Date: \_\_\_\_\_

HRC Director (12B Only): \_\_\_\_\_ Date: \_\_\_\_\_

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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; Evans, Derek  
**Subject:** FW: Request to delete pages 24-34 of File No. 150764  
**Attachments:** page 23 to 34 from Comm Rpt Pkt 092215.pdf

-----Original Message-----

From: Koichi Mera [mailto:koichi.mera@verizon.net]  
Sent: Tuesday, September 22, 2015 1:59 PM  
To: Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>; Lee, Mayor (MYR) <mayoredwinlee@sfgov.org>  
Cc: なでしこアクション <japannetwork1@gmail.com>  
Subject: Request to delete pages 24-34 of File No. 150764

Dear Mayor Edwin M. Lee and the Members of the Board of Supervisors of the City and County of San Francisco:

I hope this email finds you well.

My name is Koichi Mera. I live in California.

I am writing this email to request that you delete pages 24-34 of File No. 150764 on the Board of Supervisors official website.

File No. 150764 Committee/Board of Supervisors Agenda Packet Contents List  
<https://sfgov.legistar.com/View.ashx?M=F&ID=4037995&GUID=E2672BA3-88F0-4F54-9ECD-EBB72EF2D506>

P23~34

A -Report on .Japanese Right-.Wing Opposition to the ".Comfort .Women"

Memorial in Sam Francisco

Attached PDF "page 23 to 34 from Comm Rpt Pkt 092215"

The reason for my request is that, in the report, I am depicted as a "Japanese Right-Wing", "comfort women denialist," and also as a "racist."

The information about me in the report is not true, and defaming. In publishing these falsehoods, you have unwittingly made yourselves a party to a slanderous misrepresentation of the facts.

I respect freedom of speech and expression, but it is completely inappropriate and defaming to publish an individual name, Koichi Mera, on a local government official website, along with such insulting words and gross misinformation.

Therefore, I respectfully request that you delete the pages, and that you not ruin the good name of San Francisco by dishonoring an ordinary person.

Sincerely,

Koichi Mera  
President, GAHT-US Corporation

# A Report on Japanese Right-Wing Opposition to the "Comfort Women" Memorial in San Francisco

This report profiles individuals who have traveled from out of town to attend the July 21st Board meeting of the City and County of San Francisco and voice their opposition the resolution endorsing the establishment of a "comfort women" memorial in San Francisco's China Town. The list of out-of-town speakers, who are have all been born and raised in Japan before migrating to the U.S. as adults, is a Who's Who of the far-right Japanese nationalist organizing in the United States.

In addition, this report provides background information on the Japanese right-wing activities in the U.S., and debunks the right-wing mischaracterizations of some of the documents they often employ.

## I. Profiles of Out-of-town Speakers Opposing "Comfort Women" Memorial

Koichi MERA

Mariko OKADA-COLLINS

Terumi IMAMURA

Yoshi TAGUCHI

## II. Individuals Affiliated with Out-of-town Speakers

Yumiko YAMAMOTO

Tony MARANO & Shunichi FUJIKI

Shiro TAKAHASHI

Yujiro TANIYAMA

Michael YON

Jason MORGAN

Yoshiko SAKURAI

## III. Examining Right-Wing "Evidences"

U.S. Army Japanese POW Interrogation Report No. 49 (1944)

Interagency Working Group Report (2007)

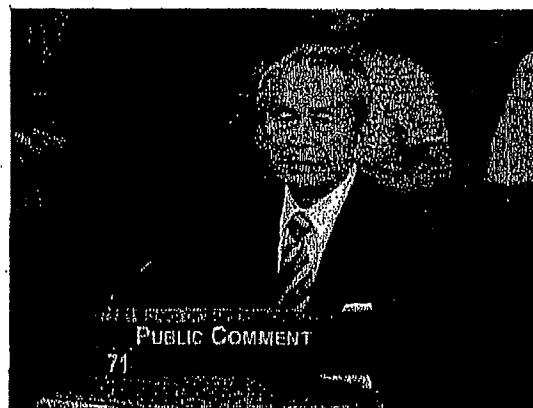
## IV. Timeline of "Comfort Women" Denialism during the first and second Abe administrations (with a focus on U.S.-related incidents)

## I. Profiles of Out-of-town Speakers Opposing "Comfort Women" Memorial

Koichi MERA

My name is Koichi Mera. I live in Los Angeles. I had a pleasure of listening more than three hours of debate in this chamber about jails and housing and so forth and that is a proper task of this chamber. Now, I'm talking about comfort women issue. This is international issue. That is a issue which is between Korea and Japan, and also U.S., Korea, and Japan. This issue should be dealt by Federal government in the case of U.S. City government should not be intervening in this issue. That's one point. Second, this issue is really dividing people. U.S. is a country with immigrants coming from various places. They should be living together in harmony. This comfort women issue will divide people. And that is not really good. In addition, one point I would like to make is that the usual comfort women story is a fabricated story. In fact, those women were not sex slaves, they were paid well. They had very good life and

they have lots of income. [brief interruption due to audience laughter in disbelief] Now there are at least two U.S. documents which proves that comfort women were usual people, not sex slaves. One is written in 1944 during the war in Burma. 20 Korean comfort women were interviewed and that says... [time out]



Mera was born in Korea during Japanese occupation and graduated from University of Tokyo before studying and getting teaching positions at U.S. universities including University of Southern California and Harvard University in business and economics. After retirement from USC, in 2006 Mera founded the Study Group for Japan's Rebirth, a monthly study group for Japanese residents in Los Angeles area about Japan's recent history. His book, Japanese People, Wake Up from MacArthur's Curse! was published by a right-wing publisher in Japan and is quite anti-U.S. In 2012, Mera founded Global Alliance for Historical Truth days before filing a lawsuit against the City of Glendale, California to seek the removal of its "comfort women" memorial. GAHT's cases have been dismissed by state and federal courts, with the state judge even ruling the lawsuit as a SLAPP, but Mera is appealing the decisions.

GAHT is incorporated and is accepting donations both in Japan and in the U.S. Notable leaders of GAHT in addition to Mera include Yumiko Yamamoto (ex-Zaitokukai, Nadeshiko Action), Nobukatsu Fujioka (Japanese Society for History Textbook Reform), Shiro Takahashi, and Genki Fujii (conservative foreign policy analyst).



Mera has co-presented at "comfort women" denial events in the last several years with Yamamoto, Fujioka, Mitsuhiro Fujii (Rompa Project), Mariko Okada-Collins, Yujiro Taniyama, and others.

#### Mariko OKADA-COLLINS

My name is Mariko Okada-Collins. I'm talking about comfort women statue. San Francisco has a troubled history with races and ethnic hatred. As much as the City is proud of its recent history with inclusiveness and resistance to the hatred and racism, it still has not erased its dark past regarding ethnic Japanese racism. This statue represents a return to the dark days when the San Francisco mayor Eugene Schmitz and neo-fascists Sons of the Golden West organization were active in many anti-Japanese activities supported by fact, so-called fact, and M.H. de Young's San Francisco Chronicle published headlines like "Brown Men, an Evil in the Public Schools," "Japanese, a menace American women," etc. Then the school board supported by the Mayor and the City Council joined with the racist American South and segregated San Francisco schools for Japanese students saying the same illogical statements that were not about harming Japanese American relations but responding to the fact in the history. Nothing much seems to have changed in San Francisco other than that white racists have the opportunity to ally with Uncle Tom-like Asian collaborators in modern day

racist campaign to assume that Japanese are sex-crazed rapists. It appears to be like current Supervisors are set to continue the tradition in the 21st century. The City Council set to vote in a statue that promotes ethnic and racial hatred, promotes exaggerated claim against the Japanese while overlooking equal violations by Americans, Koreans, and Russians, and as seen in Glendale and Union City does absolutely nothing to raise awareness to save one woman from the human trafficking. So, I don't think you want this to be voted yes. Thank you.



Mariko Okada-Collins is a Japanese language lecturer at Central Washington University. Born and raised in Japan, she has migrated to the U.S. to live with her American husband. In April 2015, Okada-Collins used her position at the university to organize a film screening and lecture by Yujiro Taniyama and speeches by Koichi Mera, Jason Morgan, and others. Okada-Collins has published how she uses every opportunity in her language class to discuss the "truth" of Japan's recent past (i.e. historical denial of Nanjing Massacre and "comfort women"), and complains that her students punish her by giving her negative reviews. Okada-Collins also stated that she had been disciplined by the university for showing the preview of Taniyama's film in her class.

In response to the screening, students and faculty organized alternative educational events about "comfort women" on campus, which was attended by hundreds. The denialist event organized by Okada-Collins attracted a couple of dozens at most. Read about the CWU event here:

<http://www.japanfocus.org/-Norma-Field/4323/article.html>

<http://www.japanfocus.org/-Emi-Koyama/4324/article.html>

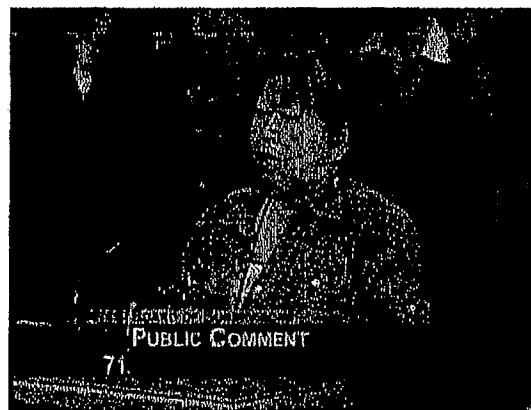
[http://www.japanfocus.org/-Chong-Eun\\_Ahn/4325/article.html](http://www.japanfocus.org/-Chong-Eun_Ahn/4325/article.html)

Okada-Collins seems to have had parted ways with Taniyama after the event because of Taniyama's attitude toward the American audience, including her students. She is associated with Koichi Mera, Michael Yon (American writer), and others.

Terumi IMAMURA

My name is Terumi Imamura. I'm also here to oppose the comfort women statue to be built here. I have several concerns and asking myself why, why is it in San Francisco, why is in America, why is it targeting Japanese? My biggest concern is that Japanese and Japanese Americans who live in here in America, are we being targeted because of our nationality? Again? Many of us remember those painful camp days in the wartime. Is that going to be happening again? We are scared. We are concerned, we are worried. Besides that, these claims that they have on comfort women—200,000 women and children were forcibly abducted, tortured, sex slaved—there is no solid evidence to it. And here I have the report number 49, the report titled Japanese Prisoners of War Interrogation of prostitution, reported by United States Office of War Information,

Psychological Warfare Team, which reported in 1944. Also, the newer one is Nazi War Crimes and Japanese Imperial Government Record, final report to the United States Congress in April 2007. Neither of them indicate... [time out]



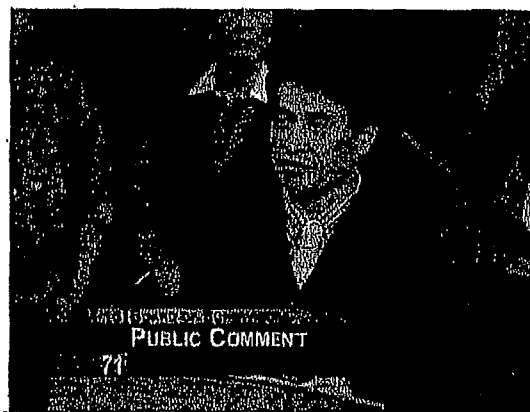
Terumi Imamura claims to be a housewife in Los Angeles area. Imamura heads a local "comfort women" denialist group True Japan Network. Imamura is said to be the originator of the completely baseless claim that the establishment of "comfort women" statue in Glendale, California resulted in widespread bullying and harassment of Japanese children in the area. Imamura's claim has been uncritically repeated by right-wing media and politicians in Japan, but nobody (local and national/international media, schools, police, Japanese American groups, the Japanese consulate, and even the very right-wing politicians that are making such claim) can find a trace of evidence.

It is telling that even Imamura did not mention the supposed existence of widespread anti-Japanese bullying in Glendale as an argument against the San Francisco memorial, despite the fact it might have been an effective argument if it existed. Koichi Mera of GAHT also did not claim anti-Japanese bullying as a concrete harm caused by the Glendale memorial in his lawsuit against the city, so there appears to be a pattern: they do not make this particular claim when it might be verified.

Yoshi TAGUCHI

Hello Supervisors, my name is Yoshi Taguchi of Happy Science. And do you know IWG document entitled the Nazi War Crimes and Japanese Imperial Government Record? It is originally signed by President Clinton on October 8, 1998 to investigate the crimes of Nazi, then on May 23, 2000 Dr. Michael Kurtz announced that the IWG will take steps forward to declassification of records related to Japanese war crimes. It has over eight million pages and spent 30 million dollars. This is the one [shows a flip], and you can see the detail through this site in the internet. And finally, in April 2007 they submitted the final report to the United States and that is a kind of summary of the investigation. This is the document, and it has 125 pages. The chairman of this committee, Steven Garfinkel, concluded his opinion in the preface, "Among the disappointed will be those who had hoped for a voluminous release of U.S. records

relating to Japanese war crimes. ... Many people around the world had hoped that the IWG would unearth records that would help them document Japanese atrocities. ... The IWG uncovered and released few Asian theatre records... [time out]



Yoshi Taguchi works for Happy Science (Koufuku no Kagaku) and lives in New Jersey. Taguchi is known to have arranged venues for many Japanese right-wing events in the U.S., including lectures of Yumiko Yamamoto, Koichi Mera, Tony Marano, Shiro Takahashi, Mitsuhiro Fujii, and others in San Francisco, Los Angeles, and New York City.

Happy Science is a new (founded in 1986) Japanese religion based loosely on Buddhism. Its political stance is far to the right of Prime Minister Abe's Liberal Democratic Party (which is pretty conservative), and said to have financed many of the "comfort women" denial activities outside of Japan through affiliated Rompa Project (run by Mitsuhiro Fujii) and through its foreign missions.

## II. Individuals Affiliated with Out-of-town Speakers

### Yumiko YAMAMOTO

Yumiko Yamamoto is the former secretary general and vice president of Zaitokukai and is the founder and president of "comfort women" denialist group Nadeshiko Action, ironically also referring to itself as "Japanese Women for Justice and Peace" in English. Yamamoto organizes mass email campaigns against foreign cities and legislatures that are considering taking a position on "comfort women," including the City and County of San Francisco.

Yamamoto was the secretary general of Zaitokukai, a notorious anti-Korean racist group, when the group "demonstrated" in front of a Korean elementary school in Kyoto, banging on its gate and screaming "you Korean cockroaches," and "your parents are North Korean spies" at schoolchildren. Zaitokukai organized or participated in many similar "demonstrations" against Korean neighborhoods and community institutions under Yamamoto's leadership.

Yamamoto founded Nadeshiko Action and resigned from her leadership position in Zaitokukai in 2011 to focus on Nadeshiko Action. In a book she published in 2014, Yamamoto states that she left Zaitokukai because the organization (Zaitokukai) had grown to the point that others could take care of it. In other words, Yamamoto has not yet renounced her support for the positions of Zaitokukai at least as late as 2014.

Yamamoto is the vice president of the Japanese portion of Global Alliance for Historical Truth, a denialist group headed by Koichi Mera. Yamamoto also chairs "Japan's collaborative team" of the Alliance for Truth About Comfort Women, which lobbies the United Nation Human Rights Commission, the Commission on the Status of Women, the Convention on the Elimination of Discrimination Against Women, and other international regulatory bodies. I

### Tony MARANO & Shunichi FUJIKI

Tony Marano, also known in Japan as "Texas Daddy," is an American video blogger. Marano first found fans in Japan for criticizing environmental group Sea Shepherd's anti-whaling campaigns, and was approached by Japanese businessman Shunichi Fujiki (who also goes by "Shun Ferguson"), who became his Japanese representative. Since then, Marano has published many books and columns in Japan that glorify the nation and absolve Japan of its war responsibilities, including over the "comfort women" issue. Marano is frequently flown to Japan to give lectures about "comfort women" and other issues there, and to various U.N. meetings across the world, despite having no expertise or background on the topic.

When confronted in English, Marano does not seem to be able to sustain an argument, and frequently contradicts his own statements published in Japanese media under his name. Marano and Fujiki often collaborate with Mitsuhiro Fujii (or "Mitt") of Rompa Project. Marano also appears in a dialogue with his frequent co-presenter Yumiko Yamamoto in Yamamoto's 2014 book.

### Shiro TAKAHASHI

Shiro Takahashi is a prominent conservative education scholar in Japan whose work has focused on the importance of "traditional" family structures and gender roles. As a former vice president of the Japan Society for History Textbook Reform, Takahashi also advocates for the teaching of history that restores national pride. In 2013, Prime Minister Abe appointed Takahashi to the Council for Gender Equality, an advisory body within the Cabinet.

In December 2014, Takahashi joined Yamamoto, Mera, Marano, and others to speak at the "comfort women" revisionist event and a press conference in New York City. He also visited Los Angeles, where he claims to have heard stories about vandalism committed against conservative Japanese residents who were involved in revisionist activities.

#### Yujiro TANIYAMA

Yujiro Taniyama is a filmmaker and a failed 2011 candidate for the Governorship of Tokyo, receiving 0.2% of the total votes. In spring of 2015, Japanese language instructor Mariko Okada-Collins invited Taniyama to Central Washington University to show "Scottsboro Girls," his fauxmentary film about "comfort women," and to give a lecture introducing "a new perspective" on the issue. Taniyama's film is endorsed by Yoshiko Sakurai, an influential conservative journalist.

When Okada-Collins faced oppositions to the screening in the days before the event from within the university, Michael Yon reached out to her and introduced her to additional speakers, Kolchi Mera and Jason Morgan. University community overwhelmingly rejected Taniyama, who showed a shortened version of the film (the full film is over three hours long) to an almost empty room for two days. Taniyama and Yon got into a major online battle afterwards, with Okada-Collins taking Yon's side.

#### Michael YON

Michael Yon is a former member of the U.S. Army Special Forces and a writer specializing in Thailand and military. Yon became interested in "comfort women" issue in 2014, and is credited with calling attention to the 2007 U.S. Interagency Working Group report on Nazi War Crimes and Japanese Imperial Government Records, which he (falsely) claims proves Japan's innocence in the "comfort women" affair.

After the failure of Yujiro Taniyama's film screening at Central Washington University, Yon publicly criticized some members of the conservative establishment including Yoshiko Sakurai who have endorsed Taniyama's film. In return, conservative figures in Japan exposed that Yon had received large payments from Japanese conservatives with the expectation that he would publish articles in mainstream English media that refute the "comfort women" issue, but failed to deliver; Yon denies that there was any such expectation and insists that his pen is not for sale.

#### Jason MORGAN

Jason Morgan is a University of Wisconsin history Ph.D student who has spent years in Japan, including on a Fulbright. Morgan was heralded by the American conservative media when in

2013 he refused to take part in a diversity training that was mandated for all teaching assistants. He views American academia as dogmatic and stifling, and prefers Japanese academia where scholars are free to speak truth, especially his belief that "evidence is overwhelmingly on" the side denying the "comfort women" issue. Morgan is now celebrated as a fresh new voice of the true American scholarship by Japanese conservative media such as Sankei Shimbun and by conservative think tanks that are affiliated with Yoshiko Sakurai.

#### Yoshiko SAKURAI

Yoshiko Sakurai is a conservative journalist and internet news host/commentator. As the director of Japan Institute for National Fundamentals, a private think tank, Sakurai is highly influential within Japan's conservative politics. On her internet news, Sakurai hosts conservative politicians including Eriko Yamatani, Tomomi Inada, Jn Matsubara, and others; and commentators including Shiro Takahashi, Koichi Mera, and Yujiro Taniyama.

### III. Examining Right-Wing "Evidences"

#### U.S. Army Japanese POW Interrogation Report No. 49 (1944)

What the right-wing says: The report is based on interviews with 20 Korean "comfort women" detained by the U.S. Army and states that they were simply prostitutes who were highly paid and lived in luxury.

The report is actually based on interviews with two Japanese "house masters" (i.e. owner/managers of the brothel) and 20 Korean "comfort women." The report clearly states that the women were recruited under false pretenses and held in debt bondage. In addition, many of the 20 women were underage at the time they were sent to the "comfort stations."

A part of the report does state that women were paid well. Another part states that the women had to give back much of the earnings for debt repayment and living expenses (they had to procure necessities from the house masters) and struggled. Historians believe that the first part comes from the testimonies of the "house masters," while the latter are from the women themselves.

Since mid-1990s, the report has been understood by historians to be one of the evidences that show that women were forced to become "comfort women" against their will and that the Japanese military was actively managing and operating the system. The right-wing interpretation relies on selective reading of several isolated sentences from the report.

#### Interagency Working Group Report (2007)

What the right-wing says: Interagency Working Group of the United States spent eight years and 30 million dollars to find evidences for Japan's war crimes related to "comfort women," but could not find any, which means that the allegations against Japan are false.

The Interagency Working Group studied classified documents to uncover new historical materials related to the war crimes of Nazi Germany and the Japanese Empire. However, most documents from the Pacific theatre had been declassified a long time ago, IWG mostly analyzed and then released documents related to the Nazi Germany.

In April 2007, the same month Interagency Working Group's report was finalized, the Congressional Research Service of the Library of Congress issued its own report, "Japanese Military's 'Comfort Women' System," which used previously released materials to conclude that Japanese government and military were responsible for a system of enforced military prostitution known as "comfort women." In July of that year, the U.S. House of Representatives passed a resolution demanding Japan to "formally acknowledge, apologize, and accept historical responsibility" for the "comfort women" issue.

While it is true that the IWG report did not uncover any previously classified document related to Japan's "comfort women" issue, it is clearly not the case that the U.S. government interpreted the IWG report to mean that Japan was innocent.

#### IV. Timeline of "Comfort Women" Denialism during the first and second Abe administrations (with a focus on U.S.-related incidents)

##### Part 1: 2006-2007

2006-09-26	Shinzo Abe becomes the 90th Prime Minister of Japan
2007-01-16	U.S. declassifies documents and releases expert essays on upcoming IWG report
2007-01-31	H.Res.121 introduced with six co-sponsors, led by Rep. Mike Honda
2007-03-01	PM Abe denies forced recruitment of CW by Japanese military
2007-03-02	Deputy Sec. of State Negroponte criticizes Abe's statement
2007-03-05	PM Abe once again denies Japanese military responsibility
2007-03-09	Opponents of H.Res.121 change their position, number of co-sponsors grows
2007-03-16	Abe administration formally state that no evidence exists that points to forced recruitment of CW by Japanese military
2007-03-24	Washington Post criticizes Abe in editorial
2007-03-25	Abe's Deputy Cabinet Minister states on radio that CW were sold by their parents, and that Japanese military was not involved
2007-03-26	Deputy Spokesman for Department of State urges Japan to continue to address CW issue
2007-04	IWG report finalized and made available to public
2007-04-03	U.S. Congressional Research Service releases the report "Japanese Military's 'Comfort Women' System" by Larry Niksch
2007-04-03	PM Abe calls Pres. Bush to ask for "understanding"
2007-04-17	PM Abe justifies his statements in interviews with Newsweek and Wall Street Journal, promise to uphold Kono Statement
2007-04-20	Former Minister of Education and Science Nariaki Nakayama criticizes H.Res.121, arguing that prostitution was legal and profitable at the time
2007-04-27	PM Abe visits Pres. Bush, issues a vague apology for CW
2007-05-17	Tokyo Governor Shintaro Ishihara denies Japanese military's involvement in the recruitment of CW
2007-05-25	MP Jn Matsubara denies the CW issue
2007-06-14	Dozens of conservative politicians and prominent opinion leaders in Japan place a full-page ad ("The Facts") on Washington Post
2007-06	Many members of U.S. House of Representatives join as co-sponsors of H.Res.121 including House Committee on Foreign Affairs Chair Rep. Tom Lantos
2007-07-30	H.Res.121 passed
2007-09-12	PM Abe abruptly resigns
2007-10	First CW memorial built in the U.S. in Palisades Park, New Jersey
2007-11-08	Dutch parliament passes resolution urging Japan to confront CW denialism and make further efforts to address the issue
2007-11-28	Canada's House of Commons passes resolution urging Japan to confront CW denialism and make further efforts to address the issue
2007-12-13	European Parliament passes resolution urging Japan to confront CW denialism and make further efforts to address the issue



## Part 2: 2012-present

2011-12	Yumiko Yamamoto of Zaitokukai forms CW denialist group Nadeshiko Action
2012-05	Japanese diplomats offer cherry blossom trees in return for removing Palisades Park, New Jersey CW memorial; the city rejects
2012-05-24	Nikon Corp. cancels photo exhibits about CW under right-wing pressure
2012-12-26	Shinzo Abe becomes the 96th Prime Minister of Japan
2013-01-10	PM Abe appoints Shiro Takahashi to the Council for Gender Equality
2013-05-13	Osaka Mayor Toru Hashimoto argues that organized prostitution was necessary at the time, and suggests that the U.S. military should utilize legal sexual services to reduce sexual violence committed by the U.S. servicemen in Okinawa
2013-05-16	U.S. Department of State spokesperson Jan Psaki calls Hashimoto's statement "outrageous and offensive"
2013-05-22	San Francisco asks Hashimoto to cancel sister city visit due to the furor caused by his remarks
2013-05-27	Hashimoto retracts his comment about the U.S. servicemen while insisting that the Japanese military was not involved in the trafficking of CW
2013-06-18	City and County of San Francisco passes resolution condemning CW system in response to Hashimoto's statements
2013-07-09	Glendale, California approves the establishment of CW statue in its Central Park after heated discussions
2013-07-30	Glendale unveils the CW statue; Japanese American leaders from Nikkei for Civil Rights and Redress and the San Fernando Valley chapter of Japanese American Citizens League attend in support
2013-09	Yumiko Yamamoto and others form Alliance for Truth about Comfort Women
2013-12-16	Koichi Mera, Tomoyuki Sumori (True Japan Network, Volunteer Group for Fight Against Comfort Women), and three Japanese MPs (Mio Sugita, Yuzuru Nishida, and Hiromu Nakamaru) meet with representatives of NCRR and JACL-SFV; Sugita dismisses Japanese American representatives as "left-wing"
2014-01-08	JACL-SFV chapter formally adopts a statement supporting CW statue in Glendale
2014-01-16	Members of (Japanese) National Association of Municipal Legislators Against Comfort Women Statue visit Glendale to protest the CW memorial; they hold a sign that reads "Children Need Heart-Warming Memorials"
2014-02-20	Koichi Mera founds Global Alliance for Historical Truth and files a lawsuit against the City of Glendale
2014-05-05	Japanese American Bar Association of California and Korean American Bar Association along with dozens of other law associations issue a statement supporting the CW memorial and opposing GAHT's lawsuit
2014-06-06	Japan-U.S. Feminist Network for Decolonization (FeND) formed
2014-06-20	Abe administration releases a report on the "process resulting in Kono Statement," widely seen as a first step to repealing it
2014-07-06	Mera and Nobukatsu Fujioka of GAHT hold an event in Los Angeles; read a letter from Yamamoto is read
2014-07-14	Yamamoto, Mera, Mitsuhiro Fujii, Shunichi Fujiki, Tony Marano, and other members of ATCW visit Geneva to lobby the U.N. Commission on Human Rights

2014-08-04	GAHT's federal lawsuit against the City of Glendale is dismissed
2014-08-05	Asahi Shimbun retracts decades-old articles about forcible CWV recruitment by the Japanese military in Jeju Island, Korea
2014-08-13	Fullerton, California passes resolution recognizing CW
2014-09-03	GAHT files a state suit against the City of Glendale
2014-09-04	GAHT appeals the decision of the federal case to the 9th Circuit Court of Appeals
2014-10-15	The Historical Science Society of Japan issues a statement criticizing Abe administration's denial of historical facts of CW
2014-10-30	Japanese MPs form the Special Committee to Restore Japan's Honor and Trust in order to refute allegations on CW
2014-12-13	Yamamoto, Mitsuhiro Fujii, and other revisionists hold an event in Redwood City, California near SFO; coalition of peace and human rights activists holds a protest
2014-12-14	Yamamoto, Mera, Fujii, and other revisionists hold a panel in Torrance, California
2015-01	Japanese Ministry of Foreign Affairs demands American publisher and historian to alter the description of CW in college-level world history textbook
2015-02-18	Three Japanese residents in Los Angeles area join in a lawsuit in Japan against Asahi Shimbun
2015-03	20 U.S. historians publish a letter in support of Japanese historians in response to MOFA's attempt to censor textbooks
2015-03-09	Yamamoto, Fujii, Shunichi Fujiki, Shiro Takahashi, and other revisionists hold an event in New York City; original venue, Japanese American Association of New York, cancels their reservation due to a protest by peace and women's groups
2015-03-10	GAHT and ATCW members Mera, Takahashi, and others hold a press conference in NYC to counter the U.N. Commission on the Status of Women sessions
2015-03-17	Group of conservative scholars led by Ikuhiko Hata holds press conference to demand "corrections" to an American history textbook over CW
2015-03-27	PM Abe refers to CW as victims of human trafficking in an interview with Washington Post without admitting Japanese military's role in it
2015-04-28	Mariko Okada-Collins organizes a screening of Yujiro Taniyama's film, "Scottsboro Girls" at Central Washington University; Mera, Jason Morgan, and others join Taniyama
2015-04-29	PM Abe delivers a speech at the joint session of U.S. Congress without mentioning CW
2015-05-04	GAHT's state lawsuit against the City of Glendale is dismissed; City files for attorney's fees under anti-SLAPP statute
2015-05-07	"Open Letter in Support of Historians in Japan" released with 187 signatures by historians, Japan scholars, and others (mostly in the U.S.); the number of signatories grows to 464 within a week
2015-05-25	16 associations of historians and history educators in Japan issue a joint statement criticizing CW revisionism
2015-07-21	City and County of San Francisco considers a resolution establishing CW memorial; Mera, Okada-Collins, Terumi Imamura, and others speak in opposition
2015-07-23	Osaka Mayor Hashimoto criticizes SF resolution as "unfair," plans to send a letter
2015-07-27	Nadeshiko Action and ATCW members visit Geneva to lobby the U.N. Convention on the Elimination of Discrimination Against Women

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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** File 150764 FW: Memorial for "Comfort Women"

-----Original Message-----

From: Maria Zappas [mailto:mariatfinn@yahoo.com]  
Sent: Wednesday, September 23, 2015 12:45 PM  
To: Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
Subject: Memorial for "Comfort Women"

I most vociferously oppose any memorial in San Francisco, or any city in the USA relating to this issue. We imprisoned Japanese residents during the war, we bombed Japan, and now SF wants to be the first. But, of course. Why does the Board of Supervisors feel so compelled to think of such an outlandish proposal? I say nix this idea, and quickly. We should be using city resources and funds for other more important issues (the homeless, filthy streets - oh wait, that will be resolved when the super bowl comes to town), or bring back the rain barrels, affordable housing, etc. Thank you.

