

**N. C. DEPT. OF HEALTH AND HUMAN SERVICES
 DIVISION OF FACILITY SERVICES
 JAIL AND DETENTION SECTION
 2710 MAIL SERVICE CENTER
 RALEIGH, NC 27699-2710 TELEPHONE (919) 855-3855
 FAX NUMBER (919) 715-4785**

SEMIANNUAL INSPECTION REPORT

Facility Name Yadkin County Jail	Date January 28, 2009
Address PO Box 433(205 Cherry Street) Yadkinville, NC 27055 Phone: 336-679-4234	Inspector Chief, John P. Harkins, Chris Brackett
County Yadkin 336-679-4234	Capacity 29
Date of Construction 1968	Male Beds 29
Date of Major Renovation/Expansion _____	Female Beds N/A
	Number of Confinement Levels 1

Sheriff/Chief of Police **Michael Clifton Cain**
 Facility Administrator **Lieutenant Tom Helms**
 Assistant Administrator **Barry Day, Chief Jailer**

Total Number of Inmates Confined : 33

**SUPERVISOR JAILER (S)
 STAFFING PATTERN**

Time 8 Hour Shifts				Time 12 Hour Shifts		
1. M	F	1. M	1	F	1	
2. M	F	2. M	1	F	1	
3. M	F					

Male **33** Female **N/A**

Under 18 years of age **0**

**ADMINISTRATIVE STAFF SCHEDULE
 STAFFING PATTERN**

Monday through Friday

8:00 a.m. 5:00 p.m.
 M **0** F **0**

Juveniles (Under 16 years of age)	N/A
Work Release	0
Weekend Sentences	1
Sentenced to 30 days or more	1
EHA	0
Pre-trial	Yes
Inmates housed at other facilities	7 females 4 males
Inmates housed for other facilities	0
Backlogged to DOC	0
Special Watch	0
Federal Inmates	0

ENFORCEMENT OF NONCOMPLIANCE STATEMENT

Administrative Code 10A NCAC 14J, ENFORCEMENT AUTHORITY, Section .1300 – County/Regional Jails, Section .1700 – Municipal Lockups.

The Enforcement Authority is listed in the above-cited sections of 10A NCAC 14J. If there is noncompliance in any of these areas it may result in any of the following actions

(1) Agreement of Correction, (2) Order of Correction, or (3) Order of Closure. Please consult your County or City Attorney for review and guidance.

I. SECTION .0300 CLASSIFICATION AND HOUSING (G. S. 153A-221, RULES .0301-05)

	COMPLIANCE		CORRECTIVE ACTION
	YES	NO	
WRITTEN CLASSIFICATION PROCEDURE	<input checked="" type="checkbox"/>		
FEMALE INMATES CONFINED IN SEPARATE CONFINEMENT UNIT, OUT OF SIGHT OF MALE INMATES	<input type="checkbox"/>	<input type="checkbox"/>	Females housed at Davie County Forsyth County and Caldwell County. No response required.
MALE INMATES UNDER AGE 18 HOUSED IN SEPARATE SLEEPING CELLS FROM ADULT INMATES DURING SLEEPING HOURS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
JUVENILES UNDER AGE 16 WHO ARE TRANSFERRED FROM SUPERIOR COURT CONFINED WHERE THEY CANNOT BE SEEN OR CONVERSE WITH ANY ADULT INMATE POPULATION	<input type="checkbox"/>	<input type="checkbox"/>	This is not a juvenile holding facility. No response required.

COMPLIANCE

CORRECTIVE ACTION

HOUSING ASSIGNMENTS NOT MADE BASED ON RACE, COLOR, CREED POLITICAL BELIEF, OR NATIONAL ORIGINS

YES	NO	
X	<input type="checkbox"/>	

II. SECTION .0400 FIRE SAFETY (G.S. 153A-221, SECTION .0400, RULES .0401)

COMPLIANCE

CORRECTIVE ACTION

EMERGENCY EXITS COMPLY WITH BUILDING CODE
EXIT DOORS NOT LOCKED IN RESIDENTIAL UNRESTRAINED UNITS
FIRE EXTINGUISHERS COMPLY WITH NATIONAL FIRE PREVENTION ASSOCIATION PAMPHLET #10

YES	NO	
X		
<input type="checkbox"/>	<input type="checkbox"/>	N/A
X		Last date of Service: January 2008

