

**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 July 21, 2009
Address PO Box 433(205 Cherry Street) Yadkinville, NC 27055 Phone: 336-679-4234	Inspector Litonya Carter
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 : 26

**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 2 F 0
3. M _____ F _____	

Male **26** 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	0
Sentenced to 30 days or more	2
EHA	0
Pre-trial	Yes
Inmates housed at other facilities	5 females 13 males 18 Total
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: March 2009
<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 <input type="checkbox"/> 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 It was previously documented that this facility had installed a Smoke Evacuation system however what was described by Chief Jailer as Smoke Evacuation system does not appear to be sufficient for proper smoke evacuation in the event of a fire. Upgrading the current Smoke detection system would greatly enhance the safety of occupants in the event of a fire. Increased occupant evacuation training is emphasized. No Response required.
X	<input type="checkbox"/>	
X	<input type="checkbox"/>	May 2009. No response required.
X		

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

	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 marked on both sides 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. <u>Some color-coding has faded and some different from color on key.</u> Please correct this repeated deficiency and 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"/>	Repeated recommendation 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 that appear to be made as required. No response required.
---	---	--------------------------	---

	COMPLIANCE		CORRECTIVE ACTION
	YES	NO	
DIRECT OBSERVATION OR ELECTRONIC SURVEILLANCE MAINTAINED AT ALL TIMES	X		
MORE FREQUENT SUPERVISION ROUNDS FOR SPECIAL NEEDS INMATES CONDUCTED. (ASSAULTERS, SUICIDAL, MENTALLY ILL, ETC.)	X	<input type="checkbox"/>	
INMATES NOT ALLOWED TO SUPERVISE OR CONTROL OTHER INMATES	X	<input type="checkbox"/>	
JAILERS AWAKE AT ALL TIMES.	X	<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	X		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	X	<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	Dispose of cracked and torn mattresses and ensure that mattresses are sanitized regularly and replaced as needed as discussed during inspection. 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: January 2009.
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 26, 2008. Updated review needed next month. No Response.
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 19, 2009. Inspection notes 25 demerits. Facility was re-inspected on 5/26//09 and received 17 demerits. All sanitation issues must be corrected as noted on inspection reports. 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"/>	
--	---	--------------------------	--

	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"/>	Flaking paint present on walls, doors, and bars as denoted on sanitation inspection, these areas must be easily cleanable and in good repair. Please provide plan for painting these areas. Please respond.
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"/>	Per 10A NCAC 14j .1503 (b). Exit doors shall be security type and keyed to both sides. According to responses for last inspection received from Lt. Tom Helms, it was documented that this door had been keyed on both sides; however as of this inspection the vestibule door has not been keyed on the inside. Please have door keyed on both sides as requested on last inspection and Please Respond.
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"/>	Electrical burns present, which indicate possible tampering by inmates. Install lock covers over all inmate accessible electrical outlets. Please respond.
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"/>	All floor drains near showers need cleaning as discussed during inspection. No response required.
<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"/>	All security type mirrors for inmate use are in poor condition and can not be used for shaving. Replace all non reflective and rusted mirrors in inmate housing areas. Please respond.



	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"/>	<ol style="list-style-type: none"> 1. Storage area behind laundry was locked and not accessible on date of inspection. All areas must be accessible during inspections. Please repair/replace door knob/lock to allow access to this area for inspections. 2. File storage area contained fallen boxes which covered the floor. Please organize storage areas to prevent reoccurrence. 3. Inmate property room contained bags of property stored on the floor. All property must be stored off the floor. Room appears to be inadequate to handle the amount of storage. Please provide plan for alternative storage for inmate property. Please respond.

ADEQUATE ADMINISTRATIVE SUPPORT AREAS

<input checked="" type="checkbox"/>	<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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
-------------------------------------	--------------------------	--------------------------	--------------------------	--

	COMPLIANCE OLD STANDARDS		COMPLIANCE NEW STANDARDS		CORRECTIVE ACTION
	YES	NO	YES	NO	
ADEQUATE COOLING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADEQUATE VENTILATION (AIR FLOW)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All housing area vents and filters are covered with lint and dust. Please clean vents and change filters as discussed during inspection. No response required.
ADEQUATE HOLDING CELLS			<input type="checkbox"/>	<input type="checkbox"/>	N/A
ADEQUATE COMMODES		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ol style="list-style-type: none"> 1. Many commodes were not working on date of this inspection. Combination sink/commodos are antiquated and the Chief Jailer explained that parts are difficult to obtain which makes repair time is lengthy. 2. Leaking Plumbing fixtures throughout facility. 3. Stainless steel combination commode/sink units have been painted over numerous times and old paint is chipping and surface can not be properly sanitized. Please provide plan for replacement of combination lavatory/commode units. <p>Please respond to these three deficiencies.</p>
ADEQUATE LAVATORIES		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Most of the cells and dayrooms are not equipped with hot and cold water which is required 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.</p>
SANITARY DRINKING WATER	<input checked="" type="checkbox"/>		<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"/>	<ol style="list-style-type: none"> 1. Showers were in poor sanitary condition on the date of this inspection. Shower wall covering is water damaged and has come attached from wall of shower in Cell 1. All shower wall covering appear to be water damaged and in need of replacement. 2. Mildew is also present in all showers and on shower mats. Please provide plan for corrective action for these two issues. Please respond.
--	---	--------------------------	--------------------------	--

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.

Litonya Carter

Jail Consultant

Jail and Detention Section
2710 Mail Service Center Raleigh, NC 27699-2710
919-218-3159
litonya.carter@ncmail.net

Inspection Report Distribution, Copies were emailed to:

Sheriff Michael Cain sheriff@yadkincountync.gov

Mr. Chad Wagoner, Chairman, Yadkin County Board of Commissioners cwagoner@yadkincountync.gov

Mr. Stan Kiser, Yadkin County Manager skiser@yadkincountync.gov

Lieutenant Tom Helms, Yadkin County Jail Administrator

Chief Jailer Barry Day Jail@yadkincountync.gov