---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** File 150764 FW: About a statue of Comfort Women in San Francisco.

**From:** salt & pepper [mailto:o.k20111204@gmail.com]  
**Sent:** Wednesday, September 23, 2015 5:32 AM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** About a statue of Comfort Women in San Francisco.

Dear Supervisors:

Superman of justice ally does not exist in San Francisco.  
I knew that the only moneygrubber exists in San Francisco.  
Supervisors of San Francisco are Korea and China's Pet dogs.  
You will yet regret it!

Sincerely,

Osamu Katayama  
Chiba, JAPAN

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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; Evans, Derek  
**Subject:** File 150764 FW: Vote no! on "the comfort woman resolution" because they have hidden reason.  
**Attachments:** page1image376.png; ATT00001.htm; SanFrancisco 2-1.pdf; ATT00002.htm

**From:** yukie crow [mailto:yukiecrowlight@gmail.com]  
**Sent:** Tuesday, September 22, 2015 10:47 AM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** Vote no! on "the comfort woman resolution" because they have hidden reason.

I am a Historical researcher in IL.  
Please review the following information  
concerning anti Japanese propaganda  
put out by Korean extremists,  
more information to follow.

-----  
yukie crow  
[yukiecrowlight@gmail.com](mailto:yukiecrowlight@gmail.com)

Begin forwarded message:

**From:** [donotfoolus01@gmail.com](mailto:donotfoolus01@gmail.com)  
**Subject:** Vote no! on "the comfort woman resolution"  
**Date:** September 21, 2015 at 16:21:36 CDT

Would you want San Francisco to be like this angry city (South Korea)?

How would a comfort woman statue make San Francisco a better city?

Vote no on "the comfort woman resolution" sep. 22, 2015

Kim Ki-Jong tried to kill the Japanese Ambassador 5 years ago. He attempted to kill the US Ambassador Mark Lippert, this March at a formal breakfast meeting he was a invited guest of S.Korea.

The man is Kim Ki-Jong is shown with a comfort woman statue in South Korea.



Kim KI-Jong attacking the Japanese Ambassador



In March 1908, US diplomat Durham W. Stevens was attacked in lobby of the Fairmont Hotel by a group of Koreans who disagreed with statements he had made to the press concerning Korean and Japanese relations.

He survived the attack in the hotel but, he was attacked and shot the next day as he was preparing to leave San Francisco by the same group of angry Koreans. He died a few days later of his wounds.

At the time of his death, Mr. Stevens was serving as an advisor the Korean government on Japanese-Korean relations. Mr. Stevens was attempting to improve conditions in Korea with Japan. Korea at the time a feudal system with a Royal Family on top, a large middle class and 40% slave class. without names. Also only 6% of the people could read on Korea.

Mr. Stevens was killed by the Koreans for being quoted as saying Korea was better off because of Japan. Japan followed through with Stevens policy of making Korea a better place to live.

Life in Korea was improving because Japan had constructed schools, hospitals, roads, railroad, bridges and water pipelines. The average Korean was no longer a slave with no name or under the stray dog's life. They became free citizens like the dream of Mr. Stevens.



Ambassador Mark W. Lippert



Ambassador Durham W. Stevens

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**From:** Board of Supervisors, (BOS)  
**To:** Evans, Derek  
**Subject:** FW: Request to delete pages 24-34 of File No. 150764  
**Attachments:** page 23 to 34 from Comm Rpt Pkt 092215.pdf

-----Original Message-----

From: Japanese Women for Justice and Peace [mailto:japannetwork1@gmail.com]  
Sent: Tuesday, September 22, 2015 12:43 PM  
To: Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>; Lee, Mayor (MYR) <mayoredwinlee@sfgov.org>  
Cc: Mar, Eric (BOS) <eric.mar@sfgov.org>; Pagoulatos, Nickolas (BOS) <nickolas.pagoulatos@sfgov.org>; Lim, Victor (BOS) <victor.lim@sfgov.org>; Redondiez, Rachel (BOS) <raquel.redondiez@sfgov.org>; Farrell, Mark (BOS) <mark.farrell@sfgov.org>; Stefani, Catherine <catherine.stefani@sfgov.org>; Kelly, Margaux (BOS) <margaux.kelly@sfgov.org>; Montejano, Jess (BOS) <jess.montejano@sfgov.org>; Christensen, Julie (BOS) <Julie.Christensen@sfgov.org>; ChristensenStaff, (BOS) <christensenstaff@sfgov.org>; Tang, Katy (BOS) <katy.tang@sfgov.org>; Summers, Ashley (BOS) <ashley.summers@sfgov.org>; Quizon, Dyanna (BOS) <dyanna.quizon@sfgov.org>; Law, Ray (BOS) <ray.law@sfgov.org>; BreedStaff, (BOS) <breedstaff@sfgov.org>; Kim, Jane (BOS) <jane.kim@sfgov.org>; Veneracion, April (BOS) <april.veneracion@sfgov.org>; Lang, Davi (BOS) <davi.lang@sfgov.org>; Lee, Ivy (BOS) <ivy.lee@sfgov.org>; Yee, Norman (BOS) <norman.yee@sfgov.org>; Mormino, Matthias (BOS) <matthias.mormino@sfgov.org>; Scanlon, Olivia (BOS) <olivia.scanlon@sfgov.org>; Low, Jen (BOS) <jen.low@sfgov.org>; Wiener, Scott <scott.wiener@sfgov.org>; Taylor, Adam (BOS) <adam.taylor@sfgov.org>; Power, Andres <andres.power@sfgov.org>; Cretan, Jeff (BOS) <jeff.cretan@sfgov.org>; Campos, David (BOS) <david.campos@sfgov.org>; Ronen, Hillary <hillary.ronen@sfgov.org>; Goossen, Carolyn (BOS) <carolyn.goossen@sfgov.org>; Cohen, Malia (BOS) <malia.cohen@sfgov.org>; Bruss, Andrea (BOS) <andrea.bruss@sfgov.org>; Chan, Yoyo (BOS) <yoyo.chan@sfgov.org>; Tugbenyoh, Mawuli (BOS) <mawuli.tugbenyoh@sfgov.org>; Avalos, John (BOS) <john.avalos@sfgov.org>; Hsieh, Frances (BOS) <frances.hsieh@sfgov.org>; Pollock, Jeremy (BOS) <jeremy.pollock@sfgov.org>; Rubenstein, Beth (BOS) <beth.rubenstein@sfgov.org>; AvalosStaff, (BOS) <avalosstaff@sfgov.org>  
Subject: Request to delete pages 24-34 of File No. 150764

Dear Mayor Edwin M. Lee and the Members of the Board of Supervisors of the City and County of San Francisco:

I hope this email finds all of you very well.

My name is Yumiko Yamamoto. I am a Japanese woman living in Tokyo, Japan.

I am writing this email to request that you delete pages 24-34 of File No. 150764 on the Board of Supervisors official website.

File No. 150764 Committee/Board of Supervisors Agenda Packet Contents List  
<https://sfgov.legistar.com/View.ashx?M=F&ID=4037995&GUID=E2672BA3-88F0-4F54-9ECD-EBB72EF2D506>

P23~34

A –Report on .Japanese Right-Wing Opposition to the ".Comfort .Women"  
Memorial in Sam Francisco  
Attached PDF "page 23 to 34 from Comm Rpt Pkt 092215"

The reason for my request is that, in the report, I am depicted as a "Japanese Right-Wing" "comfort women denialist," and also as a "racist."

The information about me in the report is not true. In publishing these falsehoods, you have unwittingly made yourselves a party to a slanderous misrepresentation of the facts.

I respect freedom of speech and expression, but it is completely inappropriate and defaming to publish an individual name, Yumiko Yamamoto, on a local government official website, along with such insulting words and gross misinformation.

Therefore, I respectfully request that you delete the pages, and that you not ruin the good name of San Francisco by dishonoring an ordinary person.

Sincerely,

Yumiko Yamamoto

Nadeshiko Action, Japanese Women for Justice and Peace (JWJP) <http://nadesiko-action.org/>

Email: JapanNetwork1@gmail.com



# A Report on Japanese Right-Wing Opposition to the "Comfort Women" Memorial in San Francisco

This report profiles individuals who have traveled from out of town to attend the July 21st Board meeting of the City and County of San Francisco and voice their opposition the resolution endorsing the establishment of a "comfort women" memorial in San Francisco's China Town. The list of out-of-town speakers, who are have all been born and raised in Japan before migrating to the U.S. as adults, is a Who's Who of the far-right Japanese nationalist organizing in the United States.

In addition, this report provides background information on the Japanese right-wing activities in the U.S, and debunks the right-wing mischaracterizations of some of the documents they often employ.

## I. Profiles of Out-of-town Speakers Opposing "Comfort Women" Memorial

Koichi MERA

Mariko OKADA-COLLINS

Terumi IMAMURA

Yoshi TAGUCHI

## II. Individuals Affiliated with Out-of-town Speakers

Yumiko YAMAMOTO

Tony MARANO & Shunichi FUJIKI

Shiro TAKAHASHI

Yujiro TANIYAMA

Michael YON

Jason MORGAN

Yoshiko SAKURAI

## III. Examining Right-Wing "Evidences"

U.S. Army Japanese POW Interrogation Report No. 49 (1944)

Interagency Working Group Report (2007)

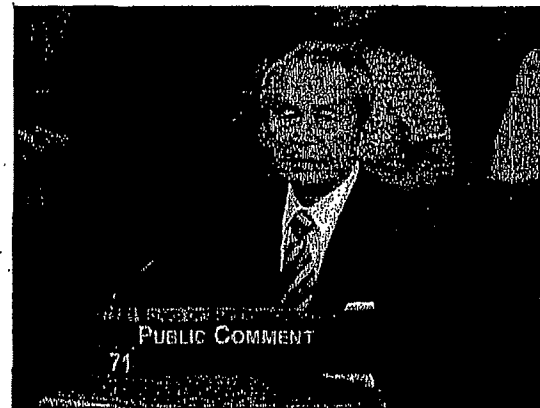
## IV. Timeline of "Comfort Women" Denialism during the first and second Abe administrations (with a focus on U.S.-related incidents)

## I. Profiles of Out-of-town Speakers Opposing "Comfort Women" Memorial

Koichi MERA

My name is Koichi Mera. I live in Los Angeles. I had a pleasure of listening more than three hours of debate in this chamber about jails and housing and so forth and that is a proper task of this chamber. Now, I'm talking about comfort women issue. This is international issue. That is a issue which is between Korea and Japan, and also U.S., Korea, and Japan. This issue should be dealt by Federal government in the case of U.S. City government should not be intervening in this issue. That's one point. Second, this issue is really dividing people. U.S. is a country with immigrants coming from various places. They should be living together in harmony. This comfort women issue will divide people. And that is not really good. In addition, one point I would like to make is that the usual comfort women story is a fabricated story. In fact, those women were not sex slaves, they were paid well. They had very good life and

they have lots of income. [brief interruption due to audience laughter in disbelief] Now there are at least two U.S. documents which proves that comfort women were usual people, not sex slaves. One is written in 1944 during the war in Burma. 20 Korean comfort women were interviewed and that says... [time out]



Mera was born in Korea during Japanese occupation and graduated from University of Tokyo before studying and getting teaching positions at U.S. universities including University of Southern California and Harvard University in business and economics. After retirement from USC, in 2006 Mera founded the Study Group for Japan's Rebirth, a monthly study group for Japanese residents in Los Angeles area about Japan's recent history. His book, Japanese People, Wake Up from MacArthur's Cursel was published by a right-wing publisher in Japan and is quite anti-U.S. In 2012, Mera founded Global Alliance for Historical Truth days before filing a lawsuit against the City of Glendale, California to seek the removal of its "comfort women" memorial. GAHT's cases have been dismissed by state and federal courts, with the state judge even ruling the lawsuit as a SLAPP, but Mera is appealing the decisions.

GAHT is incorporated and is accepting donations both in Japan and in the U.S. Notable leaders of GAHT in addition to Mera include Yumiko Yamamoto (ex-Zaitokukai, Nadeshiko Action), Nobukatsu Fujioka (Japanese Society for History Textbook Reform), Shiro Takahashi, and Genki Fujii (conservative foreign policy analyst).

Mera has co-presented at "comfort women" denial events in the last several years with Yamamoto, Fujioka, Mitsuhiro Fujii (Rompa Project), Mariko Okada-Collins, Yujiro Taniyama, and others.

### Mariko OKADA-COLLINS

My name is Mariko Okada-Collins. I'm talking about comfort women statue. San Francisco has a troubled history with races and ethnic hatred. As much as the City is proud of its recent history with inclusiveness and resistance to the hatred and racism, it still has not erased its dark past regarding ethnic Japanese racism. This statue represents a return to the dark days when the San Francisco mayor Eugene Schmitz and neo-fascists Sons of the Golden West organization were active in many anti-Japanese activities supported by fact, so-called fact, and M.H. de Young's San Francisco Chronicle published headlines like "Brown Men, an Evil in the Public Schools," "Japanese, a menace American women," etc. Then the school board supported by the Mayor and the City Council joined with the racist American South and segregated San Francisco schools for Japanese students saying the same illogical statements that were not about harming Japanese American relations but responding to the fact in the history. Nothing much seems to have changed in San Francisco other than that white racists have the opportunity to ally with Uncle Tom-like Asian collaborators in modern day

racist campaign to assume that Japanese are sex-crazed rapists. It appears to be like current Supervisors are set to continue the tradition in the 21st century. The City Council set to vote in a statue that promotes ethnic and racial hatred, promotes exaggerated claim against the Japanese while overlooking equal violations by Americans, Koreans, and Russians, and as seen in Glendale and Union City does absolutely nothing to raise awareness to save one woman from the human trafficking. So, I don't think you want this to be voted yes. Thank you.



Mariko Okada-Collins is a Japanese language lecturer at Central Washington University. Born and raised in Japan, she has migrated to the U.S. to live with her American husband. In April 2015, Okada-Collins used her position at the university to organize a film screening and lecture by Yujiro Taniyama and speeches by Koichi Mera, Jason Morgan, and others. Okada-Collins has published how she uses every opportunity in her language class to discuss the "truth" of Japan's recent past (i.e. historical denial of Nanjing Massacre and "comfort women"), and complains that her students punish her by giving her negative reviews. Okada-Collins also stated that she had been disciplined by the university for showing the preview of Taniyama's film in her class.

In response to the screening, students and faculty organized alternative educational events about "comfort women" on campus, which was attended by hundreds. The denialist event organized by Okada-Collins attracted a couple of dozens at most. Read about the CWU event here:

<http://www.japanfocus.org/-Norma-Field/4323/article.html>

<http://www.japanfocus.org/-Emi-Koyama/4324/article.html>

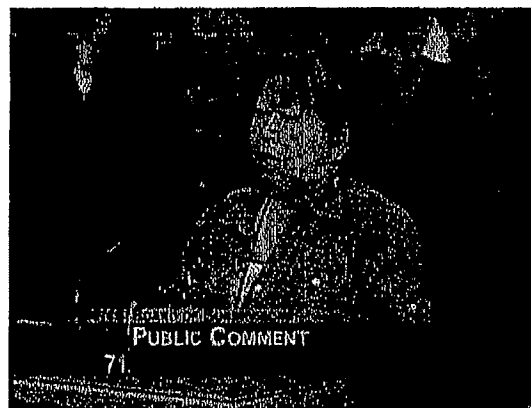
[http://www.japanfocus.org/-Chong-Eun\\_Ahn/4325/article.html](http://www.japanfocus.org/-Chong-Eun_Ahn/4325/article.html)

Okada-Collins seems to have had parted ways with Taniyama after the event because of Taniyama's attitude toward the American audience, including her students. She is associated with Koichi Mera, Michael Yon (American writer), and others.

Terumi IMAMURA

My name is Terumi Imamura. I'm also here to oppose the comfort women statue to be built here. I have several concerns and asking myself why, why is it in San Francisco, why is in America, why is it targeting Japanese? My biggest concern is that Japanese and Japanese Americans who live in here in America, are we being targeted because of our nationality? Again? Many of us remember those painful camp days in the wartime. Is that going to be happening again? We are scared. We are concerned, we are worried. Besides that, these claims that they have on comfort women—200,000 women and children were forcibly abducted, tortured, sex slaved—there is no solid evidence to it. And here I have the report number 49, the report titled Japanese Prisoners of War Interrogation of prostitution, reported by United States Office of War Information,

Psychological Warfare Team, which reported in 1944. Also, the newer one is Nazi War Crimes and Japanese Imperial Government Record, final report to the United States Congress in April 2007. Neither of them indicate... [time out]



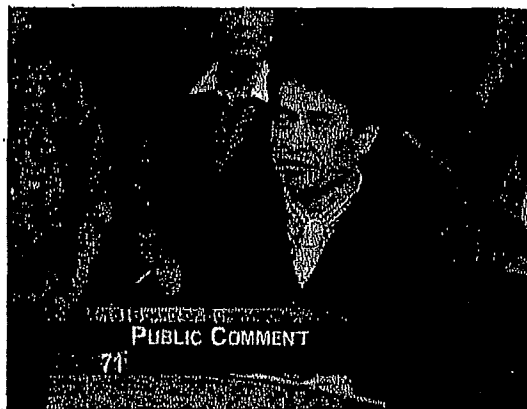
Terumi Imamura claims to be a housewife in Los Angeles area. Imamura heads a local "comfort women" denialist group True Japan Network. Imamura is said to be the originator of the completely baseless claim that the establishment of "comfort women" statue in Glendale, California resulted in widespread bullying and harassment of Japanese children in the area. Imamura's claim has been uncritically repeated by right-wing media and politicians in Japan, but nobody (local and national/international media, schools, police, Japanese American groups, the Japanese consulate, and even the very right-wing politicians that are making such claim) can find a trace of evidence.

It is telling that even Imamura did not mention the supposed existence of widespread anti-Japanese bullying in Glendale as an argument against the San Francisco memorial, despite the fact it might have been an effective argument if it existed. Koichi Mera of GAHT also did not claim anti-Japanese bullying as a concrete harm caused by the Glendale memorial in his lawsuit against the city, so there appears to be a pattern: they do not make this particular claim when it might be verified.

Yoshi TAGUCHI

Hello Supervisors, my name is Yoshi Taguchi of Happy Science. And do you know IWG document entitled the Nazi War Crimes and Japanese Imperial Government Record? It is originally signed by President Clinton on October 8, 1998 to investigate the crimes of Nazi, then on May 23, 2000 Dr. Michael Kurtz announced that the IWG will take steps forward to declassification of records related to Japanese war crimes. It has over eight million pages and spent 30 million dollars. This is the one [shows a flip], and you can see the detail through this site in the internet. And finally, in April 2007 they submitted the final report to the United States and that is a kind of summary of the investigation. This is the document, and it has 125 pages. The chairman of this committee, Steven Garfinkel, concluded his opinion in the preface, "Among the disappointed will be those who had hoped for a voluminous release of U.S. records

relating to Japanese war crimes. ... Many people around the world had hoped that the IWG would unearth records that would help them document Japanese atrocities. ... The IWG uncovered and released few Asian theatre records... [time out]



Yoshi Taguchi works for Happy Science (Koufuku no Kagaku) and lives in New Jersey. Taguchi is known to have arranged venues for many Japanese right-wing events in the U.S., including lectures of Yumiko Yamamoto, Koichi Mera, Tony Marano, Shiro Takahashi, Mitsuhiro Fujii, and others in San Francisco, Los Angeles, and New York City.

Happy Science is a new (founded in 1986) Japanese religion based loosely on Buddhism. Its political stance is far to the right of Prime Minister Abe's Liberal Democratic Party (which is pretty conservative), and said to have financed many of the "comfort women" denial activities outside of Japan through affiliated Rompa Project (run by Mitsuhiro Fujii) and through its foreign missions.

## II. Individuals Affiliated with Out-of-town Speakers

### Yumiko YAMAMOTO

Yumiko Yamamoto is the former secretary general and vice president of Zaitokukai and is the founder and president of "comfort women" denialist group Nadeshiko Action, ironically also referring to itself as "Japanese Women for Justice and Peace" in English. Yamamoto organizes mass email campaigns against foreign cities and legislatures that are considering taking a position on "comfort women," including the City and County of San Francisco.

Yamamoto was the secretary general of Zaitokukai, a notorious anti-Korean racist group, when the group "demonstrated" in front of a Korean elementary school in Kyoto, banging on its gate and screaming "you Korean cockroaches," and "your parents are North Korean spies" at schoolchildren. Zaitokukai organized or participated in many similar "demonstrations" against Korean neighborhoods and community institutions under Yamamoto's leadership.

Yamamoto founded Nadeshiko Action and resigned from her leadership position in Zaitokukai in 2011 to focus on Nadeshiko Action. In a book she published in 2014, Yamamoto states that she left Zaitokukai because the organization (Zaitokukai) had grown to the point that others could take care of it. In other words, Yamamoto has not yet renounced her support for the positions of Zaitokukai at least as late as 2014.

Yamamoto is the vice president of the Japanese portion of Global Alliance for Historical Truth, a denialist group headed by Koichi Mera. Yamamoto also chairs "Japan's collaborative team" of the Alliance for Truth About Comfort Women, which lobbies the United Nation Human Rights Commission, the Commission on the Status of Women, the Convention on the Elimination of Discrimination Against Women, and other international regulatory bodies. I

### Tony MARANO & Shunichi FUJIKI

Tony Marano, also known in Japan as "Texas Daddy," is an American video blogger. Marano first found fans in Japan for criticizing environmental group Sea Shepherd's anti-whaling campaigns, and was approached by Japanese businessman Shunichi Fujiki (who also goes by "Shun Ferguson"), who became his Japanese representative. Since then, Marano has published many books and columns in Japan that glorify the nation and absolve Japan of its war responsibilities, including over the "comfort women" issue. Marano is frequently flown to Japan to give lectures about "comfort women" and other issues there, and to various U.N. meetings across the world, despite having no expertise or background on the topic.

When confronted in English, Marano does not seem to be able to sustain an argument, and frequently contradicts his own statements published in Japanese media under his name. Marano and Fujiki often collaborate with Mitsuhiko Fujii (or "Mitt") of Rompa Project. Marano also appears in a dialogue with his frequent co-presenter Yumiko Yamamoto in Yamamoto's 2014 book.

### Shiro TAKAHASHI

Shiro Takahashi is a prominent conservative education scholar in Japan whose work has focused on the importance of "traditional" family structures and gender roles. As a former vice president of the Japan Society for History Textbook Reform, Takahashi also advocates for the teaching of history that restores national pride. In 2013, Prime Minister Abe appointed Takahashi to the Council for Gender Equality, an advisory body within the Cabinet.

In December 2014, Takahashi joined Yamamoto, Mera, Marano, and others to speak at the "comfort women" revisionist event and a press conference in New York City. He also visited Los Angeles, where he claims to have heard stories about vandalism committed against conservative Japanese residents who were involved in revisionist activities.

#### Yujiro TANIYAMA

Yujiro Taniyama is a filmmaker and a failed 2011 candidate for the Governorship of Tokyo, receiving 0.2% of the total votes. In spring of 2015, Japanese language instructor Mariko Okada-Collins invited Taniyama to Central Washington University to show "Scottsboro Girls," his fauxmentary film about "comfort women," and to give a lecture introducing "a new perspective" on the issue. Taniyama's film is endorsed by Yoshiko Sakurai, an influential conservative journalist.

When Okada-Collins faced oppositions to the screening in the days before the event from within the university, Michael Yon reached out to her and introduced her to additional speakers, Koichi Mera and Jason Morgan. University community overwhelmingly rejected Taniyama, who showed a shortened version of the film (the full film is over three hours long) to an almost empty room for two days. Taniyama and Yon got into a major online battle afterwards, with Okada-Collins taking Yon's side.

#### Michael YON

Michael Yon is a former member of the U.S. Army Special Forces and a writer specializing in Thailand and military. Yon became interested in "comfort women" issue in 2014, and is credited with calling attention to the 2007 U.S. Interagency Working Group report on Nazi War Crimes and Japanese Imperial Government Records, which he (falsely) claims proves Japan's innocence in the "comfort women" affair.

After the failure of Yujiro Taniyama's film screening at Central Washington University, Yon publicly criticized some members of the conservative establishment including Yoshiko Sakurai who have endorsed Taniyama's film. In return, conservative figures in Japan exposed that Yon had received large payments from Japanese conservatives with the expectation that he would publish articles in mainstream English media that refute the "comfort women" issue, but failed to deliver; Yon denies that there was any such expectation and insists that his pen is not for sale.

#### Jason MORGAN

Jason Morgan is a University of Wisconsin history Ph.D student who has spent years in Japan, including on a Fulbright. Morgan was heralded by the American conservative media when in

2013 he refused to take part in a diversity training that was mandated for all teaching assistants. He views American academia as dogmatic and stifling, and prefers Japanese academia where scholars are free to speak truth, especially his belief that "evidence is overwhelmingly on" the side denying the "comfort women" issue. Morgan is now celebrated as a fresh new voice of the true American scholarship by Japanese conservative media such as Sankei Shimbun and by conservative think tanks that are affiliated with Yoshiko Sakurai.

#### Yoshiko SAKURAI

Yoshiko Sakurai is a conservative journalist and internet news host/commentator. As the director of Japan Institute for National Fundamentals, a private think tank, Sakurai is highly influential within Japan's conservative politics. On her internet news, Sakurai hosts conservative politicians including Eiko Yamatani, Tomomi Inada, Jn Matsubara, and others; and commentators including Shiro Takahashi, Koichi Mera, and Yujiro Taniyama.



### III. Examining Right-Wing "Evidences"

#### U.S. Army Japanese POW Interrogation Report No. 49 (1944)

What the right-wing says: The report is based on interviews with 20 Korean "comfort women" detained by the U.S. Army and states that they were simply prostitutes who were highly paid and lived in luxury.

The report is actually based on interviews with two Japanese "house masters" (i.e. owner/managers of the brothel) and 20 Korean "comfort women." The report clearly states that the women were recruited under false pretenses and held in debt bondage. In addition, many of the 20 women were underage at the time they were sent to the "comfort stations."

A part of the report does state that women were paid well. Another part states that the women had to give back much of the earnings for debt repayment and living expenses (they had to procure necessities from the house masters) and struggled. Historians believe that the first part comes from the testimonies of the "house masters," while the latter are from the women themselves.

Since mid-1990s, the report has been understood by historians to be one of the evidences that show that women were forced to become "comfort women" against their will and that the Japanese military was actively managing and operating the system. The right-wing interpretation relies on selective reading of several isolated sentences from the report.

#### Interagency Working Group Report (2007)

What the right-wing says: Interagency Working Group of the United States spent eight years and 30 million dollars to find evidences for Japan's war crimes related to "comfort women," but could not find any, which means that the allegations against Japan are false.

The Interagency Working Group studied classified documents to uncover new historical materials related to the war crimes of Nazi Germany and the Japanese Empire. However, most documents from the Pacific theatre had been declassified a long time ago, IWG mostly analyzed and then released documents related to the Nazi Germany.

In April 2007, the same month Interagency Working Group's report was finalized, the Congressional Research Service of the Library of Congress issued its own report, "Japanese Military's 'Comfort Women' System," which used previously released materials to conclude that Japanese government and military were responsible for a system of enforced military prostitution known as "comfort women." In July of that year, the U.S. House of Representatives passed a resolution demanding Japan to "formally acknowledge, apologize, and accept historical responsibility" for the "comfort women" issue.

While it is true that the IWG report did not uncover any previously classified document related to Japan's "comfort women" issue, it is clearly not the case that the U.S. government interpreted the IWG report to mean that Japan was innocent.