SMOKE DETECTORS COMPLY WITH BUILDING CODE

YES	NO	
<input type="checkbox"/> BOSD <input type="checkbox"/> 120V SD <input type="checkbox"/> 120V SD / BB <input checked="" type="checkbox"/> CENTRAL SD SYSTEM <input type="checkbox"/> OTHER/DESCRIBE <input type="checkbox"/> SS ESES <input type="checkbox"/> SRLS	<input type="checkbox"/> BOSD <input type="checkbox"/> 120V SD <input type="checkbox"/> 120V SD / BB <input type="checkbox"/> CENTRAL SD SYSTEM <input type="checkbox"/> OTHER/DESCRIBE x SS X ESES x SRLS	Chief Jailer acknowledged awareness that Fire Inspector must be a level III inspector. Back up Generator for Emergency Power supply Annual Fire System Test: December 17, 2008 Smoke Evac. system would greatly improve risk of injury in the event of a fire. No Response. Per 10A NCAC 14j .1503 (b). Exit doors shall be security type and keyed to both sides. Pertains to front vestibule door. <u>Please Respond</u>

WRITTEN FIRE PLAN FOR EVACUATION OF INMATES DEVELOPED AND PROPERLY POSTED
QUARTERLY FIRE DRILLS ARE HELD AND RECORDED
EVACUATION ROUTES CLEARLY MARKED THROUGHOUT THE JAIL

X	<input type="checkbox"/>	
X	<input type="checkbox"/>	December 1, 2008. No response required.
	X	There are no illuminated Exit signs posted on the first floor. Inmates exiting housing unit would not be directed to evacuation route. Pertains to Main exit and Stairwell. <u>Please Respond</u>

	COMPLIANCE		CORRECTIVE ACTION
	YES	NO	
WRITTEN REQUEST TO LOCAL FIRE MARSHAL FOR ANNUAL INSPECTION OF JAIL AND FIRE PLAN	X	<input type="checkbox"/>	DATE OF LAST FIRE MARSHALL INSPECTION: January 14, 2009. Letter written requesting Fire Marshall inspection on December 1, 2008. No response required. Administrator stated all deficiencies on inspection have been corrected.
MATTRESSES CONSTRUCTED OF NON-TOXIC FIRE RESISTIVE MATERIALS	X	<input type="checkbox"/>	
JAIL HAS SAFE, SECURE AREA FOR KEYS	X		
SET OF DUPLICATE KEYS ARE STORED IN SAFE, ACCESSIBLE PLACE	X	<input type="checkbox"/>	
ACCOUNTING SYSTEM FOR ISSUING AND RETURNING KEYS	X	<input type="checkbox"/>	
KEYS AND LOCKS COLOR CODED AND MARKED FOR IDENTIFICATION BY TOUCH		X	As per 10A NCAC 14J .0405(4) Each facility shall have a key control system that includes the following...a system of keys and matching locks that are color-coded and marked for identification by touch and sight. The doors must be <u>marked on both sides</u> as entrance from either side may be required to evacuate inmates, staff or the public. Please review all locks and all keys in facility to ensure compliance. This includes stairwell doors also. Some color-coding has faded and some had not been marked. Please ensure keys correspond. Please respond.

III. SECTION .0600 - SUPERVISION (G.S. 153A-224; SECTION .0600, RULES .0601 A-H)

JAILERS MAKE AND DOCUMENT IRREGULAR ROUNDS TWICE PER HOUR	X	<input type="checkbox"/>	As per last inspection we recommend that some type of electronic documentation system be installed to ensure that rounds are being made. Inspector was provided with a 12 hour period of rounds and they appear to be made as required. No response required.
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	COMPLIANCE		CORRECTIVE ACTION
	YES	NO	
DIRECT OBSERVATION OR ELECTRONIC SURVEILLANCE MAINTAINED AT ALL TIMES	<input checked="" type="checkbox"/>		
MORE FREQUENT SUPERVISION ROUNDS FOR SPECIAL NEEDS INMATES CONDUCTED. (ASSAULTERS, SUICIDAL, MENTALLY ILL, ETC.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
INMATES NOT ALLOWED TO SUPERVISE OR CONTROL OTHER INMATES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
JAILERS AWAKE AT ALL TIMES.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
JAILERS <u>ARE NOT</u> ASSIGNED OTHER DUTIES WHICH INTERFERE WITH THEIR ABILITY TO PROVIDE CONTINUOUS SUPERVISION, CUSTODY AND CONTROL OF INMATES	<input checked="" type="checkbox"/>		Food is now delivered to jail and officers do not have to leave facility. No response required.
FEMALE JAILERS ARE ON DUTY IN THE JAIL WHENEVER A FEMALE IS CONFINED	<input type="checkbox"/>	<input type="checkbox"/>	N/A
PLAN DEVELOPED TO PROVIDE ADDITIONAL PERSONNEL IN CASE OF AN EMERGENCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