#### IV. Timeline of "Comfort Women" Denialism during the first and second Abe administrations (with a focus on U.S.-related incidents)

##### Part 1: 2006-2007

2006-09-26	Shinzo Abe becomes the 90th Prime Minister of Japan
2007-01-16	U.S. declassifies documents and releases expert essays on upcoming IWG report
2007-01-31	H.Res.121 introduced with six co-sponsors, led by Rep. Mike Honda
2007-03-01	PM Abe denies forced recruitment of CW by Japanese military
2007-03-02	Deputy Sec. of State Negroponte criticizes Abe's statement
2007-03-05	PM Abe once again denies Japanese military responsibility
2007-03-09	Opponents of H.Res.121 change their position, number of co-sponsors grows
2007-03-16	Abe administration formally state that no evidence exists that points to forced recruitment of CW by Japanese military
2007-03-24	Washington Post criticizes Abe in editorial
2007-03-25	Abe's Deputy Cabinet Minister states on radio that CW were sold by their parents, and that Japanese military was not involved
2007-03-26	Deputy Spokesman for Department of State urges Japan to continue to address CW issue
2007-04	IWG report finalized and made available to public
2007-04-03	U.S. Congressional Research Service releases the report "Japanese Military's 'Comfort Women' System" by Larry Niksch
2007-04-03	PM Abe calls Pres. Bush to ask for "understanding"
2007-04-17	PM Abe justifies his statements in interviews with Newsweek and Wall Street Journal, promise to uphold Kono Statement
2007-04-20	Former Minister of Education and Science Nariaki Nakayama criticizes H.Res.121, arguing that prostitution was legal and profitable at the time
2007-04-27	PM Abe visits Pres. Bush, issues a vague apology for CW
2007-05-17	Tokyo Governor Shintaro Ishihara denies Japanese military's involvement in the recruitment of CW
2007-05-25	MP In Matsubara denies the CW issue
2007-06-14	Dozens of conservative politicians and prominent opinion leaders in Japan place a full-page ad ("The Facts") on Washington Post
2007-06	Many members of U.S. House of Representatives join as co-sponsors of H.Res.121 including House Committee on Foreign Affairs Chair Rep. Tom Lantos
2007-07-30	H.Res.121 passed
2007-09-12	PM Abe abruptly resigns
2007-10	First CW memorial built in the U.S. in Palisades Park, New Jersey
2007-11-08	Dutch parliament passes resolution urging Japan to confront CW denialism and make further efforts to address the issue
2007-11-28	Canada's House of Commons passes resolution urging Japan to confront CW denialism and make further efforts to address the issue
2007-12-13	European Parliament passes resolution urging Japan to confront CW denialism and make further efforts to address the issue

## Part 2: 2012-present

2011-12	Yumiko Yamamoto of Zaitokukai forms CW denialist group Nadeshiko Action
2012-05	Japanese diplomats offer cherry blossom trees in return for removing Palisades Park, New Jersey CW memorial; the city rejects
2012-05-24	Nikon Corp. cancels photo exhibits about CW under right-wing pressure
2012-12-26	Shinzo Abe becomes the 96th Prime Minister of Japan
2013-01-10	PM Abe appoints Shiro Takahashi to the Council for Gender Equality
2013-05-13	Osaka Mayor Toru Hashimoto argues that organized prostitution was necessary at the time, and suggests that the U.S. military should utilize legal sexual services to reduce sexual violence committed by the U.S. servicemen in Okinawa
2013-05-16	U.S. Department of State spokesperson Jen Psaki calls Hashimoto's statement "outrageous and offensive"
2013-05-22	San Francisco asks Hashimoto to cancel sister city visit due to the furor caused by his remarks
2013-05-27	Hashimoto retracts his comment about the U.S. servicemen while insisting that the Japanese military was not involved in the trafficking of CW
2013-06-18	City and County of San Francisco passes resolution condemning CW system in response to Hashimoto's statements
2013-07-09	Glendale, California approves the establishment of CW statue in its Central Park after heated discussions
2013-07-30	Glendale unveils the CW statue; Japanese American leaders from Nikkei for Civil Rights and Redress and the San Fernando Valley chapter of Japanese American Citizens League attend in support
2013-09	Yumiko Yamamoto and others form Alliance for Truth about Comfort Women
2013-12-16	Koichi Mera, Tomoyuki Sumori (True Japan Network, Volunteer Group for Fight Against Comfort Women), and three Japanese MPs (Mio Sugita, Yuzuru Nishida, and Hiromu Nakamaru) meet with representatives of NCRR and JACL-SFV; Sugita dismisses Japanese American representatives as "left-wing"
2014-01-08	JACL-SFV chapter formally adopts a statement supporting CW statue in Glendale
2014-01-16	Members of (Japanese) National Association of Municipal Legislators Against Comfort Women Statue visit Glendale to protest the CW memorial; they hold a sign that reads "Children Need Heart-Warming Memorials"
2014-02-20	Koichi Mera founds Global Alliance for Historical Truth and files a lawsuit against the City of Glendale
2014-05-05	Japanese American Bar Association of California and Korean American Bar Association along with dozens of other law associations issue a statement supporting the CW memorial and opposing GAHT's lawsuit
2014-06-06	Japan-U.S. Feminist Network for Decolonization (FeND) formed
2014-06-20	Abe administration releases a report on the "process resulting in Kono Statement," widely seen as a first step to repealing it
2014-07-06	Mera and Nobukatsu Fujioka of GAHT hold an event in Los Angeles; read a letter from Yamamoto is read
2014-07-14	Yamamoto, Mera, Mitsuhiro Fujii, Shunichi Fujiki, Tony Marano, and other members of ATCW visit Geneva to lobby the U.N. Commission on Human Rights

2014-08-04	GAHT's federal lawsuit against the City of Glendale is dismissed
2014-08-05	Asahi Shimbun retracts decades-old articles about forcible CW recruitment by the Japanese military in Jeju Island, Korea
2014-08-13	Fullerton, California passes resolution recognizing CW
2014-09-03	GAHT files a state suit against the City of Glendale
2014-09-04	GAHT appeals the decision of the federal case to the 9th Circuit Court of Appeals
2014-10-15	The Historical Science Society of Japan issues a statement criticizing Abe administration's denial of historical facts of CW
2014-10-30	Japanese MPs form the Special Committee to Restore Japan's Honor and Trust in order to refute allegations on CW
2014-12-13	Yamamoto, Mitsuhiro Fujii, and other revisionists hold an event in Redwood City, California near SFO; coalition of peace and human rights activists holds a protest
2014-12-14	Yamamoto, Mera, Fujii, and other revisionists hold a panel in Torrance, California
2015-01	Japanese Ministry of Foreign Affairs demands American publisher and historian to alter the description of CW in college-level world history textbook
2015-02-18	Three Japanese residents in Los Angeles area join in a lawsuit in Japan against Asahi Shimbun
2015-03	20 U.S. historians publish a letter in support of Japanese historians in response to MOFA's attempt to censor textbooks
2015-03-09	Yamamoto, Fujii, Shunichi Fujiki, Shiro Takahashi, and other revisionists hold an event in New York City; original venue, Japanese American Association of New York, cancels their reservation due to a protest by peace and women's groups
2015-03-10	GAHT and ATCW members Mera, Takahashi, and others hold a press conference in NYC to counter the U.N. Commission on the Status of Women sessions
2015-03-17	Group of conservative scholars led by Ikuhiko Hata holds press conference to demand "corrections" to an American history textbook over CW
2015-03-27	PM Abe refers to CW as victims of human trafficking in an interview with Washington Post without admitting Japanese military's role in it
2015-04-28	Mariko Okada-Collins organizes a screening of Yujiro Taniyama's film, "Scottsboro Girls" at Central Washington University; Mera, Jason Morgan, and others join Taniyama
2015-04-29	PM Abe delivers a speech at the joint session of U.S. Congress without mentioning CW
2015-05-04	GAHT's state lawsuit against the City of Glendale is dismissed; City files for attorney's fees under anti-SLAPP statute
2015-05-07	"Open Letter in Support of Historians in Japan" released with 187 signatures by historians, Japan scholars; and others (mostly in the U.S.); the number of signatories grows to 464 within a week
2015-05-25	16 associations of historians and history educators in Japan issue a joint statement criticizing CW revisionism
2015-07-21	City and County of San Francisco considers a resolution establishing CW memorial; Mera, Okada-Collins, Terumi Imamura, and others speak in opposition
2015-07-23	Osaka Mayor Hashimoto criticizes SF resolution as "unfair," plans to send a letter
2015-07-27	Nadeshiko Action and ATCW members visit Geneva to lobby the U.N. Convention on the Elimination of Discrimination Against Women

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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; Evans, Derek  
**Subject:** File 150764 FW: I urge you to vote yes on the San Francisco Comfort Women Memorial proposal tomorrow

**From:** Ying-Ying Chang [mailto:yychang40@gmail.com]  
**Sent:** Monday, September 21, 2015 4:06 PM  
**To:** Breed, London (BOS) <london.breed@sfgov.org>  
**Cc:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>; Brown, Vallie (BOS) <vallie.brown@sfgov.org>  
**Subject:** I urge you to vote yes on the San Francisco Comfort Women Memorial proposal tomorrow

Dear President Breed:

I'm the mother of Iris Chang who wrote the bestselling book in 1998 "The Rape of Nanking."

I urge you and the San Francisco Board of Supervisors pass the resolution on Comfort Women (CW) Memorial proposal tomorrow at the meeting. The CW is a well-documented Imperial Japanese military sexual slaves system established during the war when the Imperial Japanese Army invaded China and South Asia countries. The evidence of the military sexual slaves system and the testimonial from survival CW themselves are abundant and undeniable. UN had declared the CW system established during WWII by the Imperial Japan was a human rights violation in the tallest order. I strongly recommend that you and BOS of San Francisco should pass the resolution and erect a memorial in honor of the CW, so the next generation won't repeat these heinous war crimes again in the future. We had learned that Japan government and far-right groups (backed by the Japanese government) are mobilizing to oppose the CW Resolution. The right-wing groups are spreading lies and insulted Grandma Lee (the CW survivor came to testify in San Francisco). Their opposition created painful confusion and tension in communities. I strongly urge you to discard those lies and stand firmly for the truth and justice.

Everyone in the San Francisco BOS should vote YES, then all of you are truly representing the wishes of San Francisco communities. Please stand tall and strong to resist those lobbyists from Japan far-right liars. Thank you for your attention.

Respectively,  
Ying-Ying Chang  
Email: [yyc29616@yahoo.com](mailto:yyc29616@yahoo.com)  
Tel: 408-944-0601  
[www.yy.irischang.net](http://www.yy.irischang.net)

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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; Evans, Derek  
**Subject:** FW: Asian Women's Shelter support of Resolution 150764 - "Comfort Women" memorial  
**Attachments:** Asian Women's Shelter SUPPORT FOR Resolution 150764.pdf; ATT00001.htm

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**From:** Hyejin Shim [mailto:hyejin@sfaws.org]  
**Sent:** Tuesday, September 22, 2015 12:44 PM  
**To:** Mar, Eric (BOS) <eric.mar@sfgov.org>; Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Cc:** Lim, Victor (BOS) <victor.lim@sfgov.org>  
**Subject:** Asian Women's Shelter support of Resolution 150764 - "Comfort Women" memorial

September 22, 2015

Supervisor Eric Mar

Board of Supervisor District 1

City and County of San Francisco

**Re: SUPPORT FOR Resolution 150764 - Urging the Establishment of  
a Memorial for "Comfort Women"**

Dear Supervisor Eric Mar,

Asian Women's Shelter writes to you in support of Resolution 150764 - Urging the Establishment of a Memorial for "Comfort Women" which is currently under deliberation by the Board of Supervisors of the City and County of San Francisco, CA.

Asian Women's Shelter has worked extensively with survivors of trafficking and domestic violence over the past 27 years. We provide comprehensive services, including a 24-hour crisis line, shelter program, case management and access to health and legal services. At AWS, survivors and their children begin to heal and rebuild their lives. As an organization that serves those impacted by human trafficking, we see the powerful connections between our work in San Francisco today, and the work that continues internationally in bringing justice for all victims and survivors of Japanese military sexual slavery.

Based on testimonies of victims and historical research, the history of the sexual slavery system and trafficking of women and girls committed by the Imperial Japanese Army is widely recognized in the international community, which has issued multiple resolutions and recommendations urging Japan to extend an official apology and compensation to the victims. However, the few remaining elderly "comfort women" survivors like Young Soo Lee have been fighting for decades for their demands to be met.

At AWS, we believe that our work against trafficking in San Francisco must both fulfill survivors' immediate needs and create cultural and educational changes to ensure that we are working towards a society free of violence and exploitation. We support the establishment of a "comfort women" memorial, which symbolizes the renewed commitment of people and the government of San Francisco to ensure that such violation of human rights never occur again. We see this as a step that advances the education of future generations about trafficking and wartime violence against women and girls.

Thus, we respectfully urge your support for the resolution.

Sincerely,

Elizabeth Kirton

Executive Director



**Asian Women's Shelter**  
3543 18th Street, #19  
San Francisco, CA 94110

(415) 751-7110 OFFICE  
(415) 751-0880 CRISIS  
(415) 751-0806 FAX

September 22, 2015

Supervisor Eric Mar  
Board of Supervisor District 1  
City and County of San Francisco

**Re: SUPPORT FOR Resolution 150764 - Urging the Establishment of  
a Memorial for "Comfort Women"**

Dear Supervisor Eric Mar,

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Thus, we respectfully urge your support for the resolution.

Sincerely,

Elizabeth Kirton  
Executive Director



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**From:** Japanese Women for Justice and Peace <japannetwork1@gmail.com>  
**Sent:** Sunday, September 27, 2015 4:12 PM  
**To:** Board of Supervisors, (BOS); Lee, Mayor (MYR)  
**Cc:** Mar, Eric (BOS); Pagoulatos, Nickolas (BOS); Lim, Victor (BOS); Redondiez, Rachel (BOS); Farrell, Mark (BOS); Stefani, Catherine; Kelly, Margaux (BOS); Montejano, Jess (BOS); Christensen, Julie (BOS); ChristensenStaff, (BOS); Tang, Katy (BOS); Summers, Ashley (BOS); Quizon, Dyanna (BOS); Law, Ray (BOS); BreedStaff, (BOS); Kim, Jane (BOS); Veneracion, April (BOS); Lang, Davi (BOS); Lee, Ivy (BOS); Yee, Norman (BOS); Mormino, Matthias (BOS); Scanlon, Olivia (BOS); Low, Jen (BOS); Wiener, Scott; Taylor, Adam (BOS); Power, Andres; Cretan, Jeff (BOS); Campos, David (BOS); Ronen, Hillary; Goossen, Carolyn (BOS); Cohen, Malia (BOS); Bruss, Andrea (BOS); Chan, Yoyo (BOS); Tugbenyoh, Mawuli (BOS); Avalos, John (BOS); Hsieh, Frances (BOS); Pollock, Jeremy (BOS); Rubenstein, Beth (BOS); AvalosStaff, (BOS)  
**Subject:** Re: Request to delete pages 24-34 of File No. 150764  
**Attachments:** page 23 to 34 from Comm Rpt Pkt 092215.pdf

Dear Mayor Edwin M. Lee and the Members of the Board of Supervisors of the City and County of San Francisco:

I hope this email finds all of you very well.

It has been almost a week since I sent my previous email, but to my disappointment I have not received any response from the City and County of San Francisco yet.

I would like to know who or what department is responsible for this matter.  
If anyone in this mailing address knows, please kindly let me know.

I would like to repeat my request.  
Please delete pages 24-34 of File No. 150764 on the Board of Supervisors official website.

File No. 150764 Committee/Board of Supervisors Agenda Packet Contents List  
<https://sfgov.legistar.com/View.ashx?M=F&ID=4037995&GUID=E2672BA3-88F0-4F54-9ECD-EBB72EF2D506>

P23~34

A –Report on .Japanese Right-.Wing Opposition to the ".Comfort .Women"  
Memorial in San Francisco  
Attached PDF "page 23 to 34 from Comm Rpt Pkt 092215"

The reason for my request is that, in the report, I am depicted as a "Japanese Right-Wing" "comfort women denialist," and also as a "racist."

The information about me in the report is not true. In publishing these falsehoods, you have unwittingly made yourselves a party to a slanderous misrepresentation of the facts.

I respect freedom of speech and expression, but it is completely inappropriate and defaming to publish an individual name, Yumiko Yamamoto, on a local government official website, along with such insulting words and gross misinformation.

Therefore, I respectfully request that you delete the pages, and that you not ruin the good name of San Francisco by dishonoring an ordinary person.

Sincerely,

Yumiko Yamamoto

Nadeshiko Action, Japanese Women for Justice and Peace (JWJP) <http://nadesiko-action.org/>

Email: JapanNetwork1@gmail.com

2015-09-23 4:42 GMT+09:00 Japanese Women for Justice and Peace

<japannetwork1@gmail.com>:

> Dear Mayor Edwin M. Lee and the Members of the Board of Supervisors of  
> the City and County of San Francisco:

>

>

> I hope this email finds all of you very well.

>

> My name is Yumiko Yamamoto. I am a Japanese woman living in Tokyo, Japan.

>

> I am writing this email to request that you delete pages 24-34 of File

> No. 150764 on the Board of Supervisors official website.

>

> File No. 150764 Committee/Board of Supervisors Agenda Packet Contents

> List

> <https://sfgov.legistar.com/View.ashx?M=F&ID=4037995&GUID=E2672BA3-88F0>

> -4F54-9ECD-EBB72EF2D506

>

> P23~34

> A –Report on .Japanese Right-.Wing Opposition to the ".Comfort .Women"

> Memorial in Sam Francisco

> Attached PDF "page 23 to 34 from Comm Rpt Pkt 092215"

>

> The reason for my request is that, in the report, I am depicted as a

> "Japanese Right-Wing" "comfort women denialist," and also as a

> "racist."

> The information about me in the report is not true. In publishing

> these falsehoods, you have unwittingly made yourselves a party to a

> slanderous misrepresentation of the facts.

>

> I respect freedom of speech and expression, but it is completely

> inappropriate and defaming to publish an individual name, Yumiko

> Yamamoto, on a local government official website, along with such

> insulting words and gross misinformation.

>

> Therefore, I respectfully request that you delete the pages, and that

> you not ruin the good name of San Francisco by dishonoring an ordinary

> person.

>

> Sincerely,

>

> Yumiko Yamamoto

> Nadeshiko Action, Japanese Women for Justice and Peace (JWJP)

> <http://nadesiko-action.org/>

> Email: JapanNetwork1@gmail.com

# A Report on Japanese Right-Wing Opposition to the "Comfort Women" Memorial in San Francisco

This report profiles individuals who have traveled from out of town to attend the July 21st Board meeting of the City and County of San Francisco and voice their opposition the resolution endorsing the establishment of a "comfort women" memorial in San Francisco's China Town. The list of out-of-town speakers, who are have all been born and raised in Japan before migrating to the U.S. as adults, is a Who's Who of the far-right Japanese nationalist organizing in the United States.

In addition, this report provides background information on the Japanese right-wing activities in the U.S., and debunks the right-wing mischaracterizations of some of the documents they often employ.

## I. Profiles of Out-of-town Speakers Opposing "Comfort Women" Memorial

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Yoshi TAGUCHI

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Yujiro TANIYAMA

Michael YON

Jason MORGAN

Yoshiko SAKURAI

## III. Examining Right-Wing "Evidences"

U.S. Army Japanese POW Interrogation Report No. 49 (1944)

Interagency Working Group Report (2007)

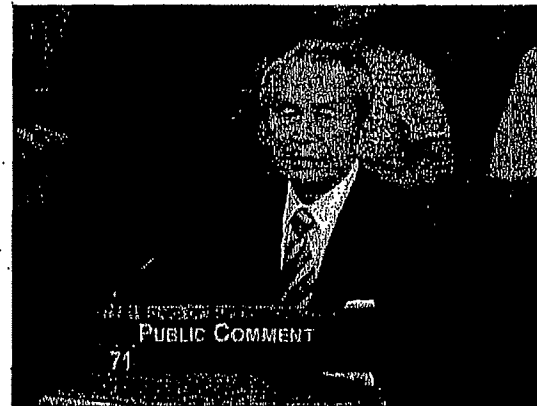
## IV. Timeline of "Comfort Women" Denialism during the first and second Abe administrations (with a focus on U.S.-related incidents)

## I. Profiles of Out-of-town Speakers Opposing "Comfort Women" Memorial

Koichi MERA

My name is Koichi Mera. I live in Los Angeles. I had a pleasure of listening more than three hours of debate in this chamber about jails and housing and so forth and that is a proper task of this chamber. Now, I'm talking about comfort women issue. This is international issue. That is a issue which is between Korea and Japan, and also U.S., Korea, and Japan. This issue should be dealt by Federal government in the case of U.S. City government should not be intervening in this issue. That's one point. Second, this issue is really dividing people. U.S. is a country with immigrants coming from various places. They should be living together in harmony. This comfort women issue will divide people. And that is not really good. In addition, one point I would like to make is that the usual comfort women story is a fabricated story. In fact, those women were not sex slaves, they were paid well. They had very good life and

they have lots of income. [brief interruption due to audience laughter in disbelief] Now there are at least two U.S. documents which proves that comfort women were usual people, not sex slaves. One is written in 1944 during the war in Burma. 20 Korean comfort women were interviewed and that says... [time out]



Mera was born in Korea during Japanese occupation and graduated from University of Tokyo before studying and getting teaching positions at U.S. universities including University of Southern California and Harvard University in business and economics. After retirement from USC, in 2006 Mera founded the Study Group for Japan's Rebirth, a monthly study group for Japanese residents in Los Angeles area about Japan's recent history. His book, Japanese People, Wake Up from MacArthur's Curse! was published by a right-wing publisher in Japan and is quite anti-U.S. In 2012, Mera founded Global Alliance for Historical Truth days before filing a lawsuit against the City of Glendale, California to seek the removal of its "comfort women" memorial. GAHT's cases have been dismissed by state and federal courts, with the state judge even ruling the lawsuit as a SLAPP, but Mera is appealing the decisions.

GAHT is incorporated and is accepting donations both in Japan and in the U.S. Notable leaders of GAHT in addition to Mera include Yumiko Yamamoto (ex-Zaitokukai, Nadeshiko Action), Nobukatsu Fujioka (Japanese Society for History Textbook Reform), Shiro Takahashi, and Genki Fujii (conservative foreign policy analyst).

Mera has co-presented at "comfort women" denial events in the last several years with Yamamoto, Fujioka, Mitsuhiro Fujii (Rompa Project), Mariko Okada-Collins, Yujiro Taniyama, and others.

### Mariko OKADA-COLLINS

My name is Mariko Okada-Collins. I'm talking about comfort women statue. San Francisco has a troubled history with races and ethnic hatred. As much as the City is proud of its recent history with inclusiveness and resistance to the hatred and racism, it still has not erased its dark past regarding ethnic Japanese racism. This statue represents a return to the dark days when the San Francisco mayor Eugene Schmitz and neo-fascists Sons of the Golden West organization were active in many anti-Japanese activities supported by fact, so-called fact, and M.H. de Young's San Francisco Chronicle published headlines like "Brown Men, an Evil in the Public Schools," "Japanese, a menace American women," etc. Then the school board supported by the Mayor and the City Council joined with the racist American South and segregated San Francisco schools for Japanese students saying the same illogical statements that were not about harming Japanese American relations but responding to the fact in the history. Nothing much seems to have changed in San Francisco other than that white racists have the opportunity to ally with Uncle Tom-like Asian collaborators in modern day

racist campaign to assume that Japanese are sex-crazed rapists. It appears to be like current Supervisors are set to continue the tradition in the 21st century. The City Council set to vote in a statue that promotes ethnic and racial hatred, promotes exaggerated claim against the Japanese while overlooking equal violations by Americans, Koreans, and Russians, and as seen in Glendale and Union City does absolutely nothing to raise awareness to save one woman from the human trafficking. So, I don't think you want this to be voted yes. Thank you.



Mariko Okada-Collins is a Japanese language lecturer at Central Washington University. Born and raised in Japan, she has migrated to the U.S. to live with her American husband. In April 2015, Okada-Collins used her position at the university to organize a film screening and lecture by Yujiro Taniyama and speeches by Koichi Mera, Jason Morgan, and others. Okada-Collins has published how she uses every opportunity in her language class to discuss the "truth" of Japan's recent past (i.e. historical denial of Nanjing Massacre and "comfort women"), and complains that her students punish her by giving her negative reviews. Okada-Collins also stated that she had been disciplined by the university for showing the preview of Taniyama's film in her class.

In response to the screening, students and faculty organized alternative educational events about "comfort women" on campus, which was attended by hundreds. The denialist event organized by Okada-Collins attracted a couple of dozens at most. Read about the CWU event here:

<http://www.japanfocus.org/-Norma-Field/4323/article.html>

<http://www.japanfocus.org/-Emi-Koyama/4324/article.html>

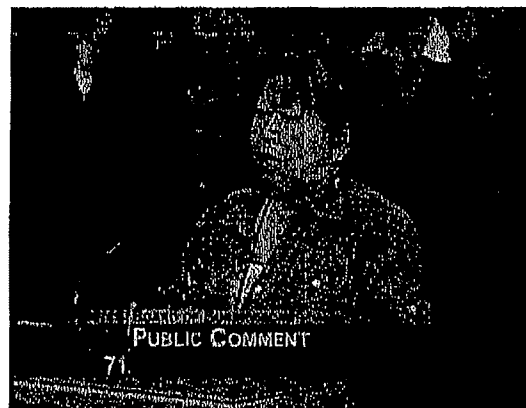
[http://www.japanfocus.org/-Chong-Eun\\_Ahn/4325/article.html](http://www.japanfocus.org/-Chong-Eun_Ahn/4325/article.html)

Okada-Collins seems to have had parted ways with Taniyama after the event because of Taniyama's attitude toward the American audience, including her students. She is associated with Koichi Mera, Michael Yon (American writer), and others.

#### Terumi IMAMURA

My name is Terumi Imamura. I'm also here to oppose the comfort women statue to be built here. I have several concerns and asking myself why, why is it in San Francisco, why is in America, why is it targeting Japanese? My biggest concern is that Japanese and Japanese Americans who live in here in America, are we being targeted because of our nationality? Again? Many of us remember those painful camp days in the wartime. Is that going to be happening again? We are scared. We are concerned, we are worried. Besides that, these claims that they have on comfort women—200,000 women and children were forcibly abducted, tortured, sex slaved—there is no solid evidence to it. And here I have the report number 49, the report titled Japanese Prisoners of War Interrogation of prostitution, reported by United States Office of War Information,

Psychological Warfare Team, which reported in 1944. Also, the newer one is Nazi War Crimes and Japanese Imperial Government Record, final report to the United States Congress in April 2007. Neither of them indicate... [time out]



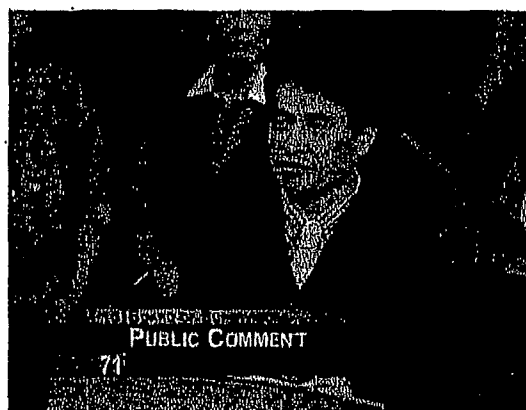
Terumi Imamura claims to be a housewife in Los Angeles area. Imamura heads a local "comfort women" denialist group True Japan Network. Imamura is said to be the originator of the completely baseless claim that the establishment of "comfort women" statue in Glendale, California resulted in widespread bullying and harassment of Japanese children in the area. Imamura's claim has been uncritically repeated by right-wing media and politicians in Japan, but nobody (local and national/international media, schools, police, Japanese American groups, the Japanese consulate, and even the very right-wing politicians that are making such claim) can find a trace of evidence.

It is telling that even Imamura did not mention the supposed existence of widespread anti-Japanese bullying in Glendale as an argument against the San Francisco memorial, despite the fact it might have been an effective argument if it existed. Koichi Mera of GAHT also did not claim anti-Japanese bullying as a concrete harm caused by the Glendale memorial in his lawsuit against the city, so there appears to be a pattern: they do not make this particular claim when it might be verified.

Yoshi TAGUCHI

Hello Supervisors, my name is Yoshi Taguchi of Happy Science. And do you know IWG document entitled the Nazi War Crimes and Japanese Imperial Government Record? It is originally signed by President Clinton on October 8, 1998 to investigate the crimes of Nazi, then on May 23, 2000 Dr. Michael Kurtz announced that the IWG will take steps forward to declassification of records related to Japanese war crimes. It has over eight million pages and spent 30 million dollars. This is the one [shows a flip], and you can see the detail through this site in the internet. And finally, in April 2007 they submitted the final report to the United States and that is a kind of summary of the investigation. This is the document, and it has 125 pages. The chairman of this committee, Steven Garfinkel, concluded his opinion in the preface, "Among the disappointed will be those who had hoped for a voluminous release of U.S. records

relating to Japanese war crimes. ... Many people around the world had hoped that the IWG would unearth records that would help them document Japanese atrocities. ... The IWG uncovered and released few Asian theatre records... [time out]



Yoshi Taguchi works for Happy Science (Koufuku no Kagaku) and lives in New Jersey. Taguchi is known to have arranged venues for many Japanese right-wing events in the U.S., including lectures of Yumiko Yamamoto, Koichi Mera, Tony Marano, Shiro Takahashi, Mitsuhiko Fujii, and others in San Francisco, Los Angeles, and New York City.

Happy Science is a new (founded in 1986) Japanese religion based loosely on Buddhism. Its political stance is far to the right of Prime Minister Abe's Liberal Democratic Party (which is pretty conservative), and said to have financed many of the "comfort women" denial activities outside of Japan through affiliated Rompa Project (run by Mitsuhiko Fujii) and through its foreign missions.



## II. Individuals Affiliated with Out-of-town Speakers

### Yumiko YAMAMOTO

Yumiko Yamamoto is the former secretary general and vice president of Zaitokukai and is the founder and president of "comfort women" denialist group Nadeshiko Action, ironically also referring to itself as "Japanese Women for Justice and Peace" in English. Yamamoto organizes mass email campaigns against foreign cities and legislatures that are considering taking a position on "comfort women," including the City and County of San Francisco.

Yamamoto was the secretary general of Zaitokukai, a notorious anti-Korean racist group, when the group "demonstrated" in front of a Korean elementary school in Kyoto, banging on its gate and screaming "you Korean cockroaches," and "your parents are North Korean spies" at schoolchildren. Zaitokukai organized or participated in many similar "demonstrations" against Korean neighborhoods and community institutions under Yamamoto's leadership.

Yamamoto founded Nadeshiko Action and resigned from her leadership position in Zaitokukai in 2011 to focus on Nadeshiko Action. In a book she published in 2014, Yamamoto states that she left Zaitokukai because the organization (Zaitokukai) had grown to the point that others could take care of it. In other words, Yamamoto has not yet renounced her support for the positions of Zaitokukai at least as late as 2014.

Yamamoto is the vice president of the Japanese portion of Global Alliance for Historical Truth, a denialist group headed by Koichi Mera. Yamamoto also chairs "Japan's collaborative team" of the Alliance for Truth About Comfort Women, which lobbies the United Nation Human Rights Commission, the Commission on the Status of Women, the Convention on the Elimination of Discrimination Against Women, and other international regulatory bodies. I

### Tony MARANO & Shunichi FUJIKI

Tony Marano, also known in Japan as "Texas Daddy," is an American video blogger. Marano first found fans in Japan for criticizing environmental group Sea Shepherd's anti-whaling campaigns, and was approached by Japanese businessman Shunichi Fujiki (who also goes by "Shun Ferguson"), who became his Japanese representative. Since then, Marano has published many books and columns in Japan that glorify the nation and absolve Japan of its war responsibilities, including over the "comfort women" issue. Marano is frequently flown to Japan to give lectures about "comfort women" and other issues there, and to various U.N. meetings across the world, despite having no expertise or background on the topic.