IV. SANITATION AND PERSONAL HYGIENE (G.S. 153A-226, SECTION .0700, RULES .0701 - 05 NCMJS).

	COMPLIANCE		CORRECTIVE ACTION
	YES	NO	
JAIL MEETS SANITATION REQUIREMENTS OF TITLE 15A, CHAPTER 18A, SECTION .1500	X	<input type="checkbox"/>	
MATTRESSES AND BEDDING COMPLY WITH RULE .0702 or Rule .1719	X		Ensure that mattresses are sanitized regularly and replaced as needed. No response.
INDIVIDUAL RAZORS PROVIDED INMATES CONFINED OVER 24 HOURS	X	<input type="checkbox"/>	Inmates given the opportunity to shave twice per week and before court appearances. No response required.
PERSONAL HYGIENE ITEMS LISTED IN RULE .0705 PROVIDED INMATES CONFINED OVER 24 HOURS	X	<input type="checkbox"/>	
SHOWERS AVAILABLE TO INMATES AS REQUIRED BY RULE .0704	X	<input type="checkbox"/>	

V. SECTION .0900 FOOD (G.S. 153A-226, SECTION .0900, RULES .0901-05 NCMJS).

DIET COMPLIES WITH REQUIREMENTS OF RULE .0903 OR RULE .1722	X		DATE OF LAST REGISTERED DIETITIAN'S REVIEW: March 2008.
ONE-WEEK CYCLE MENU POSTED IN KITCHEN. PORTION SIZES INDICATED	X	<input type="checkbox"/>	

	COMPLIANCE		CORRECTIVE ACTION
	YES	NO	
MODIFIED DIETS AVAILABLE AND RECORDS MAINTAINED	X	<input type="checkbox"/>	
FOOD PROPERLY COVERED WHILE TRANSPORTED AND ADEQUATE TEMPERATURES MAINTAINED	X	<input type="checkbox"/>	Administrator advises that food temps are checked by kitchen staff.
IF FOOD IS NOT PREPARED AT THE FACILITY, THEN A WRITTEN CATERED CONTRACT IS ON FILE	X	<input type="checkbox"/>	Food is prepared at Davie County and transported to facility. Aramark is under contract. No response required.
MENUS NOT DUPLICATED ON SAME DAY	X	<input type="checkbox"/>	

VI. SECTION .1000 HEALTH CARE (G.S. 153A-225 SECTION .1000 RULES .1001-04)

MEDICAL PLAN COMPLIES WITH G.S. .153A-225 AND .1000 or Rule .1725 and .1726	X	<input type="checkbox"/>	
HEALTH SCREENING FORMS COMPLETED FOR ALL ADMITTED INMATES	X	<input type="checkbox"/>	
SEPARATE INMATES REQUIRING MEDICAL ISOLATION	X	<input type="checkbox"/>	
ADEQUATE EXERCISE OPPORTUNITIES OFFERED FOR ALL INMATES CONFINED FOR MORE THAN 14 DAYS	X	<input type="checkbox"/>	

	COMPLIANCE		CORRECTIVE ACTION
	YES	NO	
INMATES HEALTH COMPLAINTS ASKED FOR DAILY	X	<input type="checkbox"/>	
QUALIFIED MEDICAL PERSONNEL AVAILABLE TO EVALUATE INMATE HEALTH COMPLAINTS	X	<input type="checkbox"/>	
ANNUAL REVIEW OF MEDICAL PLAN CONDUCTED		X	DATE OF THE LAST ANNUAL REVIEW: August 1, 2007. Please provide copy of updated sign-off sheet where the Local Health Director has approved the Medical Plan. <u>Please Respond.</u>
WRITTEN RECORD MAINTAINED OF MEDICAL REQUESTS AND ACTION TAKEN	X	<input type="checkbox"/>	

VII. GENERAL STATUTE 153A-226(B) AND SECTION .0700 NCMJS

LOCAL HEALTH DEPARTMENT INSPECTION SECTION .0700 RULE .1718

THE LOCAL HEALTH DEPARTMENT HAS APPROVED THE OPERATION OF THE JAIL	X	<input type="checkbox"/>	
SANITATION INSPECTION RECOMMENDED	X	<input type="checkbox"/>	DATE OF LAST LOCAL HEATH DEPARTMENT (SANITATION) REVIEW: May 1, 2008. Inspection notes 18 demerits. Please correct all discrepancies noted. No response required.