When confronted in English, Marano does not seem to be able to sustain an argument, and frequently contradicts his own statements published in Japanese media under his name. Marano and Fujiki often collaborate with Mitsuhiro Fujii (or "Mitt") of Rompa Project. Marano also appears in a dialogue with his frequent co-presenter Yumiko Yamamoto in Yamamoto's 2014 book.

### Shiro TAKAHASHI

Shiro Takahashi is a prominent conservative education scholar in Japan whose work has focused on the importance of "traditional" family structures and gender roles. As a former vice president of the Japan Society for History Textbook Reform, Takahashi also advocates for the teaching of history that restores national pride. In 2013, Prime Minister Abe appointed Takahashi to the Council for Gender Equality, an advisory body within the Cabinet.

In December 2014, Takahashi joined Yamamoto, Mera, Marano, and others to speak at the "comfort women" revisionist event and a press conference in New York City. He also visited Los Angeles, where he claims to have heard stories about vandalism committed against conservative Japanese residents who were involved in revisionist activities.

#### Yujiro TANIYAMA

Yujiro Taniyama is a filmmaker and a failed 2011 candidate for the Governorship of Tokyo, receiving 0.2% of the total votes. In spring of 2015, Japanese language instructor Mariko Okada-Collins invited Taniyama to Central Washington University to show "Scottsboro Girls," his fauxmentary film about "comfort women," and to give a lecture introducing "a new perspective" on the issue. Taniyama's film is endorsed by Yoshiko Sakurai, an influential conservative journalist.

When Okada-Collins faced oppositions to the screening in the days before the event from within the university, Michael Yon reached out to her and introduced her to additional speakers, Koichi Mera and Jason Morgan. University community overwhelmingly rejected Taniyama, who showed a shortened version of the film (the full film is over three hours long) to an almost empty room for two days. Taniyama and Yon got into a major online battle afterwards, with Okada-Collins taking Yon's side.

#### Michael YON

Michael Yon is a former member of the U.S. Army Special Forces and a writer specializing in Thailand and military. Yon became interested in "comfort women" issue in 2014, and is credited with calling attention to the 2007 U.S. Interagency Working Group report on Nazi War Crimes and Japanese Imperial Government Records, which he (falsely) claims proves Japan's innocence in the "comfort women" affair.

After the failure of Yujiro Taniyama's film screening at Central Washington University, Yon publicly criticized some members of the conservative establishment including Yoshiko Sakurai who have endorsed Taniyama's film. In return, conservative figures in Japan exposed that Yon had received large payments from Japanese conservatives with the expectation that he would publish articles in mainstream English media that refute the "comfort women" issue, but failed to deliver; Yon denies that there was any such expectation and insists that his pen is not for sale.

#### Jason MORGAN

Jason Morgan is a University of Wisconsin history Ph.D student who has spent years in Japan, including on a Fulbright. Morgan was heralded by the American conservative media when in

2013 he refused to take part in a diversity training that was mandated for all teaching assistants. He views American academia as dogmatic and stifling, and prefers Japanese academia where scholars are free to speak truth, especially his belief that "evidence is overwhelmingly on" the side denying the "comfort women" issue. Morgan is now celebrated as a fresh new voice of the true American scholarship by Japanese conservative media such as Sankei Shimbun and by conservative think tanks that are affiliated with Yoshiko Sakurai.

#### Yoshiko SAKURAI

Yoshiko Sakurai is a conservative journalist and internet news host/commentator. As the director of Japan Institute for National Fundamentals, a private think tank, Sakurai is highly influential within Japan's conservative politics. On her internet news, Sakurai hosts conservative politicians including Eiko Yamatani, Tomomi Inada, Jn Matsubara, and others; and commentators including Shiro Takahashi, Koichi Mera, and Yujiro Taniyama.

### III. Examining Right-Wing "Evidences"

#### U.S. Army Japanese POW Interrogation Report No. 49 (1944)

What the right-wing says: The report is based on interviews with 20 Korean "comfort women" detained by the U.S. Army and states that they were simply prostitutes who were highly paid and lived in luxury.

The report is actually based on interviews with two Japanese "house masters" (i.e. owner/managers of the brothel) and 20 Korean "comfort women." The report clearly states that the women were recruited under false pretenses and held in debt bondage. In addition, many of the 20 women were underage at the time they were sent to the "comfort stations."

A part of the report does state that women were paid well. Another part states that the women had to give back much of the earnings for debt repayment and living expenses (they had to procure necessities from the house masters) and struggled. Historians believe that the first part comes from the testimonies of the "house masters," while the latter are from the women themselves.

Since mid-1990s, the report has been understood by historians to be one of the evidences that show that women were forced to become "comfort women" against their will and that the Japanese military was actively managing and operating the system. The right-wing interpretation relies on selective reading of several isolated sentences from the report.

#### Interagency Working Group Report (2007)

What the right-wing says: Interagency Working Group of the United States spent eight years and 30 million dollars to find evidences for Japan's war crimes related to "comfort women," but could not find any, which means that the allegations against Japan are false.

The Interagency Working Group studied classified documents to uncover new historical materials related to the war crimes of Nazi Germany and the Japanese Empire. However, most documents from the Pacific theatre had been declassified a long time ago, IWG mostly analyzed and then released documents related to the Nazi Germany.

In April 2007, the same month Interagency Working Group's report was finalized, the Congressional Research Service of the Library of Congress issued its own report, "Japanese Military's 'Comfort Women' System," which used previously released materials to conclude that Japanese government and military were responsible for a system of enforced military prostitution known as "comfort women." In July of that year, the U.S. House of Representatives passed a resolution demanding Japan to "formally acknowledge, apologize, and accept historical responsibility" for the "comfort women" issue.

While it is true that the IWG report did not uncover any previously classified document related to Japan's "comfort women" issue, it is clearly not the case that the U.S. government interpreted the IWG report to mean that Japan was innocent.

#### IV. Timeline of "Comfort Women" Denialism during the first and second Abe administrations (with a focus on U.S.-related incidents)

##### Part 1: 2006-2007

2006-09-26	Shinzo Abe becomes the 90th Prime Minister of Japan
2007-01-16	U.S. declassifies documents and releases expert essays on upcoming IWG report
2007-01-31	H.Res.121 introduced with six co-sponsors, led by Rep. Mike Honda
2007-03-01	PM Abe denies forced recruitment of CW by Japanese military
2007-03-02	Deputy Sec. of State Negroponte criticizes Abe's statement
2007-03-05	PM Abe once again denies Japanese military responsibility
2007-03-09	Opponents of H.Res.121 change their position, number of co-sponsors grows
2007-03-16	Abe administration formally state that no evidence exists that points to forced recruitment of CW by Japanese military
2007-03-24	Washington Post criticizes Abe in editorial
2007-03-25	Abe's Deputy Cabinet Minister states on radio that CW were sold by their parents, and that Japanese military was not involved
2007-03-26	Deputy Spokesman for Department of State urges Japan to continue to address CW issue
2007-04	IWG report finalized and made available to public
2007-04-03	U.S. Congressional Research Service releases the report "Japanese Military's 'Comfort Women' System" by Larry Niksch
2007-04-03	PM Abe calls Pres. Bush to ask for "understanding"
2007-04-17	PM Abe justifies his statements in interviews with Newsweek and Wall Street Journal, promise to uphold Kono Statement
2007-04-20	Former Minister of Education and Science Nariaki Nakayama criticizes H.Res.121, arguing that prostitution was legal and profitable at the time
2007-04-27	PM Abe visits Pres. Bush, issues a vague apology for CW
2007-05-17	Tokyo Governor Shintaro Ishihara denies Japanese military's involvement in the recruitment of CW
2007-05-25	MP Jn Matsubara denies the CW issue
2007-06-14	Dozens of conservative politicians and prominent opinion leaders in Japan place a full-page ad ("The Facts") on Washington Post
2007-06	Many members of U.S. House of Representatives join as co-sponsors of H.Res.121 including House Committee on Foreign Affairs Chair Rep. Tom Lantos
2007-07-30	H.Res.121 passed
2007-09-12	PM Abe abruptly resigns
2007-10	First CW memorial built in the U.S. in Palisades Park, New Jersey
2007-11-08	Dutch parliament passes resolution urging Japan to confront CW denialism and make further efforts to address the issue
2007-11-28	Canada's House of Commons passes resolution urging Japan to confront CW denialism and make further efforts to address the issue
2007-12-13	European Parliament passes resolution urging Japan to confront CW denialism and make further efforts to address the issue

## Part 2: 2012-present

2011-12	Yumiko Yamamoto of Zaitokukai forms CW denialist group Nadeshiko Action
2012-05	Japanese diplomats offer cherry blossom trees in return for removing Palisades Park, New Jersey CW memorial; the city rejects
2012-05-24	Nikon Corp. cancels photo exhibits about CW under right-wing pressure
2012-12-26	Shinzo Abe becomes the 96th Prime Minister of Japan
2013-01-10	PM Abe appoints Shiro Takahashi to the Council for Gender Equality
2013-05-13	Osaka Mayor Toru Hashimoto argues that organized prostitution was necessary at the time, and suggests that the U.S. military should utilize legal sexual services to reduce sexual violence committed by the U.S. servicemen in Okinawa
2013-05-16	U.S. Department of State spokesperson Jen Psaki calls Hashimoto's statement "outrageous and offensive"
2013-05-22	San Francisco asks Hashimoto to cancel sister city visit due to the furor caused by his remarks
2013-05-27	Hashimoto retracts his comment about the U.S. servicemen while insisting that the Japanese military was not involved in the trafficking of CW
2013-06-18	City and County of San Francisco passes resolution condemning CW system in response to Hashimoto's statements
2013-07-09	Glendale, California approves the establishment of CW statue in its Central Park after heated discussions
2013-07-30	Glendale unveils the CW statue; Japanese American leaders from Nikkei for Civil Rights and Redress and the San Fernando Valley chapter of Japanese American Citizens League attend in support
2013-09	Yumiko Yamamoto and others form Alliance for Truth about Comfort Women
2013-12-16	Koichi Mera, Tomoyuki Sumori (True Japan Network, Volunteer Group for Fight Against Comfort Women), and three Japanese MPs (Mio Sugita, Yuzuru Nishida, and Hiromu Nakamaru) meet with representatives of NCRR and JACL-SFV; Sugita dismisses Japanese American representatives as "left-wing"
2014-01-08	JACL-SFV chapter formally adopts a statement supporting CW statue in Glendale
2014-01-16	Members of (Japanese) National Association of Municipal Legislators Against Comfort Women Statue visit Glendale to protest the CW memorial; they hold a sign that reads "Children Need Heart-Warming Memorials"
2014-02-20	Koichi Mera founds Global Alliance for Historical Truth and files a lawsuit against the City of Glendale
2014-05-05	Japanese American Bar Association of California and Korean American Bar Association along with dozens of other law associations issue a statement supporting the CW memorial and opposing GAHT's lawsuit
2014-06-06	Japan-U.S. Feminist Network for Decolonization (FeND) formed
2014-06-20	Abe administration releases a report on the "process resulting in Kono Statement," widely seen as a first step to repealing it
2014-07-06	Mera and Nobukatsu Fujioka of GAHT hold an event in Los Angeles; read a letter from Yamamoto is read
2014-07-14	Yamamoto, Mera, Mitsuhiro Fujii, Shunichi Fujiki, Tony Marano, and other members of ATCW visit Geneva to lobby the U.N. Commission on Human Rights

2014-08-04	GAHT's federal lawsuit against the City of Glendale is dismissed
2014-08-05	Asahi Shimbun retracts decades-old articles about forcible CW recruitment by the Japanese military in Jeju Island, Korea
2014-08-13	Fullerton, California passes resolution recognizing CW
2014-09-03	GAHT files a state suit against the City of Glendale
2014-09-04	GAHT appeals the decision of the federal case to the 9th Circuit Court of Appeals
2014-10-15	The Historical Science Society of Japan issues a statement criticizing Abe administration's denial of historical facts of CW
2014-10-30	Japanese MPs form the Special Committee to Restore Japan's Honor and Trust in order to refute allegations on CW
2014-12-13	Yamamoto, Mitsuhiro Fujii, and other revisionists hold an event in Redwood City, California near SFO; coalition of peace and human rights activists holds a protest
2014-12-14	Yamamoto, Mera, Fujii, and other revisionists hold a panel in Torrance, California
2015-01	Japanese Ministry of Foreign Affairs demands American publisher and historian to alter the description of CW in college-level world history textbook
2015-02-18	Three Japanese residents in Los Angeles area join in a lawsuit in Japan against Asahi Shimbun
2015-03	20 U.S. historians publish a letter in support of Japanese historians in response to MOFA's attempt to censor textbooks
2015-03-09	Yamamoto, Fujii, Shunichi Fujiki, Shiro Takahashi, and other revisionists hold an event in New York City; original venue, Japanese American Association of New York, cancels their reservation due to a protest by peace and women's groups
2015-03-10	GAHT and ATCW members Mera, Takahashi, and others hold a press conference in NYC to counter the U.N. Commission on the Status of Women sessions
2015-03-17	Group of conservative scholars led by Ikuhiko Hata holds press conference to demand "corrections" to an American history textbook over CW
2015-03-27	PM Abe refers to CW as victims of human trafficking in an interview with Washington Post without admitting Japanese military's role in it
2015-04-28	Mariko Okada-Collins organizes a screening of Yujiro Taniyama's film, "Scottsboro Girls" at Central Washington University; Mera, Jason Morgan, and others join Taniyama
2015-04-29	PM Abe delivers a speech at the joint session of U.S. Congress without mentioning CW
2015-05-04	GAHT's state lawsuit against the City of Glendale is dismissed; City files for attorney's fees under anti-SLAPP statute
2015-05-07	"Open Letter in Support of Historians in Japan" released with 187 signatures by historians, Japan scholars, and others (mostly in the U.S.); the number of signatories grows to 464 within a week
2015-05-25	16 associations of historians and history educators in Japan issue a joint statement criticizing CW revisionism
2015-07-21	City and County of San Francisco considers a resolution establishing CW memorial; Mera, Okada-Collins, Terumi Imamura, and others speak in opposition
2015-07-23	Osaka Mayor Hashimoto criticizes SF resolution as "unfair," plans to send a letter
2015-07-27	Nadeshiko Action and ATCW members visit Geneva to lobby the U.N. Convention on the Elimination of Discrimination Against Women

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**To:** BOS-Supervisors  
**Subject:** FW: Support for "Comfort Women" Memorial  
**Attachments:** Support for Comfort Women Memorial 9.9.15.doc; ATT00001.htm

**From:** Peter Yee-Chew Chiu <[pychiu@stanford.edu](mailto:pychiu@stanford.edu)>  
**Date:** September 9, 2015 at 10:55:03 AM PDT  
**To:** "[London.Breed@sfgov.org](mailto:London.Breed@sfgov.org)" <[London.Breed@sfgov.org](mailto:London.Breed@sfgov.org)>  
**Cc:** "[Eric.L.Mar@sfgov.org](mailto:Eric.L.Mar@sfgov.org)" <[Eric.L.Mar@sfgov.org](mailto:Eric.L.Mar@sfgov.org)>, "[Angela.Calvillo@sfgov.org](mailto:Angela.Calvillo@sfgov.org)" <[Angela.Calvillo@sfgov.org](mailto:Angela.Calvillo@sfgov.org)>  
**Subject:** Support for "Comfort Women" Memorial

September 9, 2015

London Breed

President of the San Francisco Board of Supervisors

City Hall

San Francisco, CA

Dear President Breed:

I am writing to you to strongly support the resolution regarding the establishment of a memorial for "comfort women" in San Francisco.

For more than twenty years, I have been a member of the Executive Board and a co-chair of the Rules Committee of the California Democratic Party, and have been active in civil rights and human rights causes since the 1960's. In addition to having a Doctor of Public Health degree from the University of California, Berkeley and an MD degree from Stanford University, I am also a student of World War II history.



By examining the available historic evidence and eye witness accounts, I am in agreement with the overwhelming majority of scholars in the field in concluding that it is beyond reasonable doubt that thousands of women and girls were kidnapped and forced into sexual slavery by the Imperial Japanese Army during World War II. Through the establishment of a monument to commemorate those women and girls who suffered immeasurably as sex slaves, we are trying to preserve history. At the same time, we are also making a strong statement that the truth should never be denied.

In summary, I urge the San Francisco Board of Supervisors to adopt the resolution regarding the establishment of a memorial for “comfort women” without further delay.

Sincerely,

Peter Y. Chiu, MD, DrPH

Palo Alto, CA

Cc: [Eric.L.Mar@sfgov.org](mailto:Eric.L.Mar@sfgov.org), [Angela.Calvillo@sfgov.org](mailto:Angela.Calvillo@sfgov.org),

(signed copy attached)

---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** File 150764 FW:

**From:** MAKOTO YOSHIDA [mailto:powerpower7509@gmail.com]  
**Sent:** Wednesday, September 23, 2015 6:05 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:**

Dear Supervisors of City and County of San Francisco,

I am writing to you concerning a resolution to support building a memorial for "comfort women" in San Francisco. I would ask that you vote "no" on this resolution.

Japanese people are strongly opposed to the comfort woman memorial because it will create a conflict among people, leading to hate crime and children bullying not only in your city but also elsewhere. I hear there is such a case in Glendale monument.

I would strongly ask you would vote against the proposal at the forthcoming meeting.

Thank you very much.

おれ、アメリカ人の事あんまり分からんが、そんなもん自分の所の市につくらせてええの？

別に中国か韓国か日本かとか関係なく。日本人が被害者だとしても日本人はそんなもん要求しないけどね。

あなた達のプライドを疑う。

---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; Evans, Derek  
**Subject:** FW: Zentoitsu Workers Union (ZWU) SUPPORT statement for Resolution 150764  
**Attachments:** zentoitsu.docx

**From:** miho kim lee [mailto:mihola@gmail.com]  
**Sent:** Tuesday, September 22, 2015 3:17 AM  
**To:** BreedStaff, (BOS) <breedstaff@sfgov.org>  
**Cc:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>; Lim, Victor (BOS) <victor.lim@sfgov.org>  
**Subject:** Zentoitsu Workers Union (ZWU) SUPPORT statement for Resolution 150764

Please see attached.

Thank you.

**Zentoitsu Workers Union (ZWU)**  
1-12-6 2nd floor, Ueno, Taito-ku, Tokyo, Japan  
TEL+81-(0)3-38360-9061 FAX +81-(0)3-3836-9077  
mail: [zwu@nifty.com](mailto:zwu@nifty.com)  
URL: <http://www.zwu.or.jp/>

September 22, 2015

The Honorable London Breed, President, Board of Supervisors  
San Francisco City Hall  
1 Dr Carlton B Goodlett Place  
San Francisco, CA 94102

Re: SUPPORT FOR Resolution 150764 - Urging the Establishment of a Memorial  
for "Comfort Women"

Dear President Breed,

Founded in 1970, we, Zentoitsu Workers Union, are comprised of employees of small and medium-size businesses, based in Tokyo. We express our unequivocal support for Resolution 150764 - Urging the Establishment of a Memorial for "Comfort Women" which is currently under deliberation by the Board of Supervisors of the City and County of San Francisco, CA.

Based on testimonies of victims and historical research, the history of the sexual slavery system and forced trafficking of women committed by the Imperial Japanese Army is widely recognized in the international community, which has issued multiple resolutions and recommendations urging Japan to extend an official apology and compensation to the victims. Defying such calls, not only is the Government of Japan dodging its responsibility for the "comfort women" system, it is even involved with activities to deny and distort this history within Japan and around the world, including San Francisco.

In 1993, the Government of Japan, in the name of the then-Chief Cabinet Secretary Yohei Kono, issued an official statement that admitted the involvement of the Imperial Japanese Army in the establishment and management of the "comfort stations" as well as recruitment and trafficking of women against their will, and expressed "sincere apologies and remorse" for victims. However, there are some people who persistently deny the very existence of, and/or responsibilities for Japanese military "comfort women." Mayor Hashimoto of Osaka City is one of them.

On May 13 of 2013, Mayor Hashimoto publicly commented that "comfort women" were "necessary" in order to give soldiers a "chance to rest." This comment was widely criticized both domestically and abroad.

We believe that the establishment of a memorial for “comfort women” symbolizes the renewed commitment of people and the government of San Francisco to ensure that such violation of human rights and crime against humanity never occurs again.

Thus, we respectfully ask for your unequivocal support for the resolution.

Sincerely,

Takanori Tamiya  
President

---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; Evans, Derek  
**Subject:** File 150764 FW: In support of Comfort Women Memorial resolution

**From:** K.F. [mailto:furyomusume@gmail.com]  
**Sent:** Monday, September 21, 2015 9:14 PM  
**To:** Lim, Victor (BOS) <victor.lim@sfgov.org>  
**Cc:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** In support of Comfort Women Memorial resolution

I am Shiori Hoorikawa, exchange student at San Francisco state university from Dokkyo University in Japan. My grandfather is a survivor of the atomic-bomb dropped in Nagasaki 70 years ago. I am going to share my perspective on this resolution as a granddaughter of hibakusha, and as a Japanese citizen.

First of all, I support this resolution which is, as Supervisor Eric Mar stated "to honor the women who were coerced into sexual slavery by the Japanese Imperial Army during World War II."

I think the comfort women memorial would make us remember that we must not ever repeat this history again. 70 years has passed since the end of the war. My grandfather and my 2<sup>nd</sup> generation hibakusha father and I won't ever forget about this fact of comfort women as well as about the victim of atomic-bomb, because we don't ever want either of those things to happen again to any one else.

We have to remember that the victims were ordinary people, not the people who had power and authority and controlled the country, its people, and the war — like current Prime Minister Abe and his grandfather, former Prime Minister Kishi,

I know that as a granddaughter of a hibakusha, to seek Peace, the important thing is to learn from the past. But this is not possible if we are restricted by only one way of thought: Nationalism.

So, if you don't establish the memorial in this diverse city, San Francisco, I feel that you support hiding of the facts in the name of nationalism. Surely to me and my family, and other people who seek Peace in Japan, it would seem that this city doesn't want to seek Peace with us.

I believe the resolution has the power to lead our world to peace in the future, by helping us people and the city remember the history of the victims.

---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; Evans, Derek  
**Subject:** FW: File no 150764, "Comfort Women"

**From:** pmizu@aol.com [mailto:pmizu@aol.com]  
**Sent:** Monday, September 21, 2015 11:21 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** File no 150764, "Comfort Women"

Supervisors: Madam Board President London Breed,  
Honorable John Avalos,  
Honorable David Campos,  
Honorable Julie Christiansen,  
Honorable Malia Cohen,  
Honorable Mark Farrell,  
Honorable Jane Kim,  
Honorable Eric Mar,  
Honorable Katy Tang~  
Honorable Scott Weiner,  
Honorable Norman Yee

My name is Ichiro Mizushima, and I oppose to building the statue of comfort women in San Francisco public property.

I had attended at your public hearing at San Francisco City Hall on 9/17/15, re Comfort Women, your file no. 150764.

I was very much obliged to have opportunity to express my feeling on the above subject matter to your board.

However, due to heavy number of speakers, our time to speak our mind was limited to 2 minutes, and hence my net speaking length was shortened to further limited by the board chairman's comment time.

Therefore, I would like to submit herewith entire text of my opinion per below for your understanding.

Gist of my opinion are as follows.

A. There were no abduction of Korean Women by Japanese government or Japanese military organization.  
Your chairman, member of BOS honorable Eric Mar had recognized existence of US government official record at the hearing (see detail per my speech context copy below).

- 1) APO 689, #49 report state that captured prostitutes were officially classified as "a comfort woman is nothing more than a prostitute or professional camp follower"
- 2) IWG report found no truth on the Korean Allegation as



"forced prostitution".

B. WWII history had occurred 70 years ago, and world

had changed significantly for Japanese, during that time,

Japan have been the most peaceful nation.

Japan had raised women's status, wish to continue peace

making effort in international stage.

And do not wish to instill hatred to our future generation

and neighboring countries.

Following is my entire contents of intended speech yesterday,

9/17/15.

Korean claim of the "so called" forced comfort women system by Japanese government and military during second world war is completely fabricated story, and entirely faulty according to US government public records per below explained 2 significant findings.

- 1. APO 689, #49 report state that captured prostitutes were officially classified as "a comfort woman is nothing more than a prostitute or professional camp follower"**
- 2. IWG report found no truth on the Korean Allegation as "forced prostitution".**

All comfort women stations were operated by civilian owners of Japanese and Korean shop keepers, simply as commercial prostitution houses.

Korean prostitutes were recruited by the Korean national, and Japanese prostitutes were recruited by the Japanese national in their own countries.

**By the way, total estimation of the prostitutes worked in various war theaters in Asia were 50,000, out of which 20% were Korean**

**and 65% were Japanese women.**

Most of prostitutes from both countries were sold by their parents or close relatives to compromise their economical hardship, and that were common practice and completely legal at these countries in that period.

Prostitutes had worked hard and earned good income with freedom to enjoy their private life, and in some cases, they even had married soldiers who were mixtures of Japanese, Korean and Taiwanese origin.

Prostitutes had earned up to ten times of high ranked Japanese military officers, saving large sum of bank account, remitting to their families in their home land, and even gained early retirement when they had paid off their initial debts.

**At around end of the WWII, a group of 20 Korean prostitutes** were captured by U.S. Military forces in the Burma war theaters, APO689 and interrogated. Official U.S. Military records are available at the national archives and record administration, US Army report #49 with happy memories and treatment by their clients of those captured prostitutes, as well, their life stories in respective home lands that were main cause of their heavy misery, eventually resulted in their own human trafficking by their own relatives.

**Another significant war record is in the IWG report** (Inter Agency Working Group of 2007) that found no truth on the Korean allegation "as forced prostitution" after 7 years research with 30 million dollars of US government fund, which was requested by the Chinese government.

Most official record and facts had been published by a Japanese history professor in English in June 2015, titled "Comfort Women, Not Sex Slaves" on my hand here among other historical truth by many historians in Japan (and US government public record).

In the mean time, there is no official record of abduction of Korean (or Japanese) Women in any place or even record of revolt by their male counters parts, or official protests being filed any where in Korea.

In August 4<sup>th</sup> this year, current Japanese Prime Minister Abe had introduced his doctrine supported by group of historians, lawmakers and various dignitaries from different background in Japan stating that Japan have been peace making country for past 70 years after the war, and it is about a time to consolidate war time memories, and look forward to promote younger generation for peaceful world.

**His doctrine is supported by most of nations world wide now.**

Fighting among Japanese and Korean on such a fiction will contribute no good for them selves or USA, or worldwide nations, while respective countries try to promote world peace and friendship.

It will rather create hatred among Japanese American and Korean American under host cities and countries expenses, which will contradict US government policies, creating world peace and good intended sister cities program as well.

That will be financial burden for US cities for extra peace keeping facilities, legal expenses or ill feeling between sister cities.

**Hope you will come up with reasonable resolution to cure such friction.**

Very Truly yours,



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**From:** Jennifer C <jennifer46c@gmail.com>  
**Sent:** Monday, September 21, 2015 9:12 PM  
**To:** Avalos, John (BOS)  
**Cc:** Hsieh, Frances (BOS); Board of Supervisors, (BOS)  
**Subject:** In Support of the Resolution of erect "Comfort Women" memorial in SF  
**Attachments:** In support of comfort women memorial -Avalos.pdf

September 21, 2015,

To the Honorable Supervisor Avalos,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

[REDACTED]

[REDACTED]



美國華商總會  
*Chinese American Association of Commerce*

778 CLAY STREET, SUITE A, SAN FRANCISCO, CA 94108 U.S.A. • TEL: (415) 362-4306 FAX: (415) 362-1478

September 17, 2015,

To the Honorable Supervisor Avalos,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce

---

**From:** Jennifer C <jennifer46c@gmail.com>  
**Sent:** Monday, September 21, 2015 9:13 PM  
**To:** Breed, London (BOS)  
**Cc:** Wong, Iris (BOS); Board of Supervisors, (BOS)  
**Subject:** In Support of the Resolution of erect "Comfort Women" memorial in SF  
**Attachments:** In support of comfort women memorial -Breed.pdf

September 21, 2015,

To the Honorable Supervisor Breed,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



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*Chinese American Association of Commerce*

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September 17, 2015,

To the Honorable Supervisor Breed,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



---

**From:** Jennifer C <jennifer46c@gmail.com>  
**Sent:** Monday, September 21, 2015 9:15 PM  
**To:** Campos, David (BOS)  
**Cc:** Goossen, Carolyn (BOS); Board of Supervisors, (BOS)  
**Subject:** In Support of the Resolution of erect "Comfort Women" memorial in SF  
**Attachments:** In support of comfort women memorial -Campos.pdf

September 21, 2015,

To the Honorable Supervisor Campos,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



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*Chinese American Association of Commerce*

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September 17, 2015,

To the Honorable Supervisor Campos,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce

---

**From:** Jennifer C <jennifer46c@gmail.com>  
**Sent:** Monday, September 21, 2015 9:16 PM  
**To:** Christensen, Julie (BOS)  
**Cc:** Lee, Mason (BOS); Board of Supervisors, (BOS)  
**Subject:** In Support of the Resolution of erect "Comfort Women" memorial in SF  
**Attachments:** In support of comfort women memorial -Christensen.pdf

September 21, 2015,

To the Honorable Supervisor Christensen,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



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*Chinese American Association of Commerce*

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September 17, 2015,

To the Honorable Supervisor Christensen,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce

---

**From:** Jennifer C <jennifer46c@gmail.com>  
**Sent:** Monday, September 21, 2015 9:17 PM  
**To:** Cohen, Malia (BOS)  
**Cc:** Chan, Yoyo (BOS); Board of Supervisors, (BOS)  
**Subject:** In Support of the Resolution of erect "Comfort Women" memorial in SF  
**Attachments:** In support of comfort women memorial -Cohen.pdf

September 21, 2015,

To the Honorable Supervisor Cohen,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



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*Chinese American Association of Commerce*

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September 17, 2015,

To the Honorable Supervisor Cohen,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce

---

**From:** Jennifer C <jennifer46c@gmail.com>  
**Sent:** Monday, September 21, 2015 9:19 PM  
**To:** Farrell, Mark (BOS)  
**Cc:** Montejano, Jess (BOS); Board of Supervisors, (BOS)  
**Subject:** In Support of the Resolution of erect "Comfort Women" memorial in SF  
**Attachments:** In support of comfort women memorial -Farrell.pdf

September 21, 2015,

To the Honorable Supervisor Farrell,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



美國華商總會  
*Chinese American Association of Commerce*

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September 17, 2015,

To the Honorable Supervisor Farrell,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



---

**From:** Jennifer C <jennifer46c@gmail.com>  
**Sent:** Monday, September 21, 2015 9:21 PM  
**To:** Kim, Jane (BOS)  
**Cc:** Lee, Ivy (BOS); Board of Supervisors, (BOS)  
**Subject:** In Support of the Resolution of erect "Comfort Women" memorial in SF  
**Attachments:** In support of comfort women memorial -Kim.pdf

September 21, 2015,

To the Honorable Supervisor Kim,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



美國華商總會  
*Chinese American Association of Commerce*

778 CLAY STREET, SUITE A, SAN FRANCISCO, CA 94108 U.S.A. • TEL: (415) 362-4306 FAX: (415) 362-1478

September 17, 2015,

To the Honorable Supervisor Kim,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce

---

**From:** Jennifer C <jennifer46c@gmail.com>  
**Sent:** Monday, September 21, 2015 9:23 PM  
**To:** Tang, Katy (BOS)  
**Cc:** Law, Ray (BOS); Board of Supervisors, (BOS)  
**Subject:** In Support of the Resolution of erect "Comfort Women" memorial in SF  
**Attachments:** In support of comfort women memorial -Tang.pdf

September 21, 2015,

To the Honorable Supervisor Tang,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



# 美國華商總會

*Chinese American Association of Commerce*

778 CLAY STREET, SUITE A, SAN FRANCISCO, CA 94108 U.S.A. • TEL: (415) 362-4306 FAX: (415) 362-1478

September 17, 2015,

To the Honorable Supervisor Tang,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce

---

**From:** Jennifer C <jennifer46c@gmail.com>  
**Sent:** Monday, September 21, 2015 9:24 PM  
**To:** Wiener, Scott  
**Cc:** Cretan, Jeff (BOS); Board of Supervisors, (BOS)  
**Subject:** In Support of the Resolution of erect "Comfort Women" memorial in SF  
**Attachments:** In support of comfort women memorial -Wiener.pdf

September 21, 2015,

To the Honorable Supervisor Wiener,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



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778 CLAY STREET, SUITE A, SAN FRANCISCO, CA 94108 U.S.A. • TEL: (415) 362-4306 FAX: (415) 362-1478

September 17, 2015,

To the Honorable Supervisor Wiener,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui  
Board of Director  
Chinese American Association of Commerce

Leon Huang  
President Chinese American Association of Commerce

---

**From:** Jennifer C <jennifer46c@gmail.com>  
**Sent:** Monday, September 21, 2015 9:25 PM  
**To:** Yee, Norman (BOS)  
**Cc:** Board of Supervisors, (BOS); Low, Jen (BOS)  
**Subject:** In Support of the Resolution of erect "Comfort Women" memorial in SF  
**Attachments:** In support of comfort women memorial -Yee.pdf

September 21, 2015,

To the Honorable Supervisor Yee,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



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778 CLAY STREET, SUITE A, SAN FRANCISCO, CA 94108 U.S.A. • TEL: (415) 362-4306 FAX: (415) 362-1478

September 17, 2015,

To the Honorable Supervisor Yee,

Chinese American Association of Commerce is one of the leader in the Chinese community. We, and other 150 plus local organizations in the Chinese Community are in full support of the Resolution of the erection of a memorial for the former sex slaves, euphemistically called "comfort women" during WWII. Young Korean, Chinese, Filipino, Indonesian and Dutch women and girls were kidnapped, tricked or forced into sexual slavery by order of the Japanese military during WWII by the hundreds of thousands. Japanese government has still not yet acknowledged and apologized to the victims. The memorial will serve to commemorate these women and girls to prevent the same thing from ever happening again. Our next generations deserve to know the truth of the history. Teach them to know how important to have justice for a better community and how important to keep the world in peace. Therefore, we urge the SF Board of Supervisors to pass the resolution.

Sincerely,

Chark Lui

Board of Director

Chinese American Association of Commerce

Leon Huang

President Chinese American Association of Commerce



**From:** Board of Supervisors, (BOS)  
**To:** Evans, Derek  
**Subject:** File 150764 FW: NGO Report on comfort women issue to United Nations  
**Attachments:** NadeshikoAction.pdf

-----Original Message-----

From: Japanese Women for Justice and Peace [mailto:japannetwork1@gmail.com]  
Sent: Tuesday, September 22, 2015 6:42 AM  
To: Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>; Lee, Mayor (MYR) <mayoredwinlee@sfgov.org>  
Cc: Farrell, Mark (BOS) <mark.farrell@sfgov.org>; Stefani, Catherine <catherine.stefani@sfgov.org>; Kelly, Margaux (BOS) <margaux.kelly@sfgov.org>; Montejano, Jess (BOS) <jess.montejano@sfgov.org>; Christensen, Julie (BOS) <Julie.Christensen@sfgov.org>; ChristensenStaff, (BOS) <christensenstaff@sfgov.org>; Tang, Katy (BOS) <katy.tang@sfgov.org>; Summers, Ashley (BOS) <ashley.summers@sfgov.org>; Quizon, Dyanna (BOS) <dyanna.quizon@sfgov.org>; Law, Ray (BOS) <ray.law@sfgov.org>; BreedStaff, (BOS) <breedstaff@sfgov.org>; Kim, Jane (BOS) <jane.kim@sfgov.org>; Veneracion, April (BOS) <april.veneracion@sfgov.org>; Lang, Davi (BOS) <davi.lang@sfgov.org>; Lee, Ivy (BOS) <ivy.lee@sfgov.org>; Yee, Norman (BOS) <norman.yee@sfgov.org>; Mormino, Matthias (BOS) <matthias.mormino@sfgov.org>; Scanlon, Olivia (BOS) <olivia.scanlon@sfgov.org>; Low, Jen (BOS) <jen.low@sfgov.org>; Wiener, Scott <scott.wiener@sfgov.org>; Taylor, Adam (BOS) <adam.taylor@sfgov.org>; Power, Andres <andres.power@sfgov.org>; Cretan, Jeff (BOS) <jeff.cretan@sfgov.org>; Cohen, Malia (BOS) <malia.cohen@sfgov.org>; Bruss, Andrea (BOS) <andrea.bruss@sfgov.org>; Chan, Yoyo (BOS) <yoyo.chan@sfgov.org>; Tugbenyoh, Mawuli (BOS) <mawuli.tugbenyoh@sfgov.org>; Avalos, John (BOS) <john.avalos@sfgov.org>; Hsieh, Frances (BOS) <frances.hsieh@sfgov.org>; Pollock, Jeremy (BOS) <jeremy.pollock@sfgov.org>; Rubenstein, Beth (BOS) <beth.rubenstein@sfgov.org>; AvalosStaff, (BOS) <avalosstaff@sfgov.org>  
Subject: NGO Report on comfort women issue to United Nations

Dear Mayor Edwin M. Lee and the Members of the Board of &Supervisors of City & County of San Francisco

I hope this email finds all of you very well.

My name is Yumiko Yamamoto, a president of "Japanese Women for Justice and Peace "

I understand that, at Board of Supervisors regular meeting on 22 sept, you will be discussing on a resolution "Urging the Establishment of a Memorial for "Comfort Women".

Please add the attached PDF"NadeshikoAction" to attachments for the meeting.

This report "NadeshikoAction" is about the comfort women issue accepted by United Nation's Human Rights Committee on the Elimination of Discrimination against Women

Please check this URL. You will find the same report on UN Human Rights web site.

[http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/JPN/INT\\_CEDAW\\_NGO\\_JPN\\_20789\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/JPN/INT_CEDAW_NGO_JPN_20789_E.pdf)

Thank you very much.

Best Regards,

Yumiko Yamamoto

Nadeshiko Action, Japanese Women for Justice and Peace (JWJP) <http://nadesiko-action.org/>



**Committee on the Elimination of Discrimination against Women (CEDAW)  
Pre-sessional Working Group for the 63rd session (27 – 30 July 2015)**

**Japan**

## **Issue of Comfort Women**

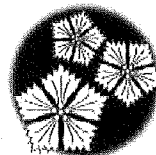
**( Commercially Recruited Women for selling sex to  
Japanese Soldiers including Korean ethnic at the wartime )**

**June, 2015**

**Nadeshiko Action  
Japanese Women for Justice and Peace (JWJP)**  
4F-B Shinko Bldg., 3-13-4 Ginza, Chuo-ku,  
Tokyo 104-0061  
JAPAN

TEL & FAX: +81 5031530391  
Email: JapanNetwork1@gmail.com  
URL: <http://nadesiko-action.org>

なでしこアクション  
Nadeshiko Action



## **Issue of “Comfort Women” (Commercially Recruited Women for selling sex to Japanese Soldiers including Korean ethnic at the wartime)**

### **1, Concluding Observations on the sixth periodic report of Japan (CEDAW/C/JPN/6)**

The Committee shows its concern in the paragraphs 37 and 38 as follows.

37. The Committee notes that some steps were taken by the State party to address the situation of “comfort women” but regrets the State party’s failure to find a lasting solution for the situation of “comfort women” victimized during the Second World War and expresses concern at the deletion of references to this issue in school textbooks.

38. The Committee reiterates its recommendation that the State party urgently endeavour to find a lasting solution for the situation of “comfort women” which would include the compensation of victims, the prosecution of perpetrators and the education of the public about these crimes.

### **2, Summary of the Relevant Information from the 7<sup>th</sup> and 8<sup>th</sup> Periodic Report of Japan (CADEW/C/JPN/7-8) including statements in CCPR of UN**

(1)The Government holds that it is not appropriate for the so-called comfort women issue to be brought up in the review of the country report for the Treaty signed in 1985 long after the incidents took place. The Government has steadfastly maintained that “the Government of Japan has signed the San Francisco Peace Treaty and various bilateral agreements between Japan and other nations, and has been sincere about the issues of reparations for the damage caused by war accordingly. Thus, the Government has settled all post-war claims of compensation with the countries involved with which Japan has ratified the Treaties”.

(2)Nevertheless, recognizing that the comfort women issue was a grave affront to the honour and dignity of a large number of women, the Government of Japan, together with the people of Japan, seriously discussed what could be done to express their sincere apologies and remorse to the former comfort women. As a result, the people and the Government of Japan cooperated and together established the Asian Women’s Fund (AWF) on July 19, 1995 to extend atonement from the Japanese people to the former comfort women.

(3) At the same time, **the Government of Japan expresses that the comfort women issue has existed throughout history in the world** and that women’s dignity and basic human rights have often been infringed upon during the many wars and conflicts of the past. The Government of Japan places paramount importance on and is committed to doing its utmost to ensure that the 21st century is free from further violations of women’s dignity and basic human rights.

(4) On the other hand, the delegation of Japan stated it is not appropriate that comfort women depict sex slaves. The comfort women issue is not one which the Government of Japan recognizes as a slavery issue in 1926 slavery convention. The delegation stated that comfort women did not conform the definition of prevailing convention definition at that time. (at CCPR held at the Palais des Nations in Geneva, 16 July 2014)

### 3, Japanese Prime Ministers' position

(1) Prime Minister Mr. Shinzo Abe, as former successive prime ministers did, expressed in the Diet in May 2013 that his cabinet followed the Statement made by the Chief Cabinet Secretary Yohei Kono who expressed apologies and remorse on the issue of "comfort women" (1993), acknowledging moral responsibility based on current values of human rights (Kono Statement). He expresses that he is deeply pained to think of the comfort women whose pain and suffering is hard to be measured and described, which had been repeatedly expressed.

(2) Prime Minister Mr. Shinzo Abe made a similar statement above-mentioned in an interview of American media in March 2015 and in a lecture speech in Harvard Kennedy School in April 2015, adding that **comfort women were victims of human trafficking conducted by private recruiters.**

### 4, International Situation over these years

(1) The constitutional court of South Korea decided for the first time on August 30, 2011 regarding the former Japanese military "comfort women's" individual rights to claim compensation from the Japanese Government that "it constitutes a violation of the human rights of the victims, and it is unconstitutional" for the Korean Government to make no tangible effort **to settle disputes with Japan.**

(2) Local government, Glendale City CA, USA which is the third party state on the Comfort Women Issue, has taken side with Korea and China. **The Comfort Women Statue erected in the public place in the City in July 2013 has caused unreasonable hardships (a kind of violations of human rights) to Japanese residents, especially to children.**

(3) The Japanese Council in France explained the Japanese position on the Comfort Women Issue in Feb. 2014 at the Festival of Comics in Angoulême in France which is the third party state on the Issue. The reason is that one day before the Festival, the organizer confiscated suddenly comics prepared by a Japanese civil group which tried to describe the details on the Issue from the very beginning (almost 20 years ago) while the organizer permitted Korea to expose their allegations. The Japanese civil group protested against the organizer that the liberty of expression was violated.

(4) Japanese civil group in USA started a lawsuit against Glendale City in Feb. 2014, protesting that local government must not intervene international disputable issues of which the competence belongs to only the federal government according to the Constitution of USA.

(5) Australian Department of foreign affairs, which is the third party state on the Issue, decided in May 2014 not to help the intervention of local governments on the Issue. **Some cases that Japanese asked Anti-Discrimination Board to help them against unreasonable harassments due to the Issue were already reported.**

(6) In September 2014, Canadian Museum of Human Rights in Winnipeg, Canada started to put on display relating to comfort women. There are many displays accusing the atrocity of Japanese Army mentioning to 200,000 sex slaves for example.

(7) The mayor of Burnaby City, BC, Canada made a decision in April 2015 to suspend deliberation about the erection of statue of comfort women applied by Korean and Chinese ethnic Canadian civil groups, due to massive and strong protest of Japanese ethnic community. **The mayor understands the statue would cause division of communities in Canada as Japanese community warned.**

(8)-(1) A famous American school textbook company, McGraw-Hill Education, set paragraphs relating to comfort women issue in their school textbook for high school.

(8)-(2) In December 2014, The Ministry of Foreign Affairs of Japan demanded McGraw-Hill Education to reexamine some descriptions which might be groundless, such as "The army presented the women to the troops as a gift from the emperor" or "as many as two hundred thousand women".

(8)-(3) McGraw-Hill Education rejected reexamination in January 2015 and 19 American scholars belonging to American Historical Association made a statement that the description was based on academic facts, blaming the Ministry of Foreign Affairs of Japan for interference of freedom of expression.

(8)-(4) The prime minister of Japan, Mr. Abe, in a committee of the Diet in January 2015, expressed that he was shocked by knowing the description of the textbook and that it's necessary to intensify to give correct information to the world.

(8)-(5) 19 Japanese scholars submitted a questionnaire to McGraw-Hill Education, indicating illogical and groundless points of the description. As of May 2015, no answer has been received from McGraw-Hill Education.

(9) 187 western scholars and researchers sent their view on the comfort women issue to Japanese Prime Minister, Mr. Abe, who will make Abe Statement in August 2015. **In their statement there is no more the term of "sex slaves". It doesn't mention exact number of comfort women such as 200,000 which they recognize is quite disputable and groundless. Furthermore it blames Korean and Chinese excessive ethnicism for twisting the issue.**

## **5, Domestic Situation in Japan over these years**

(1) Through the release of internal government documents sequestered for a long time, the sloppiness of the investigation to the former Korean comfort women, based for the Kono Statement 1993, became apparent in Oct. 2013.

(2) **The petition to the White House to remove the Comfort Women Statue in Glendale City,** protesting that the statue is masquerading as a peace statue while in essence after reading the inscription it is promoting hate towards the people and nation of Japan, was accepted with almost **130,000 signatures** in Dec. 2013.

(3) Prime Minister Shinzo Abe expressed in the Diet in Mar. 2014 that his cabinet would not revise "Kono Statement" while the Chief Cabinet Secretary Suga expressed in public that the clarification of the process of "Kono Statement" including testimonies would be started.

(4) The petition started by one conservative political party, **demanding to revise “Kono Statement”** with more than **140,000 signatures** was submitted to the Japanese government in Apr 2014.

At the same time another petition demanding to repeal “Kono Statement”, started by another political party, with more than **100,000 signatures** was submitted to the government.

**The petitions say that “Kono Statement” has given the world serious misunderstandings.**

(5) A counterargument built up in 1996 by the Ministry of foreign affairs of Japan against so-called “UN Coomaraswamy Report” (Addendum) appeared in public. This counterargument was submitted to the UN but withdrawn soon and sequestered due to internal political reason.

(6) **The petition to the White House to repeal the House of Representatives Resolution 121** to stop aggravating int'l harassment by Korean propaganda & lies has been accepted with about **46,000 signatures** as of June 2014.

(7) The petition to UN Human Rights Council to revise “Coomaraswamy Report (Addendum) in 1996” has collected thousands signatures over three weeks. **The petition says that “Coomaraswamy Report (Addendum) in 1996” is erroneous and incredibly naïve. The Report accepts affirmatively, without searching any primary evidence other than verbal testimonies, the allegation of North-Korea, one of the worst countries violating human rights**

(8) The Government of Japan examined the process of Kono Statement due to nationwide demand above-mentioned (1) and (4). The result was publicized June 21 2014, saying that “Kono Statement” had been already completed before the investigation to the former Korean comfort women and that the words of several important points were changed by demand of Korean Government. **It became apparent that Kono Statement was just a kind of political entertainment. The validity of the Statement has become quite doubtful.**

(9) In August 2015, one of the nationwide subscriber's newspapers, **Asahi Shinbun**, corrected previous articles relating to comfort women issue, which relied on almost over twenties years Mr. Yoshida Seiji's fabricated comfort women violent abduction story, and **admitted that Asahi Shinbun gave readers confusion as if comfort women were forcibly recruited at the name of women's voluntary corps.** This confusion was made by mistake according to explanation of Asahi Shinbun. But many Japanese suspect if the confusion had been made for any intension. Because the **protagonist journalist on this matter, Mr. Takashi Uemura who was the Asahi Shinbun reporter at that time and wrote the articles, is not a simple disinterested person but his family-in-law in South Korea was deeply involved in a lawsuit demanding reparation for comfort women.** Anyway two systems, comfort women and women's voluntary corps, are quite different, and confusion would be out of the question.

(10) Due to the correction and the admittance of Asahi Shinbun above-mentioned, forcible abduction of comfort women by the government authorities was totally denied. **Local assemblies and councils, including those which previously adopted resolutions to appreciate “Kono Statement” have begun to move towards repeal of Kono Statement.** As of May 2015, 33 local assemblies and councils have adopted resolutions demanding to the Japanese Government repeal

of Kono Statement and education of true history in schools.

## **6, Stance of Japanese Nation**

(1) Japanese nation welcome the declarations of **moral responsibility based on current value from the point of view of the importance of women's human rights**, made by successive Japanese Prime Ministers including the present Prime Minister Mr. Abe, and the reparation offered to former comfort women by Asian Women's Fund.

(2) But Japanese nation has never accepted the argument that the Comfort Women were military sex slaves. The government also denies it. (The term "sex slaves" was produced about 20 years ago by a Japanese lawyer, Mr. Etsuro Totsuka whose argument totally relied on Mr. Seiji Yoshida's fabricated story. Mr. Totsuka with Mr. Koken Tsuchiya, former president of JFBA (Japan Federation Bar Association) at that time, both were protagonists of the intense lobby to UN Human Rights Committee by means of Mr. Seiji Yoshida's fabricated story. Furthermore the former president of JFBA, Mr. Tsuchiya was involved in problematic affaires related to North Korea so deeply that he was voluntarily investigated by the police. **Since the argument of sex slaves has relied on the fabricated story, it's no more valid that the comfort women depict sex slaves.** The both protagonists of lobbying for the term "sex slaves" have never told the stance of Japanese nation.

(3) Considering the background of the argument above-mentioned, **Japanese nation wonders if "Kono Statement" gives to the world serious misunderstandings on the Comfort Women.** Tens of thousands of signatures demanding to revise or to withdraw "Kono Statement" was submitted to the Japanese government (see 5-(4)). Also, Many Japanese wonder if "UN Coomaraswamy Report (Addendum)" is unfair since the Report mentions neither a very primary source, the US Army Official Report in 1944 which denies sex slavery, nor testimonies of Japanese former military personnel. (see 5-(7)).

## **7, The Kono Statement is just a political gesture.**

(1) Comfort women memorials in USA, the House of Representatives Resolution 121 of USA and local council resolutions of USA recognize that comfort women were victims of forcible abduction, mutilation, cannibalism and other abnormal atrocities of Japanese Army. Other than testimonies, these abnormalities rely on the Kono Statement.

(2) Sir Rodely, chairperson of CCPR, cited the Kono Statement for indicating contradiction of Japanese government whose delegation denied the term sex slaves at the committee in July 2014.

(3) Thus all arguments supporting allegations of former comfort women use the Kono Statement as proof of coercion executed by Japanese authorities although no evidence of coercion was found by serious joint research of Japan and Korea on which the Kono Statement relies. Its factual bases were extremely flawed. It was totally based on testimony of 16 women only. **So the Kono statement and allegations of former comfort women rely on each other. It's absolutely non-sense.**



(4) The examination by Japanese government has disclosed that **the Kono Statement is a political gesture (see 5-(8)) for satisfy the both countries ,Japan and Korea, by means of ambiguous words and expressions, by means of which each country has a free hand to interpret the Kono Statement for its convenience.** For example, the Statement describes that the recruitment of the comfort women was conducted mainly by private recruiters and in many cases they were recruited against their own will. The statement clearly says that recruitment through coaxing, coercion, etc. was done not by Japanese authorities but private recruiters. But, it continues that, at times, administrative/military personnel directly took part in the recruitments. This particular part means it derives from a “war crimes” case in Indonesia where some Japanese Army units forced Dutch women in a prisoner-in-war camp to work brothel for some months. The Kono Statement shows clearly that the expression “administrative/military personnel directly took part in the recruitments” was never used to refer to the paragraph on recruitment of comfort women on the Korean peninsula. However, due to vague and ambiguous expressions, the erroneous interpretation of Kono Statement that Japanese authorities took part in forcible recruitments in Korean peninsula spreads.

(5) Anyway, **the most important point of the Kono Statement is that it takes a position, with regard to comfort women issue, to express strong sympathy for these women and sentiment of apology or remorse based on the current value of women’s human rights.**

#### **8, Either is lying with regard to the reality and the true state of Comfort Women.**

(1) State-regulated prostitution was legal in Japan at that time like in many countries. Prostitution is accompanied almost always by human trafficking and/or debt bondage conducted by private brokers, due to poverty. Japan was a state-party of “the International Convention for the Suppression of the Traffic in Women and Children (The 1921 Convention)” ratified in 1925. Although implementation of the Treaty in Korea was reserved, the Japanese authorities tried to implement the Treaty at maximum in Korea also. Some documents (for example, United States Office of War Information, “Japanese Prisoner of War Interrogation Report No. 49 in 1944”) show that the age of most of the Korean comfort women was more than 20 years old. This age almost complies with the Treaty which banned prostitution of women of the age less than 21 years old whether women consent to prostitution or not. **The Japanese Army authorities took a measure to confirm the age of recruited comfort women. This is one of the direct or indirect involvements which the Kono Statement cites. This involvement was for complying with the Treaty and was an involvement of good will.**

(2) To know the reality and the true state of Comfort Women, there are two groups supplying information on it.

##### **(2)-1 Group A**

One of the most reliable and very primary sources to supply information about reality of comfort women is “Japanese Prisoner of War Interrogation Report No. 49” made in 1944 by United

States Office of War Information which interrogated 20 Korean comfort women prisoners. According to the Report, Comfort Women are nothing more than prostitutes, well paid and have free time to enjoy. The Report continues, "Because of the kind treatment, Korean comfort women feel that American soldiers are more emotional than Japanese soldiers". According to testimonies of these women, it's out of the question that Japanese soldiers were brutal.

As another reliable source to know the reality of the comfort women, there is a diary titled "Myself as a comfort woman for Tate Division deployed in the Burma Theater" published in 1996, written by Mun Oku-chu (文 玉珠), former Korean comfort woman.

Her diary describes a luxurious life as a comfort woman.

But the most impressive part is as follows.

"I killed a non-commissioned officer who had drunken and tried to put me to the sword. (Nips) I won acquittal as legitimate self-defense and many military men were pleased with the court decision of innocence."

There are many testimonies of former Japanese military officers or personnel that it was absolutely unnecessary to coerce women since there were enough Korean women who wished to be comfort women for high remuneration.

#### (2)-2 Group B

On the other hand, such as the testimonies of the 16 former comfort women (see 7-(3)), they allege they were victims coerced (as to by whom, they don't mention or they often change), sexually, physically and mentally abused by Japanese soldiers, and they had a misery life like slave.

(3) Which tells the truth? The group B including the 16 comfort women? Or the Group A including "Japanese Prisoner of War Interrogation Report No. 4"? **There is no point on common in the two groups. These two groups are not compatible at all. This means either is lying.**

(4) "Coomaraswamy Report (Addendum) in 1996" took a position to admit Group B. UN Committees of human rights also take a position for Group B. **That means UN Committees recognize that a primary source, "Japanese Prisoner of War Interrogation Report No. 49" made in 1944 by United States Office of War Information is lying and all testimonies of Japanese soldiers are lies.**

### **9, Confusion individual war crimes related to comfort women with the true state of comfort women must be avoided.**

As above-mentioned (8-(4)), Dutch case is a "war crimes" in Indonesia committed by military individuals who were sentenced to death by Japanese military tribunal on charge of violation of prohibition of forced prostitution. Besides, after the War, some Japanese military officers and civilians were sentenced to death by the War Crimes Tribunal at Batavia conducted by the Netherlands. This incident was an individual "war crimes" and has nothing with Comfort Women System which was legal state-regulated prostitution for the Army. Allegations of former comfort

women use this Batavia court case in Indonesia as a symbol of atrocity of Japanese Army. As written in the Coomaraswamy Report, the McGraw-Hill textbook and comfort women memorials in US, it is often believed the number of comfort women was 200,000. Then, were there 200,000 incidents of war crimes? If so, why would 200,000 incidents have not been submitted to War Crimes Tribunal? Individual war crimes must not be confused with the true state of comfort women.

#### **10, Our Suggestions for the list of issue of CEDAW**

(1)The statement of the Japanese delegation at CCPR in July 2014 that it is not appropriate that the comfort women depict sex slaves should be established as a formal government view with stronger arguments.

(2)As above-mentioned at 2-(3),

“The Government of Japan expresses that the comfort women issue has existed throughout history in the world and that women’s dignity and basic human rights have often been infringed upon during the many wars and conflicts of the past. The Government of Japan places paramount importance on and is committed to doing its utmost to ensure that the 21st century is free from further violations of women’s dignity and basic human rights.” should be strongly taken note at CEDAW.

(3)The key point of the Kono Statement that the Government of Japan expresses strong sympathy to comfort women, moral apology and sense of remorse on the current value of women’s human rights should be succeeded by future government.

However, due to vague and ambiguous expressions of the Statement, erroneous interpretations of the Kono Statement spread in the world. The Government of Japan should explain its right meaning to the world. And if necessary, a new statement replacing the Kono Statement will be made.

(4)As of May 2015, 33 local assemblies and councils of Japan submitted opinions related to comfort women issue to the government agencies, granted by the Article 99 of The Local Autonomy Law of Japan (see 5-(10)). The Japanese government should respect them and respond them.

Submitted opinions are as follows.

(4)-1, As to the facts related to comfort women issue confirmed by the examination of the Government, it is strongly demanded that the Government inform them in many languages to the world society, for prompt restoration of honor and dignity of Japan and of Japanese nation.

(4)-2, Considering the correction of previous articles related to comfort women issue of *Asahi Shinbun*, it is strongly demanded that the government promote public information with regard to right recognition of history and to take measures for school textbook to be written on the base of historical truth, for response to the right of knowing of the Japanese nation.

(5) The comfort women issue has sometimes given serious problem of the human right to

Japanese who reside abroad, especially in USA. The Comfort Women Statue erected in the public place in the City of Glendale CA. USA in July 2013 has caused unreasonable hardships (a kind of violations of human rights) to Japanese residents, especially to children. This hardship is quite unjust since Korean and Chinese allied civil group express that the Statue is erected for the peace. The Japanese Government should take some measures to protect Japanese residents abroad.

(6) “Coomaraswamy Report (Addendum) in 1996” was written on the base of two fabricated stories. And it is prejudicial. The Japanese Government should demand the revision or the repeal of the Report.

End

BOS-11  
CPAGE

**Commissioners**  
**Jack Baylis**, President  
Los Angeles  
**Jim Kellogg**, Vice President  
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Edmund G. Brown Jr., Governor

**Sonke Mastrup**, Executive Director  
1416 Ninth Street, Room 1320  
Sacramento, CA 95814  
(916) 653-4899  
[www.fgc.ca.gov](http://www.fgc.ca.gov)

## Fish and Game Commission



Wildlife Heritage and Conservation  
Since 1870

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SANTA CRUZ  
2015 SEP 24 PM 2:45

**15 Day Notice of California Notice Register 2015, No.34-Z, Z-2015-0811-07**

### Re: Transgenic Definition; Application and Fee

September 22, 2015

This is to provide you with a 15 day continuation notice of proposed regulatory action relative to amending sections 1.92 "Transgenic" and 703 "Miscellaneous Applications, Tags, Seals, Licenses, Permits, and Fees," Title 14, California Code of Regulations, relating to the proposed regulations for "Transgenic Definition; Application and Fee," which was published in the California Regulatory Notice Register on August 21, 2015, Register 2015, No. 34-Z; OAL Notice File No. Z-2015-0811-07. The proposed additional language, shown in double underline/strikeout underline is for clarification of originally noticed language and is sufficiently related to the originally proposed text.