VIII. ADDITIONAL STANDARDS REQUIREMENTS

SECTION .0200 OPERATIONS MANUAL (RULE .0201-04) (RULE .1704 AND .1705)

OPERATIONS MANUAL COMPLIES WITH RULE .0203 OR RULE .1705	X	<input type="checkbox"/>	
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	COMPLIANCE		CORRECTIVE ACTION
	YES	NO	
OPERATIONS MANUAL REVIEWED AND UPDATED ONCE A YEAR	X	<input type="checkbox"/>	DATE OF LAST ANNUAL REVIEW OF THE JAIL STANDARD OPERATING PROCEDURES MANUAL: January 3, 2009. No response required.
<u>SECTION .0500 SECURITY</u> (RULE .0501) SECURE CONFINEMENT OR RULE .1716	X		
PASSAGE FOR INMATES FROM SECURITY PERIMETER UNTIL RELEASE	X		
LOCKED STORAGE OF FIREARMS OUTSIDE OF SECURITY PERIMETER.	X	<input type="checkbox"/>	
WELL LIGHTED EXTERIOR PERIMETER	X	<input type="checkbox"/>	
COMMUNICATIONS LINK WITH AGENCIES IN CASE OF EMERGENCIES	X	<input type="checkbox"/>	
<u>SECTION .0800 COMMISSARY/CANTEEN</u> (RULE .0801) CANTEEN/HYGIENE ITEMS PROVIDES INMATES FOR PURCHASE	X	<input type="checkbox"/>	

SECTION .1200 AND SECTION .1500 SPACE REQUIREMENTS FOR NEW JAIL CONSTRUCTION AND EXISTING JAIL CONSTRUCTION (SQUARE FOOTAGE, ACCOMMODATIONS, SUPPORT AREAS, ETC.), RULES .1201 - .1226 AND .1501 - .1526