The date of the public hearing related to this matter, and associated deadlines for receipt of oral or written comments at the meeting to be held on October 8, 2015 in Los Angeles has not changed from the original notice.

Additional information and all associated documents may be found on the Fish and Game Commission website at [http://www.fgc.ca.gov/regulations/2015/index.aspx#1\\_92](http://www.fgc.ca.gov/regulations/2015/index.aspx#1_92).

**Roger Bloom**, Department of Fish and Wildlife, phone 916-445-3777, has been designated to respond to questions on the substance of the proposed regulations.

Sincerely,

  
Jon D. Snellstrom

Associate Governmental Program Analyst

Attachment

## REGULATORY TEXT

Section 1.92, Title 14, CCR is amended as follows:

### **§1.92. Transgenic.**

~~Genetically altered by introducing DNA (1) from another species or (2) through engineered endogenous constructs by means such as but not limited to recombinant DNA and RNA techniques to produce, gene addition, deletion, and doubling, or changing the position of the gene. This definition excludes DNA vaccines, individuals produced by the techniques of whole genome ploidy manipulation, and hybridization between closely related species, as in traditional hybridization.~~

(a) An animal whose genome has been deliberately altered, modified, or engineered, through means not possible under natural conditions, by insertion of a foreign gene or genes using genetic engineering methods.

(1) An animal is transgenic if its chromosomes contain artificially transferred genetic material from any other organism or a laboratory construct, regardless of whether the original source's genetic material was modified prior to insertion, or whether the originally transferred genetic material was inherited through normal reproduction.

(2) Methods of producing transgenic animals may include, but are not limited to, recombinant DNA and RNA techniques, cell fusion, micro- and macro-encapsulation, introduction of a foreign gene, or gene knock-in.

(3) Any progeny of a transgenic animal or any animal that is the result of breeding involving transgenic animals is transgenic within the meaning of this section.

(4) Notwithstanding subsection (a) above, an animal is not transgenic within the meaning of this section if:

(A) It is an aquatic animal species produced through breeding, conjugation, fermentation, hybridization, in vitro fertilization, or tissue culture and no transgenic organisms are involved;

(B) It is an aquatic animal species produced through whole genome ploidy manipulation;  
or

(C) The foreign gene or genes in the animal is the result of therapeutic treatment with a DNA vaccine.

(b) Notwithstanding subsection 671(c)(11), a transgenic aquatic animal is not detrimental, and therefore not subject to regulation under Section 671 and subsection 671.1(a)(8), if all of the following apply:

(1) It is a live tropical marine or freshwater animal that will not be utilized for **research purposes**, human consumption, or bait purposes and will be maintained in a closed system and not placed in waters of the state;

(2) The **applicant, which may be a** person or entity, seeking to import, distribute, possess, and sell the transgenic aquatic animal in California has submitted to the department the application and fee specified in Section 703.

(3) The department has determined in writing, based on the information provided pursuant to subsection (b)(2), and any other relevant credible scientific information in the possession of the department or submitted to the department, that the presence of the transgenic aquatic animal, as modified, within California poses no reasonably foreseeable risk to native fish, wildlife, or plants.

Note: Authority cited: Sections 200, 202, 205, 210, and 220, and 1050 Fish and Game Code. Reference: Sections 200-202, 205, 206, 210 and 220, 1050 and 2271, Fish and Game Code.

## REGULATORY TEXT

Section 703, Title 14, CCR is amended as follows:

### **§703. Miscellaneous Applications, Tags, Seals, Licenses, Permits, and Fees.**

(a). Applications, Forms and Fees for January 1 through December 31 (Calendar Year).

... *[No changes to subsections 703(a)(1) through (2)]*

#### (3) Determination that a Transgenic Aquatic Animal is not Detrimental

(A) The applicant shall apply in the form of a letter, on letterhead if an entity, for a department determination that a transgenic aquatic animal is not detrimental in accordance with Section 1.92 and shall include all of the following:

1. The name, mailing address, telephone number(s), and e-mail address of the person seeking to import, possess, distribute, and sell the transgenic aquatic animal or of the principal contact person if an entity seeks to import, possess, distribute, and sell the transgenic aquatic animal.

2. A detailed analysis based on credible science containing:

a. The common and scientific names of the species for which an exemption is sought.

b. A description of the life history of the species.

c. A description of the method(s) by which the genome of the species has been deliberately altered, modified, or engineered.

d. The known or anticipated effects of the genetic modification of the species.

e. An analysis of the potential risk to native fish, wildlife, or plants posed by the presence of the transgenic aquatic animal, as modified, within California.

f. A description of the applicant's proposed importation, possession, distribution, and sale of the transgenic aquatic animal within California.

3. Certification in the following language: I certify that the information submitted in this application is complete and accurate to the best of my knowledge and belief. I

understand that any false statement herein may subject the application to rejection, or the department determination to revocation, and to civil and criminal penalties under the laws of the State of California.

a. The original signature of the person, or principal contact person if an entity, seeking the determination.

4. The applicant shall submit a **separate nonrefundable** application and **nonrefundable** fee of \$4,790 **per species of transgenic aquatic animal**.

5. The applicant shall submit one paper copy, and an electronic copy (via email or other device as directed by department staff) containing all application materials, and the application fee, to the Fisheries Branch Chief at 830 S Street, Sacramento, CA 95811.

#### (B) Contents of the Department Determination

1. The department shall issue a determination in writing, based on the information provided by the applicant, and any other relevant credible scientific information in the

possession of the department or submitted to the department.

2. The determination shall state whether:

a. The presence of the transgenic aquatic animal, as modified, within California is detrimental and subject to regulation under Section 671 and subsection 671.1(a)(8); or,

b. The presence of the transgenic aquatic animal, as modified, within California is not detrimental and poses no reasonably foreseeable risk to native fish, wildlife, or plants and is not subject to regulation under Section 671 and subsection 671.1(a)(8).

c. In making its determination, the department may impose reasonable conditions to ensure the proposed importation, possession, distribution, and sale of the transgenic aquatic animal within California is not detrimental **to native fish, wildlife, or plants.**

d. The department may revoke or change its determination at any time upon newly-obtained information or circumstances involving said animal's detrimental impacts.

3. If the department identifies deficiencies in the application, requiring additional time or further review, the department shall reject the application and provide written notification of the identified deficiencies in the application to the applicant. No additional fee is required if the application, with required information, is resubmitted within one year of receipt of the original application.

(C) Effect of Department Determination

1. Once it receives a determination from the department that the transgenic aquatic animal poses no reasonably foreseeable risk to native fish, wildlife, or plants, the applicant **or its authorized agent** may import, possess, distribute, and sell the animal within the state provided that ~~it possesses on the premises or within the vehicle, if in transit, both the applicant and its authorized agent possess and provide within three business days, upon request by the department,~~ a copy of the department's determination.

2. Any wholesaler or retailer purchasing a transgenic aquatic animal from the applicant **or its authorized agent** may **import**, possess, distribute, and sell the animal provided that ~~it possesses on the premises or within the vehicle, if in transit, the wholesaler or retailer possesses and provides within three business days, upon request by the department,~~ both a copy of the department's determination and written documentation to demonstrate that ~~the animal that~~ the wholesaler or retailer purchased ~~the animal originated~~ from the applicant **or its authorized agent**.

3. Individuals purchasing a transgenic aquatic animal ~~that originated~~ from the applicant, **its authorized agent**, or wholesalers or retailers **as authorized by this section pursuant to subsection 2 of section 703(a)(3)(C)** may possess the animal, without a copy of the department's determination or any other documentation, provided that the animal is maintained in a closed system and not placed in the waters of the state.

*[No changes to subsections 703(b) and 703(c)]*

Note: Authority cited: Sections 713, 1002, 1050, 1053, 1745, 2118, 2120, 2122, 2150, 2150.2 and 2157, Fish and Game Code. Reference: Sections 395, 396, 398, 713, 1050, 1053, 1745, 2116, 2116.5, 2117, 2118, 2120, 2125, 2150, 2150.2, 2150.4, 2151, 2157, 2190, 2193, 2271, 3005.5, 3007, 3503, 3503.5, 3511, 3513, 3950, 10500, 12000 and 12002, Fish and Game Code; and Title 50, Code of Federal Regulations, Parts 21.29 and 21.30.



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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; Ausberry, Andrea; Young, Victor  
**Subject:** File 150646 FW: trivializing nuisances by renters

**From:** annechome [mailto:annechome@yahoo.com]  
**Sent:** Wednesday, September 23, 2015 8:41 AM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** trivializing nuisances by renters

Dear Supervisors,

I was dismayed to learn of the Supervisors' move to make it harder to evict renters for nuisances. It seems that not all situations were considered and I would like to know if my rights as an owner have been compromised. I purchased my unit in a six unit building in 2003, a home for my two children and me. Some owners have recently moved out and rented their units. The appalling behavior of renters needs to be addressed. Just yesterday, when speaking with my neighbor, a young renter, I asked why there was a bed in the living room. She said, "oh, the rent is so high, that we had to get another roommate". My hard-earned savings and salary used for the purchase of this home, has now taken a turn as my home is more akin to having purchased rooms in a college dorm. There are constant tenant nuisances: late night parties and weekend disturbances are the norm, the renters must believe everyone would understand their need to "unwind" on the weekend.

A recent article in SF Gate, trivialized tenant transgressions, such as, "painting their walls, smoking in their rooms and annoying other residents". Behaviors such as "smoking and annoying other residents" are indeed worthy of eviction. My building is non-smoking and I want the right to not have to put up with smokers and to keep the right to enforce (by putting pressure on landlords whose renters are smoking). Loud, obnoxious behavior is also unacceptable. Multiple, ongoing activities that annoy other residents is the norm here. I'm sad to live here, sad to see my dream of home be compromised. Even the hanging of one's underwear was trivialized. How can such broad decisions be made? Underwear outside buildings in Chinatown has been the norm, however, I do not want to see underwear in the common areas of my building. And as an owner, I can inform the landlord if a tenant is "annoying" fellow residents by hanging underwear and that landlord should have the right to evict the tenant for repeated offenses.

Sadly, I will leave "my" city feeling resentful after having lived, played, raised children, worked, and contributed for many years. Have my rights as a landlord been compromised, I believe so, but please advise if otherwise.  
Thank you.  
Anne Neill

---

**From:** Vivian Araullo <vivian@westbaycentersf.org>  
**Sent:** Tuesday, September 22, 2015 10:13 AM  
**To:** Kim, Jane (BOS); Wiener, Scott; Cohen, Malia (BOS); BreedStaff, (BOS); Campos, David (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Avalos, John (BOS); Farrell, Mark (BOS); Yee, Norman (BOS); Christensen, Julie (BOS); Board of Supervisors, (BOS)  
**Subject:** TENANT PROTECTIONS 2.0 *FU 150646*

Dear Supervisors,

West Bay Pilipino is urging you to support the full version of Tenant Protection 2.0 with the right to have roommates. Tenants should not be evicted for wanting to live with their domestic partner, caretaker, relatives who are not immediate family, etc.

Landlords are increasingly applying different and dangerous standards on approving changes in roommates and family living arrangements.

Seniors for example, would be denied the opportunity to share their apartment with a caretaker under the amended version of the legislation.

But seniors living with caretakers is a very common living situation within the Filipino community I represent. Our community members should not be punished for being elderly and needing care to be close at hand. As you know there is a sizeable population of elderly Filipino immigrants that live in South of Market.

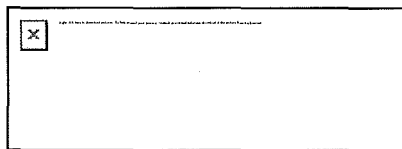
We urge you to pass the full version of Tenant Protection 2.0.

Thank you.

Vivian Zalvidea Araullo  
Executive Director  
West Bay Pilipino Multi-Service Center  
175 Seventh Street  
San Francisco, CA 94103  
Office Phone (415) 431-6266  
Cell Phone (650) 219-9293  
<http://westbaycenter.org/>

*"How comfortable we are and yet there is so much suffering in the world."*

*~ Dalai Lama*



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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** File 150712-150715 FW: New Form Entry: Take Action

**From:** joejungsf@gmail.com [mailto:mailto:no-reply@weebly.com]  
**Sent:** Sunday, September 27, 2015 2:04 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** New Form Entry: Take Action

You've just received a new submission to your Take Action.

**Submitted Information:**

**Name**

joe jung

**Email**

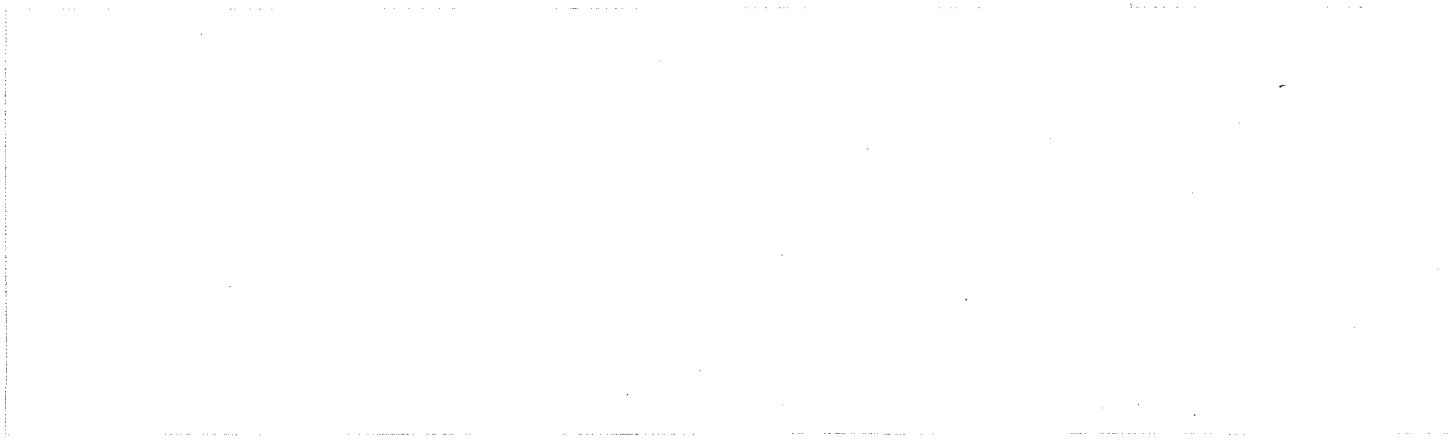
joejungsf@gmail.com

**Comment**

THEY NEED TO DO AN EIR!

# The Trash On Recology (/)

(http://www.trashrecology.com/take-action.html)



<a href="#">Home (/)</a>	<a href="#">Take Action (/take-action.html)</a>	<a href="#">Stop the SF Monopoly (/stop-the-sf-monopoly.html)</a>
<a href="#">SF Trash Saga &amp; Scandal (/sf-trash-saga--scandal.html)</a>	<a href="#">Brisbane-SF Expansion (/brisbane-sf-expansion.html)</a>	<a href="#">more...</a>

## Send an email to the San Francisco Board of Supervisors and ask them to require Recology SF to conduct a full EIR study for Hay Road Landfill proposal.

The message is simple, "We want Recology to conduct an Environmental Impact Report for its proposal to truck San Francisco's solid waste to its landfill in Solano County. The proposal may:

- > Increase the amount of daily miles driven by diesel trucks;
- > Increase the amount of particulate matter and air pollution from increased truck traffic and daily trips;
- > Alter the truck routes to the landfill in Solano County creating new traffic impacts;
- > Require an expanded transfer facility in South San Francisco;
- > Increase noise pollution for neighborhoods near the transfer station;
- > Generate increased environmental impacts in Solano County as a result of waste generated from The City;
- > May impact San Francisco's Zero Waste 2020 goal by approving a contract exceeding that goal by 10-years (i.e. - this contract encourages continued solid waste sent to landfills - not vice versa)

As the "greenest city" in America, the Planning Commission's decision to not require an EIR for a 10 to 15 year so waste contract is not acceptable. Favoritism should not be paid to Recology despite its non-compete contract it enjoys with The City/County of San Francisco.

Name \*

First

Last

Email \*

Comment \*

**Submit**

CE=INTERNAL&UTM\_MEDIUM=FOOTER&UTM\_CAMPAIGN=3)

---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; BOS Legislation (BOS)  
**Subject:** File 150712-150715 FW: Recolgy

-----Original Message-----

From: Ella Driscoll [mailto:ella.driscoll@icloud.com]  
Sent: Friday, September 25, 2015 4:07 PM  
To: Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
Subject: Recolgy

Dear Sirs and Ms.

This letter is to request that you order an EIR on Recology to find out whether air quality, traffic and noise impacts the area. The air quality alone from many trips of large trucks must be considered, and to decide whether garbage should be hauled that far.

Sincerely yours,

Ella Driscoll

FILE 150854, 855, 856  
BOS-11, COB 857  
LEG Clerk, LEG REP,  
CPAGE. Rates

Ms. Angela Calvillo

Clerk of the Board

City Hall

1 Dr. Carlton B. Goodlett Place, Room 244

San Francisco, CA, 94012

September 22, 2015

RE: File No. 150854

Dear Ms. Angela Calvillo,

As Parkmerced residents for the past ten years, we strongly oppose the development of condominium subdivisions within the Parkmerced Project, Assessor's Block Nos. 7303, 7303A, 7308, 7333-D, 7326, 7330, 7331, 7335, 7364, 7365, 7366, and 7370 based on the following reasons:

- A) It will bring in more traffic, noise, and pollution to a very serene neighborhood, which we and the majority of residents chose to live,
- B) There is practically no crime or violence in the area, which will change due to the increase density of people,
- C) We do not want to live in an apartment on the various floors of an apartment building or towers due to the fact that we love our space in front and back of our townhouse.
- D) As retired and stay-home residents, we do not want to live in a densely populated area

Our neighborhood is a very quiet, well-spaced area, which we adore greatly. We had an option to live in an apartment in the Parkmerced towers, but we opted for the town houses because we love the street-level access, our patio and backyard space. These amenities are perfect for our family with small children and a senior citizen. We do not have to take an elevator downstairs to let them out to play or bring up groceries. People who prefer apartments should live downtown where they are building plenty of them.

Over the years we have gotten to know our neighbors who have lived here over 30 years and raised their families here. They are the true heart of Parkmerced and after hearing their stories, we strongly feel that the whole neighborhood should be deemed historical. San Francisco should put more energy in preserving its history and not tearing down every square foot under the pretense of 'revitalization.' As a native San Franciscan, I barely recognize my own city and am quickly losing the sense that I belong here.

Sincerely,

The Andrews Family – Gandhia, Wallace, Azalya and Jordan, and Ed Beyeler

Residents of 528 Vidal Dr. Parkmerced

CC: District 7 Supervisor Norman Yee

RECEIVED  
OFFICE OF SUPERVISOR  
SAN FRANCISCO, CA  
SEP 25 PM 2:36

(14)

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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** FW: File No. 150858 - Tentative Map Appeal - 40 Bernal Heights Boulevard  
**Attachments:** Letter of Opposition to proposed 40 Bernal Heights Blvd. project; 40 Bernal Hill Blvd

**From:** Carroll, John (BOS)  
**Sent:** Monday, September 21, 2015 2:28 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Cc:** BOS Legislation, (BOS) <bos.legislation@sfgov.org>  
**Subject:** File No. 150858 - Tentative Map Appeal - 40 Bernal Heights Boulevard



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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** FW: BOS File No. 150858 - Concern an proposed Bernal Heights houses

-----Original Message-----

From: BOS Legislation, (BOS)  
Sent: Tuesday, September 22, 2015 8:11 AM  
To: Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>; BOS Legislation, (BOS) <bos.legislation@sfgov.org>  
Subject: FW: BOS File No. 150858 - Concern an proposed Bernal Heights houses

-----Original Message-----

From: Marilyn Waterman [mailto:yaviene@yahoo.com]  
Sent: Monday, September 21, 2015 8:51 PM  
To: BOS Legislation, (BOS) <bos.legislation@sfgov.org>  
Subject: Concern an proposed Bernal Heights houses

Dear Board of Supervisors,

I am writing to express my concern about the proposed housing at 40 Bernal Heights Blvd. I respectfully ask you to study this proposal with great care and ensure the project would not create more reasons to tear down existing neighborhood houses and replace them with larger, profitable ones.

Bernal Heights, like other traditionally working class and mixed class neighborhoods in San Francisco, are quickly becoming "neighborhoods of teardowns" – as new housing goes up that are disproportionately out of scale, creating get-rich-quick incentives to demolish smaller houses.

Please demonstrate responsible stewardship in protecting the neighborhoods of San Francisco.

Thank you,  
Marilyn Waterman  
61 Gates St.  
San Francisco

Sent from my iPhone with apologies for typos

---

**From:** Herb Felsenfeld <herbfelsenfeld@gmail.com>  
**Sent:** Monday, September 21, 2015 1:01 PM  
**To:** BOS Legislation, (BOS)  
**Subject:** Letter of Opposition to proposed 40 Bernal Heights Blvd. project

FW 150854- 150861

Dear Honorable Members of the San Francisco Board of Supervisors;

I oppose the proposed subdivision at 40 Bernal Heights Boulevard. The developers want to subdivide one irregular piece of open space into four lots and then build four houses of 2,100 sq. feet to 2,200 sq. feet of liveable space on each of these lots — essentially flipping the typical house-to-lot ratio for the surrounding neighborhood.

The developers want to build substantially larger houses than those of the neighbors on lots that are generally smaller. This will result in a densely packed cluster of houses out of character with the houses and neighborhood around them. The addition of large roof decks and 2-4 car garages will exacerbate the problem.

Below is a list of both City of San Francisco, and Bernal Heights neighborhood sources that support the many neighborhood claims ("out of character and scale") that have been made against this project. Sources cited are: General Plan (**GP**); Priority Policies (**PP**); Residential Design Guidelines (**RDG**); General Plan - Urban Design Elements (**URB**); Special Use District policies (**SUD**); and East Slope Design Review Board guidelines (**ESDRB**). I have enumerated the reckless and egregious disregard for, as well as direct conflicts with, city of San Francisco and neighborhood policies (abbreviations refer to the sources in the previous sentence):

**GP, pp. 1/7, 2/7, and 3/7**

"... (development should) maintain the area's quality of life ... (it is) imperative for protection, preservation, and enhancement of aesthetic values and unique character (of a neighborhood) ... (to foster) improvement of housing representing good standards and adequate open space."

**PP, URB.CPN.1.9 SECTION 101.1 (b), p. 4/7**

These priority policies all stress the importance of affordable housing as connected to neighborhood character.

**RDG, pp. 9, 10, and 23**

"... buildings must be designed to be compatible with the scale, patterns, and architectural features of surrounding buildings." " ... designer (should) help define, unify, and contribute positively to existing visual context." " ... building scale (is) to be compatible with that of surrounding buildings, in order to preserve neighborhood character."

**URB - URB.CPN.1.3**

"(Developers should) recognize that buildings when seen together, produce a total effect that characterize a city and its districts."

## **SUD**

This section of the San Francisco Planning Code encourages development "in context and scale with the established character (of Bernal Heights)."

### **ESDRB - page two**

"Bernal ... is a special neighborhood (with qualities that are cherished by all with a) commitment to seeing them preserved." "Much recent development is not only inconsistent but often at odds with the smaller existing structures ... some new buildings ... present facades which are copies of a single undistinguished design."

The above mentioned city and neighborhood policies are clearly designed to enhance, preserve, and protect our unique Bernal Heights neighborhood character. The proposed development at 40 Bernal Heights Boulevard flies in the face of respectful consideration of our neighborhood and the design values we stand for.

Thank you for your attention. I hope you will be sensitive to the many concerns raised by neighbors regarding this project.

Herb Felsenfeld

3574 Folsom Street

San Francisco, California 94110-5650

415-601 -5062

---

**From:** Rodgers, AnMarie (CPC)  
**Sent:** Monday, September 21, 2015 11:54 AM  
**To:** Calvillo, Angela (BOS); BOS Legislation, (BOS)  
**Cc:** Bendix, Brittany (CPC); Cleveland-Knowles, Susan (CAT); Jones, Sarah (CPC); Delumo, Jenny (CPC); Townes, Christopher (CPC); Setyadiputra, Max (CPC); Malamut, John (CAT); Mabry, Paul (DPW); Byrne, Marlena (CAT); Storrs, Bruce (DPW); Starr, Aaron (CPC)  
**Subject:** Planning Department Response: 40 Bernal Heights Boulevard appeal of the Tentative Parcel Map [BF 150858]  
**Attachments:** 40 Bernal Heights - Subdivision Appeal Response.pdf; 2014-002982ENV.pdf

Dear Clerk Calvillo,

Please find the attached response to the 40 Bernal Heights Boulevard appeal of the Tentative Parcel Map [BF 150858]. This is the Planning Department response for the hearing tentatively scheduled for September 29<sup>th</sup>, 2015. A hardcopy of this will be sent via inter-office mail.

Thank you,

**AnMarie Rodgers**  
**Senior Policy Advisor**

Planning Department | City and County of San Francisco  
1650 Mission Street, Suite 400, San Francisco, CA 94103  
Direct: 415.558.6395 | Fax: 415.558.6409  
Email: [anmarie@sfgov.org](mailto:anmarie@sfgov.org)  
Web: <http://www.sf-planning.org/Legislative.Affairs>  
Property Info Map: <http://propertymap.sfplanning.org/>



---

**From:** ann lockett <lockett514@icloud.com>  
**Sent:** Monday, September 21, 2015 2:12 PM  
**To:** BOS Legislation, (BOS)  
**Subject:** 40 Bernal Hill Blvd 150858-150849

I oppose the development of four large, out of character for the neighborhood houses at 40 Bernal Hill Blvd.  
Ann Lockett  
61 Gates Street  
San Francisco, CA 94110

From my iPad

---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** FW: One more thought

*File 150 943*

-----Original Message-----

From: NANETTE BURTON [mailto:[nanettb@mac.com](mailto:nanettb@mac.com)]  
Sent: Tuesday, September 22, 2015 6:31 AM  
To: Board of Supervisors, (BOS) <[board.of.supervisors@sfgov.org](mailto:board.of.supervisors@sfgov.org)>  
Subject: One more thought

Seeing as how their disregard for the law has made you change it Is it alright with you that car drivers now blow stop signs so we can change this stupid law of having to stop also? I notice plenty of drivers already do it anyway. Lets change the law so we can all be irresponsible.

NANETTE BURTON  
[nanettb@mac.com](mailto:nanettb@mac.com)

---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** FW: Bike yield *Fix ISO 9+3*

-----Original Message-----

From: NANETTE BURTON [mailto:[nanettb@mac.com](mailto:nanettb@mac.com)]  
Sent: Tuesday, September 22, 2015 6:26 AM  
To: Board of Supervisors, (BOS) <[board.of.supervisors@sfgov.org](mailto:board.of.supervisors@sfgov.org)>  
Subject: Bike yield

Have you gone completely MAD? I've nearly been ran over 3 times because they do not have to obey the rules already. They wanted SHARE THE ROAD which they really mean get out of my way. There is no sharing. As a driver they are a disaster. They are so entitled there is nothing they will not do ie CRITICAL MASS. Have any of you ever been caught in it? You should try it sometime on you way home after a long day at work. You'll really appreciate the MOB mentality they have and now you want them to be even LESS RESPONSIBLE FOR THEIR ACTIONS? Does this also apply to motorcyclists? As a walker I've nearly been hit 3 times. If I ever get hit I'll make sure to not only sue them but you as well. There are some bikers that actually take responsibility for themselves but unfortunately they are few. Do they also get to blow the RED LIGHT? Of course they already do now they can do it more often.

NANETTE BURTON  
[nanettb@mac.com](mailto:nanettb@mac.com)

---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** FW: Bike Yield Law *File 150943*

**From:** Tonya Mattox [mailto:TMattox@noblehousehotels.com]  
**Sent:** Wednesday, September 23, 2015 8:59 AM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** Bike Yield Law

Good Morning,

I am hoping my email can be shared with the board of Supervisors, regarding the proposed Bike Yield Law allowing bike riders to go thru stop signs.

Dear Supervisors,

I am writing to you today to urge you not to pass the bike yield law. If you walk anywhere in San Francisco, it doesn't take long to see bike riders breaking traffic laws.

Allowing them to coast thru stop signs, is encouragement for more bad bike behavior. The police should site and ticket bikers who break the law. Why? Because they  
Are hurting pedestrians, hitting cars, and causing damage.

Why do I care if bikes stop at stop signs? Because I walk over one mile everyday from my job at Fisherman's Wharf, to the Embarcadero BART station. I see and have experienced

First hand awful behavior from bicyclists. I have been hit by bicyclists while walking in the cross walk. I have been hit in cross walks with my baby stroller. I have been clipped by bikes, while walking in the cross walk. I have had Dozens of near misses with bike riders, while walking in a cross walk. I see cyclists not wearing helmets, not having lights on their bikes. Biking with wild abandon thru stop signs

And red lights. This is especially hitting close to home, because on Monday night September 21<sup>st</sup>, my husband just finished his 13 hour shift at UPS. He simply wanted to get home. Unfortunately as he was proceeding thru the Green light, on 9<sup>th</sup> and Brannan..a bike rider (with no headlight, and no brakes) decided to go thru a red light. He hit my husband's car full throttle. Not only could the biker have been killed, he could have killed a pedestrian.

As a result our car at over \$4500.00 worth of damage, we both missed a day of work to deal with this mess. And we will be without a car for over one week. Did I mention the biker is homeless, and we have to pay the \$500.00 insurance deductible?

Not only did this person admit to the police he ran the light, but admitted the breaks didn't work.