	COMPLIANCE OLD STANDARDS		COMPLIANCE NEW STANDARDS		CORRECTIVE ACTION
	YES	NO	YES	NO	
<u>SQUARE FOOTAGE REQUIREMENTS</u> SINGLE SEGREGATION CELLS PROVIDE MINIMUM SQUARE FOOTAGE	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	COMPLIANCE OLD STANDARDS		COMPLIANCE NEW STANDARDS		CORRECTIVE ACTION
	YES	NO	YES	NO	
SINGLE CELLS PROVIDE INMATES WITH MINIMUM SQUARE FOOTAGE	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MULTIPLE CELLS PROVIDE INMATES WITH MINIMUM SQUARE FOOTAGE	X		<input type="checkbox"/>	<input type="checkbox"/>	
MULTIPLE CELLS CONTAIN NO MORE THAN (4) INMATES	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DAYROOMS PROVIDE INMATES WITH MINIMUM SQUARE FOOTAGE	X		<input type="checkbox"/>	<input type="checkbox"/>	
DORMITORIES PROVIDE INMATES WITH MINIMUM SQUARE FOOTAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
<u>CONSTRUCTION MATERIALS</u>					
PAINT	X		<input type="checkbox"/>	<input type="checkbox"/>	
BUNKS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FLOORS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WALLS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CEILINGS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WINDOWS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SECURITY SCREENS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	COMPLIANCE OLD STANDARDS		COMPLIANCE NEW STANDARDS		CORRECTIVE ACTION
	YES	NO	YES	NO	
INSECT SCREENS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DOORS	X		<input type="checkbox"/>	<input type="checkbox"/>	
LOCKS	X		<input type="checkbox"/>	<input type="checkbox"/>	
DAYROOM EQUIPMENT	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STEEL GRATING	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WIRING AND ELECTRICAL FIXTURES	X		<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRIC LOCKS WITH MANUAL OVERRIDE	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ALL MANUAL LOCKS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACCESSIBLE FLOOR DRAINS HAVE TAMPER RESISTIVE FASTENERS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>SAFETY AND SECURITY SECTION</u> (STRUCTURAL ARRANGEMENTS AND ACCOMMODATIONS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
SECURITY MIRRORS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	COMPLIANCE OLD STANDARDS		COMPLIANCE NEW STANDARDS		CORRECTIVE ACTION
	YES	NO	YES	NO	
SECURE VISITING AREAS		X	<input type="checkbox"/>	<input type="checkbox"/>	Unsecure visitation and booking due to the design of this jail because visitors enter the booking area and continue to have access to this area during their visit. No response required.
SEPARATE CONFERENCE AREA FOR ATTORNEY AND CLERGYMEN	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combination conference/breathalyzer room. No response
MEDICAL AREA PROVIDED	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SECURE INMATE BOOKING PROCESSING AREA		X	<input type="checkbox"/>	<input type="checkbox"/>	See Visiting Area
SECURE CENTRAL CONTROL STATION		X	<input type="checkbox"/>	<input type="checkbox"/>	Inmate passage through the office/control room area to meet with officials & attorneys poses a breach in security due to the control button for the main gate entrance being located in this area. No Response
SECURE ELEVATORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
ADEQUATE KITCHEN	X		<input type="checkbox"/>	<input type="checkbox"/>	
ADEQUATE LAUNDRY	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADEQUATE STORAGE AREAS	X		<input type="checkbox"/>	<input type="checkbox"/>	
ADEQUATE ADMINISTRATIVE SUPPORT AREAS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WORK RELEASE AREAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
ADEQUATE HEATING	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	COMPLIANCE OLD STANDARDS		COMPLIANCE NEW STANDARDS		CORRECTIVE ACTION
	YES	NO	YES	NO	
ADEQUATE COOLING	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADEQUATE VENTILATION (AIR FLOW)	X		<input type="checkbox"/>	<input type="checkbox"/>	Continue to clean vents inside and outside throughout facility and to replace filters as needed. No response required.
ADEQUATE HOLDING CELLS			<input type="checkbox"/>	<input type="checkbox"/>	N/A
ADEQUATE COMMODES	X		<input type="checkbox"/>	<input type="checkbox"/>	
ADEQUATE LAVATORIES		X	<input type="checkbox"/>	<input type="checkbox"/>	<u>Most of the cells and dayrooms are not equipped with hot and cold water which is required</u> in several areas of code including the following: 10A NCAC 14J .1505 (c) "Isolation rooms (single cell requirements) shall have hot and cold water." And Rule .1506 (d) "The room (multiple room requirements) shall have hot and cold water unless ... the accessible dayroom has hot and cold water." And Rule .1507 (c) "Each dormitory ... shall have ...lavatory with hot and cold water ..." And Rule .1509 (b) "The dayroom area shall have ... lavatory with hot and cold water." Please respond.
SANITARY DRINKING WATER	X		<input type="checkbox"/>	<input type="checkbox"/>	Separate water line installed for drinking water, drinking water provided daily in coolers; please ensure that sanitation of coolers is maintained. No response.
ADEQUATE SHOWERS W/ TEMPERED WATER	X		<input type="checkbox"/>	<input type="checkbox"/>	
ADEQUATE CLEANUP STATIONS	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADEQUATE DAYROOM SPACE	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADEQUATE ARTIFICIAL LIGHTING	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADEQUATE NATURAL LIGHT	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMPLIANCE

CORRECTIVE ACTION

REPORTS

MONTHLY JAIL
POPULATION REPORTS
SUBMITTED AS
REQUIRED

ADMINISTRATOR
UNDERSTANDS THE
REQUIREMENT OF
SUBMITTING DEATH
REPORT

COMPLIANCE		CORRECTIVE ACTION
YES	NO	
X	<input type="checkbox"/>	Barry Day- Chief Jailer
X	<input type="checkbox"/>	

NAMES (S) OF PERSON (S) CONTACTED DURING
THE INSPECTION

Chief Jailer Barry Day

Barry Day

STATED THAT HE IS AWARE OF HIS RESPONSIBILITIES UNDER THE FEDERAL CIVIL RIGHTS ACT REGARDING
SEGREGATION BY RACE.

**(INDICATE INDIVIDUAL ACTUALLY
INTERVIEWED ON THE DATE OF THE
INSPECTION).**

NOTE: IF COMPLIANCE BLANK IS LEFT UNMARKED THIS INDICATES THE ITEM DOES NOT APPLY TO THE OPERATION OF THIS FACILITY.

Chief, John P. Harkins

Jail Consultant

Jail and Detention Section - 2710 Mail Service Center Raleigh, NC 27699-2710

Inspection Report Distribution. Copies were mailed to:

Mr. Chad Wagoner, Chairman, Yadkin County Board of Commissioners

Mr. Stan Kiser, Yadkin County Manager

Lieutenant Tom Helms, Yadkin County Jail Administrator

Chief Jailer Barry Day