This is a real story, given to you by a real tax paying citizen. Please do not encourage more bad behavior from bicyclists. Instead you should toughen the laws so they get the message...bad biking habits will not Be tolerated in San Francisco.

Sincerely,

Tonya Mattox  
Reservations Manager  
Noble House Hotels & Resorts  
425 North Point Street  
San Francisco, CA 94133

(T) 415-292-4535 | (F) 415-771-8309  
[tmattox@noblehousehotels.com](mailto:tmattox@noblehousehotels.com)



THE TUSCAN



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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** FW: Opposition Against Cyclists Ordinance  
Fu 150943

**From:** Daniel Lau [mailto:danieljetsetter@gmail.com]  
**Sent:** Tuesday, September 22, 2015 10:29 PM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** Opposition Against Cyclists Ordinance

SF Board of Supervisors,

Allowing cyclists to be exempt from obeying traffic laws does not make sense to the citizens of San Francisco. I have only seen two cyclists who have stopped at a STOP sign after living in San Francisco for 10 years. Majority of cyclists do not obey red lights, STOP signs, yield to pedestrians, obey right of way, and YIELD signs already. This ordinance will make the pedestrians, motorists, and everyone else less safe. I do not see why only cyclists do not have to follow the law when it is the law of California. The city now has more bike lanes than ever before and motorists are already suffering from lack of parking because of it. Why is cyclists given special treatment when motorists are not? Why does the Board of Supervisor favor the Bicycle Coalition and agree with their agendas without considering the impact to others who have to drive to work or go to school outside the city? The city should enforce ticketing of cyclists and send a strong message to the cycling community. The monthly Critical Mass is a monthly fiasco allowing the cyclists to take over the streets of SF and promote confrontational situations with motorists. Please vote against this ordinance by all means.

Thank you.

Daniel

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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** FW: Bicycle Safety

*File 150 943*

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**From:** Patricia De Fonte [mailto:patricia\_defonte@yahoo.com]

**Sent:** Tuesday, September 22, 2015 12:54 PM

**To:** Avalos, John (BOS) <john.avalos@sfgov.org>; Hsieh, Frances (BOS) <frances.hsieh@sfgov.org>; Lee, Mayor (MYR) <mayoredwinlee@sfgov.org>; Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>; McFadden, Joseph (POL) <Joseph.McFadden@sfgov.org>; Yahoo! Inc. <neystreetnw@yahoogroups.com>; Nuru, Mohammed (DPW) <Mohammed.Nuru@sfdpw.org>

**Subject:** Bicycle Safety

Good Morning,

I just learned that the BOS has or will soon vote on whether to allow cyclist to ignore stop signs and stop lights. As a resident and voter who has worked for years to make my neighborhood safer and more attractive, I am frankly shocked.

I live near the corner of Congdon and Alemany in the Excelsior District. There is a stoplight at this intersection. There is also a dedicated bike lane on Alemany. There are car accidents at this intersection on an almost weekly basis. If bikes are not required to stop at the light we are going to have **dead bodies** to count on a regular basis.

I have asked Supervisor Avalos many time to put me in touch with the Bicycle Coalition so that I could work with them to make improvements to the Bike Path - it should be painted green, there should be a proper barrier - not the mostly broken white pylons that are sort of there now. I have received no response. Which leads me to think that the Bicycle Coalition is not active in District 11. So why he is sticking his nose in an issue that has NOTHING to do with representing his constituency is beyond me. I have also tried contacting them directly, to request that they come out and take a look and get some important safety work done. They have not responded to any of my emails.

Can someone reading this email please put me in direct contact with a human being at the Bicycle Coalition so that I can show them how dangerous this intersection is, the tens of thousands of dollars of work Ney Street Neighborhood Watch has done improving this stretch of Alemany, and ask them to lobby City Hall on behalf of their constituents to make safety improvements to this bike lane.

Can someone also please put me directly in touch with someone at SFMTA so that they come out and do an assessment of what this intersection needs in order to ensure we don't have even more, and now probably fatal, accidents in this intersection?

Captain McFadden and Mr. Nuru, please let me know how NSNW can collaborate with your offices to ensure a safe intersection for pedestrians, motorists and cyclist. And thank you for your continued support of NSNW's projects in this area.

I hope that I will not be making 911 calls for dead bodies in the intersection.

Patricia De Fonte

Ney Street Neighborhood Watch  
130 Members and Growing

---

**From:** Sherrie Matza <shermatza@aol.com>  
**Sent:** Tuesday, September 22, 2015 4:23 PM  
**To:** ed.lee@sfgov.org; Mar, Eric (BOS); scott.weiner@sfgov.org; Cohen, Malia (BOS); Avalos, John (BOS); Campos, David (BOS); Farrell, Mark (BOS); Kim, Jane (BOS); Christensen, Julie (BOS); Breed, London (BOS); Tang, Katy (BOS); Yee, Norman (BOS); Lee, Mayor (MYR); Calvillo, Angela (BOS); Johnston, Conor (BOS); Brown, Vallie (BOS); Board of Supervisors, (BOS)  
**Subject:** Re: Do not deprioritize stop sign running by bicyclists - no "Idaho stop" law  
File 150943

Dear Mayor Lee, President Breed and Supervisors:

Please do not adopt the ordinance proposed by Supervisor Avalos to make citations for bicyclists who don't stop at stop signs the lowest law enforcement priority and to permit bicyclists not to stop at stop signs if the intersection is empty.

Everything in Mr. Chabner's letter to you is spot on and deserves the highest consideration.

I have never seen such political pandering as what is happening with the bicycle coalition.

Let me give you another example from the perspective of someone without disabilities (for which I am ever so grateful), who walks everywhere and has good reflexes. I am scared as all get out when I see a bicyclist anywhere near me, as one plowed into me not too long ago, coming down the WRONG way and running a red light! But, here's something else that just happened yesterday on the corner of McAllister and Scott. I was already IN the crosswalk when a cyclist just kept swerving to avoid hitting me and had a child in a carrier seat behind him! He did everything he could to avoid slowing down, and certainly would not have stopped under any circumstances! If this is the definition of "yielding", I beg to differ!

It is a dangerous and unnecessary proposal and as Mr. Chabner has pointed out, probably illegal.

Supervisor Avalos needs to do his homework and find someone in the State legislature who is willing to go to the mat and change state law....and good luck with that. California is not Idaho.

Sincerely,

Sherrie Matza  
1527 McAllister Street  
San Francisco, CA  
415-922-5290



Date / Time: 2015-09-23 14:24:46.507

Service Request Number: 5125036

## Request for City Services *File 150943*

**CUSTOMER CONTACT INFORMATION:**

Name: Keith Dennis  
Phone: 415-563-3603  
Address: 1420 TURK ST Apt 910 SAN FRANCISCO 94115  
Email: k.dennis50@yahoo.com

**DEPARTMENTS:**

Department: \* Board of Supervisors (BOS) ▼  
Sub-Division: \* Clerk of the Board ▼

**PROPERTY ADDRESS:**

Point of Interest:  
Street Number:  
Street Name:  
Street Name 2:  
City:  
ZIP Code:  
X coordinate:  
Y coordinate:  
Latitude:  
Longitude:  
CNN:

Unverified Address: ☐

**ADDITIONAL LOCATION INFORMATION:**

Location Description:

(e.g. 600-block of Market St. or in front of Main Library entrance)

**REQUEST DETAILS:**

Nature of Request:\*

Complaint ☐**ADDITIONAL REQUEST DETAILS:**

Additional Request Details: \*

Comment Re: The bicyclist & rolling stop signs.  
This is a bad idea cuz they are not factoring in about the people with disabilities who move slower thru the crosswalks, they don't move as fast as people without disabilities.

**BACK OFFICE USE ONLY \*\*\*\*\***

Source Agency Request Number:

Responsible Agency Request Number:

Service Request Work Status:

Work Status Updated:

Media URL:

---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** FW: Idaho Stop a bad idea

**From:** Ted Loewenberg [mailto:[tedlsf@sbcglobal.net](mailto:tedlsf@sbcglobal.net)]  
**Sent:** Wednesday, September 23, 2015 4:12 PM  
**To:** Board of Supervisors, (BOS) <[board.of.supervisors@sfgov.org](mailto:board.of.supervisors@sfgov.org)>  
**Cc:** Lee, Mayor (MYR) <[mayoredwinlee@sfgov.org](mailto:mayoredwinlee@sfgov.org)>; ed.reisken@sfmta.com  
**Subject:** Idaho Stop a bad idea *File 150943*

Dear Supervisors,

Yesterday's introduction of legislation to allow cyclists to run stop signs at will is a terrible idea. There are legal issues with the California Vehicle Code as well as impacts on (and with) other road users when such an ordinance is implemented. Vision Zero? There's Zero chance of success when one road user becomes exempt from the common sense rules of the road. The carnage on our city streets will get worse, not better.

I am an avid cyclist, as well as a motor vehicle driver and also a frequent pedestrian. On my bike, I assess each and every intersection as I approach it so that I take my turn safely through those carefours. When it is my turn to stop, I do so. Occasionally I'm surprised by a pedestrian, bike or car that I did not see on my first visual inspection. This happens frequently enough. I stop. My practical experience is that more persons will be at risk if the Idaho Stop ordinance is approved. Arrogant bike riders will find themselves involved in more accidents, or will cause accidents for others while escaping themselves. In our dense urban environment, the status quo of respecting traffic signals makes sense. Do not change it.

This "Idaho Stop" law lacks teeth. It should include an amendment to make it clear what the responsibilities of cyclists are. It proposes that people on bicycles unilaterally determine when it is safe to stop "when no cars or pedestrians" are around. Fine. BUT...when bike riders decide to exercise this option, THEN...the full responsibility and liability for any and all ill consequences fall solely to the cyclist. Such a provision would balance the new found freedom to flaunt the law with the responsibility to focus on safety rather than convenience. Without such a provision, the measure is fatally flawed.

Please reject this ill-conceived bill. Or, at a minimum, amend it to increase the cyclist's burden when the decision to not STOP is made.

Ted Loewenberg

San Francisco

--

[tedlsf@sbcglobal.net](mailto:tedlsf@sbcglobal.net)

"It's got to come from the heart, if you want it to work."

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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; Somera, Alisa (BOS)  
**Subject:** FW: Please do not adopt the ordinance allowing Idaho Stop in San Francisco

*File 150943*

**From:** Rob Francis [mailto:robert.francis@gmail.com]  
**Sent:** Tuesday, September 22, 2015 12:53 PM  
**Subject:** Please do not adopt the ordinance allowing Idaho Stop in San Francisco

To Mayor Lee, President Breed and Supervisors:

Please do not adopt the ordinance proposed by Supervisor Avalos to make citations for bicyclists who don't stop at stop signs the lowest law enforcement priority and to permit bicyclists not to stop at stop signs if the intersection is empty.

If this legislation becomes law bicyclists may go through intersections without stopping when they determine that there is no 'immediate hazard. This proposed legislation **may lead to increased crashes** because many bicyclists, **especially our young riders**, will misunderstand the law and blast through stop signs with tragic results.

The extent that stopping is a burden to cyclists is up to the individual. As a longtime cyclist I've never considered stopping to be a problem. Cyclists who are not fit enough to start and stop multiple times when riding, perhaps shouldn't be on a pedal-bike?

Here's a scenario to consider: a cyclist approaches a red light. She stops, looks both ways, and decides to cross or turn left on the red light. Unbeknownst to her, motor traffic on her left or across the intersection has just gotten a green left turn arrow. Conflict (or worse) occurs. She wasn't aware of that because many such signals are not visible to the cross traffic because there's no reason for them to be when all traffic is supposed to obey them according to the same black and white rules. I suppose you could argue that a prudent cyclist would not cross on the red light under the circumstance where there was cross traffic waiting to turn left across her path. But how many of us would make that determination under those circumstances?

My observation of the "judgment" used by many cyclists when choosing to ignore stop signs or red lights is that they often make very poor and dangerous decisions. Making such behavior "legal" won't reduce the danger to them or others.

Is it REALLY all that onerous to stop at stop signs and red lights? The "Idaho Stop" runs counter to the principles of vehicular cycling and also violates one of the primary elements of traffic safety: predictability.

Please take a moment to view this video and **oppose this ordinance** that would diminish pedestrian safety and give cyclists special treatment.

<https://www.youtube.com/watch?v=Kqkoib1QdB0>

Robert Francis  
Eastern Neighborhoods United Front (ENUF)



---

**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors; Somera, Alisa (BOS)  
**Subject:** FW: Proposed bicycle law

*File 150948*

**From:** tam tam [mailto:tamsfo12@gmail.com]  
**Sent:** Tuesday, September 22, 2015 11:19 AM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** Proposed bicycle law

Re: Bike law proposal, traffic right of way change. Bicycle stop sign yield only

Dear Supervisor:

I want to express my opposition the proposed Bike Law allowing bicyclist to yield at stop signs in San Francisco. I am asking you to protect all citizens and visitors from this dangerous proposal. Allowing a unilateral right-of-way jeopardizes everyone. As a Supervisor, it is your responsibility to protect the most vulnerable and create laws that allow us to live in harmony. This proposal creates chaos and is not safe.

The population of San Francisco is becoming denser. Our transportation infrastructure has not kept pace with increased populace and visitors and it often creates added problems and frustrations. We now recognize that one out of twenty-four persons is a sociopath. It is imperative that laws are created to set limits protecting us from these individuals and mitigate the stresses of density. Critical Mass represents unrestricted, self regulated bicycle riding that has recently escalated from severe aggression to unprovoked violence. Aggressive bicyclists are becoming the norm in San Francisco. This proposed law will encourage, if not sanction aggressive bicycle riding on a colossal scale.

Also important are the pedestrian fatalities from bicycle riders. The two most recent deaths were both from bicyclist misjudging and not yielding to traffic signals. Statistically, bicycle vs. pedestrian fatality rates are equal to that of automobiles. It is likely that this new law will result in injury and death on a larger scale exceeding the auto rates. Further, bicycles are not licensed (usually) and are not traceable. Accountability for injury and mortality would be by the "honor" system and likely would not result in justice. This new law does not support the "vision zero" agenda in the least.

The proposed law is a simply a convenience for less than 8% of the San Francisco population but places 100% of the population at risk for injury and death. Additionally, the expense to mark every stop sign with notice that bicycles may not stop is dumbfounding. I would suggest that we trial a few routes with this proposed

permissive yield no stop for bicyclists before we commit to a dangerous and expensive full implementation. Better would be to stop this idea that puts everyone at risk for injury. This proposed law is chaos. I strongly urge you to reject this bad idea for our busy city.

Thank you, T. A. Montoya

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**From:** Andrew Hart <andrew@precisionactuarial.com>  
**Sent:** Wednesday, September 23, 2015 9:04 AM  
**To:** Stefani, Catherine; Campos, David (BOS); Cohen, Malia (BOS); Kim, Jane (BOS); Christensen, Julie (BOS); Farrell, Mark (BOS); Mar, Eric (BOS); Tang, Katy (BOS); Yee, Norman (BOS); Wiener, Scott; Avalos, John (BOS); BreedStaff, (BOS); Board of Supervisors, (BOS)  
**Cc:** theunit@nbcbayarea.com  
**Subject:** Amercian Flag at Marina Green  
**Attachments:** RL30243.pdf

Dear Board of Supervisors,

The large American Flag at the Marine Green is flown 24 hours a day and hasn't been lit at night for months, in violation of Federal Law; as the flag is to be illuminated 24 hours per day. I have attached a copy of the Federal legislation regarding the legal display of Old Glory. I brought this up with David Chiu before he left the Board of Supervisors and it looks like this was an issue that slipped through the cracks.

I am requesting that you immediately send a City worker to the Marina Green to either change the lightbulb or fix the light that should be shining on our flag at all hours after dusk and before dawn. If this is cannot be accommodated, I then request that the flag be taken down at night and flown again in the morning, in accordance with Federal Law.

San Francisco has a lot of Veteran residents, many in the Marina, and this flag represents so much to us(as it should you) that it is hard to see San Francisco show such a lack of care and respect for our flag and all that it represents.

Please have this offense corrected immediately. Thank you

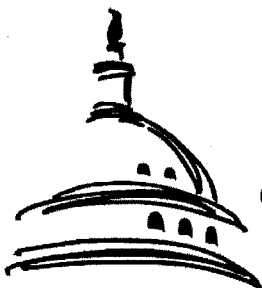
Andrew Hart  
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*Supplier Number: 1798304*

# **CRS Report for Congress**

## **The United States Flag: Federal Law Relating to Display and Associated Questions**

**Updated April 14, 2008**

**John R. Luckey  
Legislative Attorney  
American Law Division**



**Congressional  
Research  
Service**

**Prepared for Members and  
Committees of Congress**

# The United States Flag: Federal Law Relating to Display and Associated Questions

## Summary

This report presents, verbatim, the United States "Flag Code" as found in Title 4 of the United States Code and the section of Title 36 which designates the Star-Spangled Banner as the national anthem and provides instructions on how to display the flag during its rendition. The "Flag Code" includes instruction and rules on such topics as the pledge of allegiance, display and use of the flag by civilians, time and occasions for display, position and manner of display, and how to show respect for the flag. The "Code" also grants to the President the authority to modify the rules governing the flag.

The report also addresses several of the frequently asked questions concerning the flag. The subject matter of these questions includes the pledge of allegiance and the court decisions concerning it, the nature of the codifications of customs concerning the flag in the "Flag Code," display of the flag 24 hours a day, flying the flag in bad weather, flying the flag at half-staff, ornaments on the flag, destruction of worn flags, display of the U.S. flag with flags of other nations or of States, commercial use of the flag, size and proportion of the flag, and restrictions upon display of the flag by real estate associations.

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# The United States Flag: Federal Law Relating to Display and Associated Questions

## Background

Public concern and confusion regarding the proper respect shown to the United States flag has given rise to many questions on the law relating to the flag's handling, display, and use. Both the state governments and the federal government have enacted legislation on this subject.

On the national level the Federal Flag Code<sup>1</sup> provides uniform guidelines for the display of and respect shown to the flag. In addition to the Code, Congress has by statute designated the national anthem and set out the proper conduct during its presentation.<sup>2</sup> The Code is designed "for the use of such civilian groups or organizations as may not be required to conform with regulations promulgated by one or more executive departments" of the federal government.<sup>3</sup> Thus, the Flag Code does not prescribe any penalties for non-compliance nor does it include enforcement provisions; rather the Code functions simply as a guide to be voluntarily followed by civilians and civilian groups.

The Federal Flag Code does not purport to cover all possible situations. Although the Code empowers the President of the United States to alter, modify, repeal, or prescribe additional rules regarding the flag,<sup>4</sup> no federal agency has the authority to issue "official" rulings legally binding on civilians or civilian groups. Consequently, different interpretations of various provisions of the Code may continue to be made. The Flag Code itself, however, suggests a general rule by which practices involving the flag may be fairly tested: "No disrespect should be shown to the flag of the United States of America."<sup>5</sup> Therefore, actions not specifically included in the Code may be deemed acceptable as long as proper respect is shown.

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<sup>1</sup> 4 U.S.C. §§ 4-10.

<sup>2</sup> 36 U.S.C. § 301.

<sup>3</sup> 4 U.S.C. § 5.

<sup>4</sup> 4 U.S.C. § 10.

<sup>5</sup> 4 U.S.C. § 8.

In addition to the Flag Code, a separate provision contained in the Federal Criminal Code established criminal penalties for certain treatment of the flag.<sup>6</sup> Prior to 1989, this provision provided criminal penalties for certain acts of desecration to the flag. In response to the Supreme Court decision in *Texas v. Johnson*<sup>7</sup> (which held that anti-desecration statutes are unconstitutional if aimed at suppressing one type of expression), Congress enacted the Flag Protection Act of 1989 to provide criminal penalties for certain acts which violate the physical integrity of the flag.<sup>8</sup> This law imposed a fine and/or up to one year in prison for knowingly mutilating, defacing, physically defiling, maintaining on the floor, or trampling upon any flag of the United States. In 1990, however, the Supreme Court held that the Flag Protection Act was unconstitutional as applied to a burning of the flag in a public protest.<sup>9</sup>

## The Flag Code — History and Text

On June 22, 1942, President Franklin D. Roosevelt approved House Joint Resolution 303 codifying the existing customs and rules governing the display and use of the flag of the United States by civilians.<sup>10</sup> Amendments were approved on December 22nd of that year.<sup>11</sup> The law included provisions of the code adopted by the National Flag Conference, held in Washington, D.C. on June 14, 1923, with certain amendments and additions. The Code was reenacted, with minor amendments, as part of the Bicentennial celebration.<sup>12</sup> In the 105<sup>th</sup> Congress, the Flag Code was removed from title 36 of the United States Code and recodified as part of title 4.<sup>13</sup>

### Title 4 United States Code:

#### § 4. Pledge of Allegiance to the Flag; Manner of Delivery.

The Pledge of Allegiance to the Flag: “I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.”, should be rendered by standing at attention facing the flag with the right hand over the heart. When not in uniform men

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<sup>6</sup> 18 U.S.C. § 700.

<sup>7</sup> 491 U.S. 397 (1989). For further information on this case, see, CRS Report 89-394, *Texas v. Johnson: Flag Desecration and the First Amendment*.

<sup>8</sup> P.L. 101-131, the Flag Protection Act of 1989, amending 18 U.S.C. § 700.

<sup>9</sup> *United States v. Eichman*, 496 U.S. 310 (1990). For further information on this case, see CRS Report 90-301, *United States v. Eichman, the Flag Protection Act of 1989 Held Unconstitutional*. See also, CRS Report 95-709, *Flag Protection: A Brief History and Summary of Recent Supreme Court Decisions and Proposed Constitutional Amendment*.

<sup>10</sup> P.L. 623, 77<sup>th</sup> Cong., 56 Stat. 377.

<sup>11</sup> P.L. 829, 77<sup>th</sup> Cong., 56 Stat. 1074.

<sup>12</sup> P.L. 94-344.

<sup>13</sup> P.L. 105-225, § 300111.



should remove any non-religious headdress with their right hand and hold it at the left shoulder, the hand being over the heart<sup>14</sup>. Persons in uniform should remain silent, face the flag, and render the military salute.

### **§ 5. Display and Use of Flag by Civilians; Codification of Rules and Customs; Definition.**

The following codification of existing rules and customs pertaining to the display and use of the flag of the United States of America is established for the use of such civilians or civilian groups or organizations as may not be required to conform with regulations promulgated by one or more executive departments of the Government of the United States. The flag of the United States for the purpose of this chapter shall be defined according to Sections 1 and 2 of Title 4 and Executive Order 10834 issued pursuant thereto.

### **§ 6. Time and Occasions for Display.**

- (a) It is the universal custom to display the flag only from sunrise to sunset on buildings and on stationary flagstaffs in the open. However, when a patriotic effect is desired, the flag may be displayed 24 hours a day if properly illuminated during the hours of darkness.
- (b) The flag should be hoisted briskly and lowered ceremoniously.
- (c) The flag should not be displayed on days when the weather is inclement, except when an all-weather flag is displayed.
- (d) The flag should be displayed on all days, especially on New Year's Day, January 1; Inauguration Day, January 20; Martin Luther King Jr.'s birthday, the third Monday in January;<sup>15</sup> Lincoln's Birthday, February 12; Washington's Birthday, third Monday in February; Easter Sunday (variable); Mother's Day, second Sunday in May; Armed Forces Day, third Saturday in May; Memorial Day (half-staff until noon), the last Monday in May; Flag Day, June 14; Independence Day, July 4; Labor Day, first Monday in September; Constitution Day, September 17; Columbus Day, second Monday in October; Navy Day, October 27; Veterans Day, November 11; Thanksgiving Day, fourth Thursday in November; Christmas Day, December 25; and such other days as may be proclaimed by the President of the United States; the birthdays of States (date of admission); and on State holidays.
- (e) The flag should be displayed daily on or near the main administration building of every public institution.
- (f) The flag should be displayed in or near every polling place on election days.

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<sup>14</sup> Under § 9 Veterans and members of the military not in uniform are now permitted to salute. *See*, 4 U.S.C. § 9 as amended by P.L. 110-181, § 594.

<sup>15</sup> Martin Luther King Jr.'s birthday was added by P.L. 106-80, 113 Stat. 1285.

- (g) The flag should be displayed during school days in or near every schoolhouse.

### **§ 7. Position and Manner of Display.**

The flag, when carried in a procession with another flag or flags, should be either on the marching right; that is, the flag's own right, or, if there is a line of other flags, in front of the center of that line.

- (a) The flag should not be displayed on a float in a parade except from a staff, or as provided in subsection (i) of this section.
- (b) The flag should not be draped over the hood, top, sides, or back of a vehicle or of a railroad train or a boat. When the flag is displayed on a motorcar, the staff should be fixed firmly to the chassis or clamped to the right fender.
- (c) No other flag or pennant should be placed above or, if on the same level, to the right of the flag of the United States of America, except during church services conducted by naval chaplains at sea, when the church pennant may be flown above the flag during church services for the personnel of the Navy. No person shall display the flag of the United Nations or any other national or international flag equal, above, or in a position of superior prominence or honor to or in place of the flag of the United States or any Territory or possession thereof: Provided, That nothing in this section shall make unlawful the continuance of the practice heretofore followed of displaying the flag of the United Nations in a position of superior prominence or honor, and other national flags in positions of equal prominence or honor, with that of the flag of the United States at the headquarters of the United Nations.
- (d) The flag of the United States of America, when it is displayed with another flag against a wall from crossed staffs, should be on the right, the flag's own right, and its staff should be in front of the staff of the other flag.
- (e) The flag of the United States of America should be at the center and at the highest point of the group when a number of flags of States or localities or pennants of societies are grouped and displayed from staffs.
- (f) When flags of States, cities, or localities, or pennants of societies are flown on the same halyard with the flag of the United States, the latter should always be at the peak. When the flags are flown from adjacent staffs, the flag of the United States should be hoisted first and lowered last. No such flag or pennant may be placed above the flag of the United States or to the United States flag's right.
- (g) When flags of two or more nations are displayed, they are to be flown from separate staffs of the same height. The flags should be of approximately equal size. International usage forbids the display of the flag of one nation above that of another nation in time of peace.
- (h) When the flag of the United States is displayed from a staff projecting horizontally or at an angle from the window sill, balcony, or front of a building,

the union of the flag should be placed at the peak of the staff unless the flag is at half-staff. When the flag is suspended over a sidewalk from a rope extending from a house to a pole at the edge of the sidewalk, the flag should be hoisted out, union first, from the building.

- (i) When displayed either horizontally or vertically against a wall, the union should be uppermost and to the flag's own right, that is, to the observer's left. When displayed in a window, the flag should be displayed in the same way, with the union or blue field to the left of the observer in the street.
- (j) When the flag is displayed over the middle of the street, it should be suspended vertically with the union to the north in an east and west street or to the east in a north and south street.
- (k) When used on a speaker's platform, the flag, if displayed flat, should be displayed above and behind the speaker. When displayed from a staff in a church or public auditorium, the flag of the United States of America should hold the position of superior prominence, in advance of the audience, and in the position of honor at the clergyman's or speaker's right as he faces the audience. Any other flag so displayed should be placed on the left of the clergyman or speaker or to the right of the audience.
- (l) The flag should form a distinctive feature of the ceremony of unveiling a statute or monument, but it should never be used as the covering for the statute or monument.
- (m) The flag, when flown at half-staff, should be first hoisted to the peak for an instant and then lowered to the half-staff position. The flag should be again raised to the peak before it is lowered for the day. On Memorial Day, the flag should be displayed at half-staff until noon only, then raised to the top of the staff. By order of the President, the flag shall be flown at half-staff upon the death of principal figures of the United States Government and the Governor of a state, territory, or possession, as a mark of respect to their memory. In the event of the death of other officials or foreign dignitaries, the flag is to be displayed at half-staff according to Presidential instructions or orders, or in accordance with recognized customs or practices not inconsistent with law. In the event of the death of a present or former official of the government of any state, territory, or possession of the United States or the death of a member of the Armed Forces from any State, territory, or possession of the United States, the Governor of that State, territory, or possession may proclaim that the National flag shall be flown at half-staff, and the same authority is provided to the Mayor of the District of Columbia with respect to present or former officials of the District of Columbia and members of the Armed Forces from the District of Columbia. When the Governor of a State, territory, or possession, or the Mayor of the District of Columbia, issues a proclamation under the preceding sentence that the National flag be flown at half-staff in that State, territory, or possession or in the District of Columbia because of the death of a member of the Armed Forces, the National flag flown at any Federal installation or facility in the area covered by that proclamation shall be flown at half-staff consistent with that proclamation. The flag shall be flown at half-staff thirty days from the

death of the President or a former President; ten days from the day of death of the Vice-President, the Chief Justice or a retired Chief Justice of the United States or the Speaker of the House of Representatives; from the day of death until interment of an Associate Justice of the Supreme Court, a Secretary of an executive or military department, a former Vice-President, or the Governor of a state, territory, or possession; and on the day of death and the following day for a Member of Congress. The flag shall be flown at half-staff on Peace Officers Memorial Day, unless that day is also Armed Forces Day. As used in this subsection —

- (1) The term “half-staff” means the position of the flag when it is one-half the distance between the top and bottom of the staff;
  - (2) the term “executive or military department” means any agency listed under Sections 101 and 102 of Title 5, United States Code; and
  - (3) the term “Member of Congress” means a Senator, a Representative, a Delegate, or the Resident Commissioner from Puerto Rico.
- (n) When the flag is used to cover a casket, it should be so placed that the union is at the head and over the left shoulder. The flag should not be lowered into the grave or allowed to touch the ground.
  - (o) When the flag is suspended across a corridor or lobby in a building with only one main entrance, it should be suspended vertically with the union of the flag to the observer’s left upon entering. If the building has more than one main entrance, the flag should be suspended vertically near the center of the corridor or lobby with the union to the north, when entrances are to the east and west or to the east when entrances are to the north and south. If there are entrances in more than two directions, the union should be to the east.

### **§ 8. Respect for Flag.**

No disrespect should be shown to the flag of the United States of America; the flag should not be dipped to any person or thing. Regimental colors, state flags, and organization or institutional flags are to be dipped as a mark of honor.

- (a) The flag should never be displayed with union down, except as a signal of dire distress in instances of extreme danger to life or property.
- (b) The flag should never touch anything beneath it, such as the ground, the floor, water, or merchandise.
- (c) The flag should never be carried flat or horizontally, but always aloft and free.
- (d) The flag should never be used as wearing apparel, bedding, or drapery. It should never be festooned, drawn back, nor up, in folds, but always allowed to fall free. Bunting of blue, white, and red, always arranged with the blue above,

the white in the middle, and the red below, should be used for covering a speaker's desk, draping in front of the platform, and for a decoration in general.

- (e) The flag should never be fastened, displayed, used, or stored in such a manner as to permit it to be easily torn, soiled, or damaged in any way.
- (f) The flag should never be used as a covering for a ceiling.
- (g) The flag should never have placed upon it, nor on any part of it, nor attached to it any mark, insignia, letter, word, figure, design, picture, or drawing of any nature.
- (h) The flag should never be used as a receptacle for receiving, holding, carrying, or delivering anything.
- (i) The flag should never be used for advertising purposes in any manner whatsoever. It should not be embroidered on such articles as cushions or handkerchiefs and the like, printed or otherwise impressed on paper napkins or boxes or anything that is designed for temporary use and discard. Advertising signs should not be fastened to a staff or halyard from which the flag is flown.
- (j) No part of the flag should ever be used as a costume or athletic uniform. However, a flag patch may be affixed to the uniform of military personnel, firemen, policemen, and members of patriotic organizations. The flag represents a living country and is itself considered a living thing. Therefore, the lapel flag pin being a replica, should be worn on the left lapel near the heart.
- (k) The flag, when it is in such condition that it is no longer a fitting emblem for display, should be destroyed in a dignified way, preferably by burning.

### **§ 9. Conduct During Hoisting, Lowering or Passing of Flag.**

During the ceremony of hoisting or lowering the flag or when the flag is passing in a parade or in review, all persons present in uniform should render the military salute. Members of the Armed Forces and veterans who are present but not in uniform may render the military salute. All other persons present should face the flag and stand at attention with the right hand over the heart, or if applicable, remove their headdress with their right hand and hold it at the left shoulder, the hand being over the heart. Citizens of other countries present should stand at attention. All such conduct toward the flag in a moving column should be rendered at the moment the flag passes.

### **§ 10. Modification of Rules and Customs by President.**

Any rule or custom pertaining to the display of the flag of the United States of America, set forth herein, may be altered, modified, or repealed, or additional rules with respect thereto may be prescribed, by the Commander-in-Chief of the Armed Forces of the United States, whenever he deems it to be appropriate or desirable; and any such alteration or additional rule shall be set forth in a proclamation.

## Title 36 United States Code:

### § 301. National Anthem.

- (a) Designation. — The composition consisting of the words and music known as the Star-Spangled Banner is the national anthem.
- (b) Conduct During Playing. — During a rendition of the national anthem —
  - (1) when the flag is displayed —
    - (A) all present except those in uniform should stand at attention facing the flag with the right hand over the heart;
    - (B) men not in uniform should remove their headdress with their right hand and hold the headdress at the left shoulder, the hand being over the heart; and
    - (C) individuals in uniform should give the military salute at the first note of the anthem and maintain that position until the last note.
  - (2) When the flag is not displayed, all present should face toward the music and act in the same manner they would if the flag were displayed.

## Frequently Asked Questions on Flag Display, Use, and Associated Matters

### Pledge of Allegiance

The Pledge of Allegiance is set forth in 4 U.S.C. § 4. In 1954, Congress added to the “Pledge of Allegiance” the phrase “under God” after “nation”.<sup>16</sup> Questions about the “Pledge of Allegiance” usually involve practices and requirements of local and state statutes mandating participation in the recitation of the “Pledge” in some manner (e.g., flag salute and pledge, standing quietly, standing at attention) in schools. Provisions involving compulsory participation in “Pledge” activities are usually attacked as violations of the free speech clause of the First Amendment or the free exercise of religion clause.

In 1943, the Supreme Court held that a state-required compulsory flag salute-Pledge of Allegiance violated the First Amendment rights of members of the Jehovah’s Witnesses religious group.<sup>17</sup> In 2002, a three-judge panel of the Ninth Circuit had held both the 1954 federal statute adding the words “under God” to the Pledge of Allegiance and a California school district policy requiring teachers to lead willing school children in reciting the pledge each school day to violate the

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<sup>16</sup> P.L. 396, 83<sup>rd</sup> Cong., 68 Stat. 249.

<sup>17</sup> See, *West Virginia Board of Education v. Barnett*, 319 U.S. 624 (1943).

Establishment Clause of the First Amendment.<sup>18</sup> A subsequent modification eliminated the holding regarding the federal statute but retained the ruling holding that the California statute coerces children into participating in a religious exercise.<sup>19</sup> The Supreme Court, on Flag Day 2004, reversed the Ninth Circuit, finding that Newdow lacked standing to challenge the school district's policy.<sup>20</sup>

## Nature of Codification of Customs and Rules

The Flag Code is a codification of customs and rules established for the use of certain civilians and civilian groups. No penalty or punishment is specified in the Flag Code for display of the flag of the United States in a manner other than as suggested. Cases which have construed the former 36 U.S.C. § 175<sup>21</sup> have concluded that the Flag Code does not proscribe conduct, but is merely declaratory and advisory.<sup>22</sup>

## Display of the Flag 24 Hours a Day

There is no absolute prohibition in federal law on flying the flag twenty-four hours a day. The Flag Code states:

It is the universal custom to display the flag only from sunrise to sunset on buildings and on stationary flagstaffs in the open. However, when a patriotic effect is desired, the flag may be displayed 24 hours a day if properly illuminated during hours of darkness.<sup>23</sup>

There are eight sites in the United States where the flag is flown day and night under specific legal authority: Fort McHenry National Monument, Baltimore, Maryland;<sup>24</sup> Flag House Square, Baltimore, Maryland;<sup>25</sup> the United States Marine Corps Iwo Jima Memorial, Arlington, Virginia;<sup>26</sup> Lexington, Massachusetts;<sup>27</sup> the

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<sup>18</sup> *Newdow v. U.S.*, 292 F.3d 597 (9<sup>th</sup> Cir. 2002). For a full discussion of this case, see CRS Report RS21250, *The Constitutionality of Including the Phrase "Under God" in the Pledge of Allegiance*.

<sup>19</sup> *Newdow v. U.S. Congress*, 328 F.3d 746 (9<sup>th</sup> Cir. 2003).

<sup>20</sup> *Elk Grove Unified School District v. Newdow*, 542 U.S.1 (2004).

<sup>21</sup> Now codified at 4 U.S.C. § 7.

<sup>22</sup> See e.g., *Homes v. Wallace*, 407 F. Supp. 493 (M.D. Ala.), aff'd without published opinion, 540 F.2d 1083 (5<sup>th</sup> Cir. 1976); and *State of Delaware ex. rel. Trader v. Hodsdon*, 265 F. Supp. 308 (D. Del. 1967); see also *N.A.A.C.P. v. Hunt*, 891 F.2d 1555 (11<sup>th</sup> Cir. 1990).

<sup>23</sup> 4 U.S.C. § 6(a).

<sup>24</sup> Proclamation No. 2795, July 2, 1948, 62 Stat. 1526.

<sup>25</sup> P.L. 319, 83<sup>rd</sup> Cong., 68 Stat. 35.

<sup>26</sup> Proclamation No. 3418, June 12, 1961, 75 Stat. 1068.

<sup>27</sup> P.L. 89-355,, 79 Stat. 1294.

White House;<sup>28</sup> the Washington Monument;<sup>29</sup> United States Customs ports of entry;<sup>30</sup> and Valley Forge State Park, Pennsylvania.<sup>31</sup> The reports that accompanied these official acts indicate that the specific authority was intended only as a form of tribute to certain historic sites rather than as exceptions to the general rule of the Code.

As a matter of custom, and without specific statutory or official authorization, the flag is flown at night at many other sites, including the United States Capitol. It would seem that display of the flag in a respectful manner with appropriate lighting does not violate the spirit of the Flag Code since the dignity accorded to the flag is preserved by lighting that prevents its being enveloped in darkness.

## **Flying the Flag During Inclement Weather**

The Flag Code states:

The flag should not be displayed on days when the weather is inclement, except when an all weather flag is displayed.<sup>32</sup>

The language of this section reflects the now-popular use of flags made of synthetic fabrics that can withstand unfavorable weather conditions. It is not considered disrespectful to fly such a flag even during prolonged periods of inclement weather. However, since the section speaks in terms of “days when the weather is inclement,” it apparently does not contemplate that on an otherwise fair day, the flag should be lowered during brief periods of precipitation.

## **Flying the Flag at Half-Staff**

The Flag Code sets out detailed instructions on flying the flag at half-staff on Memorial Day and as a mark of respect to the memory of certain recently deceased public officials.<sup>33</sup> This section embodies the substance of Presidential Proclamation No. 3044,<sup>34</sup> entitled “Display of Flag at Half-Staff Upon Death of Certain Officials and Former Officials.”

The section provides that the President shall order the flag flown at half-staff for stipulated periods “upon the death of principal figures of the United States Government and the Governor of a state, territory, or possession.” After the death of other officials or foreign dignitaries, the flag may be flown at half-staff according to Presidential instructions or in accordance with recognized custom not inconsistent with law. In addition, the Governor of a state, territory, or possession, or the Mayor

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<sup>28</sup> Proclamation No. 4000, Sept. 4, 1970, 84 Stat. 2243.

<sup>29</sup> Proclamation No. 4064, July 10, 1971, 85 Stat. 916.

<sup>30</sup> Proclamation No. 4131, May 9, 1972, 86 Stat. 1633.

<sup>31</sup> P.L. 94-53, 89 Stat. 259.

<sup>32</sup> 4 U.S.C. § 6(c).

<sup>33</sup> 4 U.S.C. § 7(m).

<sup>34</sup> March 1, 1954, 68 Stat. C32.



of the District of Columbia, may direct that the national flag be flown at half-staff, in the event of the death of a present or former official of the respective government or in the event of the death of a member of the Armed Forces from that jurisdiction.<sup>35</sup>

Presidents also have ordered the flag to be flown at half-staff on the death of leading citizens, not covered by law, as a mark of official tribute to their service to the United States. Martin Luther King, Jr. is among those who have been so honored.

Again, the provisions of the Flag Code on flying the flag at half-staff are, like all the Code's provisions, a guide only. They do not apply, as a matter of law, to the display of the flag at half-staff by private individuals and organizations. No federal restrictions or court decisions are known that limit such an individual's lowering his own flag or that make such display alone a form of desecration.

## **Ornaments on Flag Staffs, Fringes on Flag**

The Flag Code is silent as to ornaments (finials) for flagstaffs. We know of no law or regulation which restricts the use of a finial on the staff. The eagle finial is used not only by the President, the Vice-President, and many other federal agencies, but also by many civilian organizations and private citizens. The selection of the type finial used is a matter of preference of the individual or organization.

The placing of a fringe on the flag is optional with the person or organization, and no Act of Congress or Executive Order either requires or prohibits the practice. Fringe is used on indoor flags only, as fringe on flags used outdoors would deteriorate rapidly. The fringe on a flag is considered an "honorable enrichment only" and its official use by the Army dates from 1895. A 1925 Attorney General's Opinion states:

The fringe does not appear to be regarded as an integral part of the flag, and its presence cannot be said to constitute an unauthorized addition to the design prescribed by statute. An external fringe is to be distinguished from letters, words, or emblematic designs printed or superimposed upon the body of the flag itself. Under the law, such additions might be open to objection as unauthorized; but the same is not necessarily true of the fringe.<sup>36</sup>

## **Destruction of Worn Flags**

The Flag Code states:

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<sup>35</sup> In 2007, P.L. 110-41, added the Mayor of the District of Columbia to this provision and authorized the Governors and the Mayor to issue proclamations to lower the flag to half-staff in honor of members of the Armed Forces from their jurisdiction.

<sup>36</sup> 34 Op. Atty. Gen. 483.

The flag, when it is in such condition that it is no longer a fitting emblem for display, should be destroyed in a dignified way, preferably by burning.<sup>37</sup>

The act is silent on procedures for burning a flag. It would seem that any procedure which is in good taste and shows no disrespect to the flag would be appropriate. The Flag Protection Act of 1989,<sup>38</sup> struck down albeit on grounds unrelated to this specific point,<sup>39</sup> prohibited *inter alia* “knowingly” burning of a flag of the United States, but excepted from prohibition “any conduct consisting of disposal of a flag when it has become worn or soiled.”

## **Display of United States Flag with Flags of Other Nations or of States**

The Flag Code sets out rules for position and manner of display of the flag in 4 U.S.C. § 7. The question as to the propriety of flying the flag of another nation at an equal level with that of the flag of the U.S. is not clear from the face of the statute. Section 7 contains two subsections on point and these provisions appear to be contradictory. Subsection 7(c) states:

- (c) No other flag or pennant should be placed above or, if on the same level, to the right of the flag of the United States of America, except during church services conducted by naval chaplains at sea, when the church pennant may be flown above the flag during church services for the personnel of the Navy. No person shall display the flag of the United Nations or any other national or international flag equal, above, or in a position of superior prominence or honor to or in place of the flag of the United States or any Territory or possession thereof: Provided, That nothing in this section shall make unlawful the continuance of the practice heretofore followed of displaying the flag of the United Nations in a position of superior prominence or honor, and other national flags in positions of equal prominence or honor, with that of the flag of the United States at the headquarters of the United Nations.<sup>40</sup>

Subsection 7(g) states:

- (g) When flags of two or more nations are displayed, they are to be flown from separate staffs of the same height. The flags should be of approximately equal size. International usage forbids the display of the flag of one nation above that of another nation in time of peace.<sup>41</sup>

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<sup>37</sup> 4 U.S.C. § 8(k).

<sup>38</sup> P.L. 101-131.

<sup>39</sup> See, *United States v. Eichman*, 496 U.S. 310 (1990).

<sup>40</sup> 4 U.S.C. § 7(c).

<sup>41</sup> 4 U.S.C. § 7(g).

The wording of § 7(g) is identical to that of the original Flag Code enacted in 1942.<sup>42</sup> The second sentence of § 7(c) prohibiting flying international flags equal in height to the flag of the United States was not in the original Flag Code. This provision was added in 1953.<sup>43</sup> The legislative history of this amendment clearly states that its purpose was to “make it an offense against the United States to display the flag of the United Nations or any other national or international flag equal to, above, or in a position of superior prominence or honor to, or in place of, the flag of the United States at any place within the United States or any possession or territory thereof,....”<sup>44</sup> The only exception recognized is at the headquarters of the United Nations.

When a statute contains apparently contradictory provisions, the rules of statutory construction first mandate an attempt to interpret the provisions so both can be given effect. If this proves futile, the usual rule is to give effect to the latest in time. The reasoning is that this represents the most recent statement of the will of the legislature. Following this second rule of construction would lead to the conclusion that flying a flag of another nation at the same height as the flag of the United States may not be proper etiquette under the Federal Flag Code, but this creates no right of action in private individuals.<sup>45</sup>

When the United States flag is displayed with the flags of states of the union or municipalities and not with the flags of other nations, the federal flag, which represents all states, should be flown above and at the center of the other flags.<sup>46</sup>

Where there is only one flag pole, the federal flag should be displayed above state or municipal flags.<sup>47</sup>

## **Use of the Flag in Jewelry, Commercial Products, Wearing Apparel, and Advertising**

The Flag Code addresses the impropriety of using the flag as an article of personal adornment, a design on items of temporary use, and item of clothing.<sup>48</sup> The evident purpose of these suggested restraints is to limit the commercial or common usage of the flag and, thus, maintain its dignity. The 1976 amendments to the Code recognized the wearing of a flag patch or pin on the left side (near the heart) of uniforms of military personnel, firemen, policemen, and members of patriotic

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<sup>42</sup> P.L. 623, § 3(g), 77<sup>th</sup> Cong., 56 Stat. 377, 378.

<sup>43</sup> P.L. 107, 83<sup>rd</sup> Cong., 67 Stat. 142.

<sup>44</sup> S. Rept No. 258, 83<sup>rd</sup> Cong., 1<sup>st</sup> Sess. (1953).

<sup>45</sup> See, for example, *Holmes v. Wallace*, 407 F. Supp. 493 (M.D. Ala. 1976), *aff'd* without op., 540 F.2d 1083 (5<sup>th</sup> Cir. 1976).

<sup>46</sup> 4 U.S.C. § 7(e).

<sup>47</sup> 4 U.S.C. § 7(f).

<sup>48</sup> 4 U.S.C. § 8(i) & (j).

organizations.<sup>49</sup> The Code also states that the flag should never be used for advertising purposes in any manner whatsoever.<sup>50</sup>

While wearing the colors may be in poor taste and offensive to many, it is important to remember that the Flag Code is intended as a guide to be followed on a purely voluntary basis to insure proper respect for the flag. It is, at least, questionable whether statutes placing civil or criminal penalties on the wearing of clothing bearing or resembling a flag could be constitutionally enforced in light of Supreme Court decisions in the area of flag desecration.<sup>51</sup>

In the past, the Supreme Court has held that states may restrict use of pictures of the flag on commercial products.<sup>52</sup> There is a federal criminal prohibition on the use of the flag for advertising purposes in the District of Columbia.<sup>53</sup> While commercial speech does not receive the full protection of the First Amendment,<sup>54</sup> the status of these statutes and cases can not be taken for granted in light of *Eichman* and *Johnson*.

## **Restrictions on Size and Proportions of the Flag**

Questions on size and dimensions usually arise in the context of the display of huge flags. The Flag Code is silent on recommendations for proper flag size and dimensions. Regulations governing size and dimensions and other requirements for flags authorized for federal executive agencies can be found in Executive Order No. 10834.<sup>55</sup> These regulations provide that the length of the flag should be 1.9 times the width.

## **Restrictions on Display of the Flag by Real Estate Associations**

The Freedom to Display the American Flag Act of 2005<sup>56</sup> prohibits a condominium, cooperative, or real estate management association from adopting or enforcing any policy or agreement that would restrict or prevent a member of the association from displaying the flag in accordance with the Federal Flag Code on residential property to which the member has a separate ownership interest.

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<sup>49</sup> P.L. 94-344, § 1(16).

<sup>50</sup> 4 U.S.C. § 8(i).

<sup>51</sup> See, *United States v. Eichman*, 496 U.S. 310 (1990) and *Texas v. Johnson*, 491 U.S. 397 (1989).

<sup>52</sup> See, e.g., *Halter v. Nebraska*, 205 U.S. 34 (1907).

<sup>53</sup> 4 U.S.C. § 3.

<sup>54</sup> See, e.g., *Central Hudson Gas and Electric Co. V. PSC*, 447 U.S. 557 (1980).

<sup>55</sup> Aug. 21, 1959, 29 F.R. 6865; see 4 U.S.C. §§ 1-2.

<sup>56</sup> P.L. 109-243.

Date / Time: 2015-09-25 14:18:56.763

Service Request Number:  
5132333**Request for City  
Services****CUSTOMER CONTACT  
INFORMATION:**

Name: **Sonya rama**  
Phone: **415-424-9849**  
Address:  
Email: **srama@att.net**

**DEPARTMENTS:**

Department: \* **Board of Supervisors (BOS)**  
Sub-Division:\* **Clerk of the Board**

**PROPERTY ADDRESS:****Point of Interest:****Street Number:****Street Name:****Street Name 2:****City:****ZIP Code:****X coordinate:****Y coordinate:****Latitude:****Longitude:****CNN:****Unverified Address:** ☐**ADDITIONAL LOCATION INFORMATION:**

Location Description: **Stern Grove**  
(e.g. 600-block of Market St. or in front of Main Library entrance)

**REQUEST DETAILS:**

Nature of Request:\* **Complaint**

**ADDITIONAL REQUEST DETAILS:**

Resident stated " I don't want to herein you too long on the first point. I called two times once in July and another in 1 August saying there is a tragedy in the makeing at stern grove with coyotes. There was a dog mauling in august. I called and said I had warn you about that. I said please you still haven't solved the problem. I am a daily user. I go to stern grove everyday of my life with my dog and walk 1 to 2 hours everyday of the week. There have been many dangerous frighten close encounter with coyote, that have been reported to me with the people I see everyday. This danger is not going away. In fact its getting worst. What people always sight is the legislation that prevents relocation of urban wild life. However if this was a lion that taking up residence in stern grove, I am positive a way around the law would be founded. A coyote is not any different from a lion. Normally urban wildlife in my experience has an innate fear of human beings. In normal circumstance where the wild animal are afraid of human being they do there best to avoid them. Whether or not the human beings are accompanied by a dog. There for unforeseen normal circumstances present legislation adequately propose the inhabitants of our city. Whether we are talking about humans or dogs. This is not a normal situation. The coyote at stern grove have completely lost there natural fear of humans. Hence all of the close encounter lately that been happening. Because this is not a normal situation the law on the books is not protecting the citizens of San Francisco. In particular the users at stern grove. Hence we need emergency legislation to address the emergent situation. I propose a 2 prong approach to this very real and increasing danger. A simple web search shows that urban coyotes all over the country will not stop at attacking small dogs. They will often attack large dogs or even humans. Imagine the scenario of a person going to the park with his toddler. The toddler is easy prey for a coyote who has become habituated and lost his fear of humans. An elderly person creeping along with his walker, is easy prey. And so on. At this time since the present legislation is not adequately protecting San Franciscan from the old and fearless coyote at stern grove. Emergency measures and or legislation need to be put into practice. Its is not fair to the tax papers such as myself. To be told our off leashed dog park could no longer be off leashed. It is not fair to expect that San Francisco Tax Payers who own dogs should simply avoid there neighborhood park during coyote pupping season. I believe to measure must be adopted, immediately! To remedy the current untenable situation. Wild coyote relocation is not contemplated in present legislation due to the fact that other coyote will occupy the niche that is left vacant in this particular case coyote relocation would at least temporary solve the coyote problem at stern grove

Additional Request  
Details: \*

because the stern grove coyote have lost there fear of humans. And they have tasted dog blood. Any new coyote which will come and occupy the niche would presumable retain there innate fear of humans because it appears from my understand the situation at the stern grove. A handful of citizen were encourage dog coyote and human coyote interactions this Spring and Summer. By relocating these coyote that have been intentionally habituated, launching a full scale education campaign with the public. And allowing unhabituated naturally avoidance coyote to reoccupy the niche. Future attacks will be prevented. The coyote presently residing in stern grove do not deserve to loose there lives. However I do not believe these coyote in particular will ever relearn to fear and avoid humans and dogs. For that reason they need to be relocated far from San Francisco, because as we all know if they are anywhere near San Francisco they will find they way back home. At the same time the 2nd part of what I believe to be the 2 prong approach to the coyote problem at stern grove and in other city parks is to practice catch, neuter and release. It is common knowledge the time of greatest threat is during the reproductive season if the coyote is not reproduction they wont be as aggressive. They wont need as much extra food. They wont multiple in an uncontrolled fashion. Why are coyote not already being treated like feral cats? So in closing I thank you very much for reading the transcription of my conservation with your 311 operator. To summarized, 1. we need emergency measure to be put in place. 2. the coyote who have lost there fear of humans must be relocated far from there present habitat. 3. the urban coyote already living in San Francisco need to begin being handled in the same manner as feral cats. Catch neuter and release. One last word to the wise. It is a matter of public record that the citizens of San Francisco have advised politician, park & recreation management, animal care & control, San Francisco police department and city hall. The lawsuits that will arrive if these attacks continue will serious tax the city tax payers. To avoid further tragedies as to avoid lawsuits and use a fraction of the money that these lawsuits would cost to remedy the problem in the way I have suggested. For one can not think of any other way to end the aggression against San Franciscans at stern grove, at least. I am not familiar with this coyote situation in any of the other parks so I limited my comments to the park I know. Thank you for using your legislative and financial resources to protect those of us affected by the coyote situation at stern grove. Please forgive any under grammatical or awkward phrasing for obvious reasons I have not proof read what I'm telling your 311 operator. " 311:Resident insisted this message to be forward to: Mayors Office, Board of Supervisors, Animal Care & Control, Department Environment, Sheriff Department and the San Francisco

**Police Department.****BACK****OFFICE USE \*\*\*\*\***  
**ONLY****Source****Agency****Request****Number:****Responsible****Agency****Request****Number:****Service****Request****Work****Status:****Work****Status****Updated:****Media URL:**

Submit Cancel



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**From:** Elizabeth Parshall <petitions-noreply@moveon.org>  
**Sent:** Saturday, September 26, 2015 12:23 PM  
**To:** Board of Supervisors, (BOS)  
**Subject:** I'm the 107th signer: "San Francisco Needs a Better Plan"

Dear Angela Calvillo,

I just signed a petition addressed to you titled *San Francisco Needs a Better Plan*. So far, 107 people have signed the petition.

You can reach me directly by replying to this email. **Or, post a response for MoveOn.org to pass along to all petition signers by clicking here:** [http://petitions.moveon.org/target\\_talkback.html?tt=tt-99219-custom-61919-20250926-FZNFSSQ](http://petitions.moveon.org/target_talkback.html?tt=tt-99219-custom-61919-20250926-FZNFSSQ)

The petition states:

"We oppose the way city authorities are handling the housing crisis. We oppose any plans to substantially alter San Francisco's residential neighborhoods and request that city authorities focus on solving these problems in a manner that does not displace people or continue to alter our landscape. We want homes we can afford, jobs for San Francisco residents, and streets that move freely, Therefore we request that you:  
1. Stop approving expanded development in all our residential neighborhoods. 2. Stop amending City Planning Codes that incorporate more density into residential neighborhoods. 3. Enforce zoning laws that restrict development in residential neighborhoods. "

My additional comments are:

I support observing current height limits and oppose increased density that destroys our neighborhood ambience. We already suffer from violations of R1 zones, thanks to DBI failures to enforce.

To download a PDF file of all of your constituents who have signed the petition, including their addresses, click this link: [http://petitions.moveon.org/deliver\\_pdf.html?job\\_id=1630547&target\\_type=custom&target\\_id=61919](http://petitions.moveon.org/deliver_pdf.html?job_id=1630547&target_type=custom&target_id=61919)

To download a CSV file of all of your constituents who have signed the petition, including their addresses, click this link:

[http://petitions.moveon.org/deliver\\_pdf.html?job\\_id=1630547&target\\_type=custom&target\\_id=61919&csv=1](http://petitions.moveon.org/deliver_pdf.html?job_id=1630547&target_type=custom&target_id=61919&csv=1)

Elizabeth Parshall  
San Francisco, CA

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*This email was sent through MoveOn's public petition website, a free service that allows anyone to set up their own online petition and share it with friends. MoveOn does not endorse the contents of petitions posted on our public petition website. If you have any questions, please email [petitions@moveon.org](mailto:petitions@moveon.org). If you don't want to receive further emails updating you on how many people have signed this petition, click here:*

[http://petitions.moveon.org/delivery\\_unsub.html?e=m0xZcWIJXzqH9ZTz\\_cNZWJvYXJkLm9mLnN1cGVydmlzb3JzOHNmZ292Lm9yZw--&petition\\_id=99219](http://petitions.moveon.org/delivery_unsub.html?e=m0xZcWIJXzqH9ZTz_cNZWJvYXJkLm9mLnN1cGVydmlzb3JzOHNmZ292Lm9yZw--&petition_id=99219).

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**From:** Board of Supervisors, (BOS)  
**To:** BOS-Supervisors  
**Subject:** FW: Last Gun Shop in SF

**From:** Rick Lendow [mailto:rlendow@hotmail.com]  
**Sent:** Friday, September 25, 2015 3:46 AM  
**To:** Board of Supervisors, (BOS) <board.of.supervisors@sfgov.org>  
**Subject:** Last Gun Shop in SF

SF City Council,

I just saw an article about your new gun laws and the last gun shop in SF closing due to the City's tyrannical laws and even further stringent proposed laws.  
Your outlook on firearms is ignorant.  
Firearms are tools, people are killers.  
You should remember that businesses and people who work in them are the ones paying taxes and keeping your city going.  
Proposing laws that affect people's privacy is unconstitutional.  
Why not make donut shops film their customers.  
That way you can make sure your police and fire department personnel don't get fat.  
This will save live,s more so than harassing the last gun store in SF.  
Look in the mirror.  
What do you see?  
I'll tell you, ignorance!

PS: I will never set foot in your city again.

Rick Lendowski  
Sent from Windows Mail

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**From:** Phoebe Anne Sorgen <phoebes0@earthlink.net>  
**Sent:** Friday, September 25, 2015 12:40 AM  
**To:** Board of Supervisors, (BOS); Avalos, John (BOS); Campos, David (BOS); Cohen, Malia (BOS); Kim, Jane (BOS); Tang, Katy (BOS); Yee, Norman (BOS); Breed, London (BOS); Christensen, Julie (BOS); Farrell, Mark (BOS); Mar, Eric (BOS); Wiener, Scott  
**Subject:** Please change the name of Junipero Serra Street to Toypurina

Esteemed Board Supervisors of San Francisco:

Please change the name of Junipero Serra Street to Toypurina Street. Junipero Serra was responsible for horrible mistreatment, enslavement, and genocide of Native Americans who lived in what is now the state of California. By the missions' own records, 60,000 Indians died there. According to historian Alvin Josephy, what happened in California "was as close to genocide as any tribal people had faced, or would face, on the North American continent." Valentin Lopez, chair of the Amah Mutsun Tribal Band, calculates that over 150,000 California Indians died under this system that Junípero Serra developed.

[http://www.democracynow.org/2015/9/23/native\\_groups\\_protest\\_pope\\_francis\\_canonization](http://www.democracynow.org/2015/9/23/native_groups_protest_pope_francis_canonization)

Toypurina would better represent San Francisco values. She was a medicine woman who led a revolt against the missions in 1785.

<https://www.google.com/search?q=toypurina&ie=utf-8&oe=utf-8>

Thank you for considering this request and please let me know what you think.

Sincerely,

Phoebe Sorgen