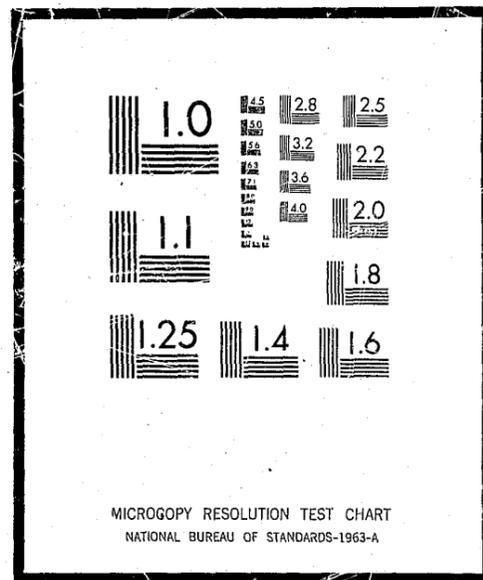


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014802

MEDICAL SURVEY  
OF  
FLORIDA DIVISION OF CORRECTIONS  
AS ORDERED BY  
JUDGE CHARLES R. SCOTT

KENNETH B. BABCOCK, M. D.  
HOSPITAL CONSULTANT & PROGRAM COORDINATOR

RECEIVED BY DIVISION OF CORRECTIONS ON 1-3-74)

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INTRODUCTION

In keeping with Judge Scott's charge, a survey team of experts in their respective fields was appointed.

Dr. Joseph Alderete, Chief Medical Office, Federal Penitentiary, Atlanta, Georgia and two of his administrative officers, Mr. R. Hale and Mr. E. Porter, Assistant Hospital Administrators, accompanied Dr. Alderete and me at different times in the surveys of the main prisons. Though the general summary is a condensation of combined opinions and mutually agreed upon, each individual report is so pertinent that it is reproduced and becomes part of the report.

Because of work load and time schedules, four prisons were done by me only. Two of them were under construction.

The Federal Government's cooperation in lending those outstanding experts to the survey was of great help, and their work was of the highest caliber.

Good dental care is a highly important facet of overall health care in our prisons. The Florida Division of Health requested Dr. E. W. Farrell, Chief, Bureau of Dental Health, to undertake the dental survey. This Dr. Farrell did, and his very complete report on each prison's dental program and facilities is reproduced.

Dr. Farrell also wrote up a sample dental questionnaire and submitted floor plans of each institution. Because of bulk and costs of printing, they are not reproduced here but have been sent to the Division of Corrections headquarters.

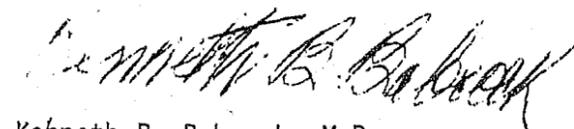
The importance of good maintenance and sanitation in the Correctional System is shown in the reports submitted by Mr. E. Poole, Florida Division of Health, Sanitation Consultant. His reports are meticulous in their detail and become a very important part of this report.

The help of Mr. James Ball, III, Deputy Director for Personnel, Division of Corrections, in providing materials, statistics and basic information was especially appreciated.

The help of my secretary, Mrs. E. Berghof, is gratefully acknowledged for her patience with the many interruptions and changes.

In every instance excellent cooperation was received from all Correctional personnel.

Respectfully submitted,



Kenneth B. Babcock, M.D.  
Hospital Consultant and Program Coordinator

CHARGE TO SURVEY TEAM

REPORT FACTUALLY, AND IN FULL DETAIL, THE NATURE AND EXTENT, OR LACK THEREOF, OF THE ENTIRE SPECTRUM OF HEALTH CARE SERVICES PRESENTLY RENDERED BY THE ENTIRE FLORIDA DIVISION OF CORRECTIONS TO THOSE INMATES COMMITTED TO ITS CUSTODY, AND

TO REPORT AS A MATTER OF PROFESSIONAL, MEDICAL EXPERT OPINION THOSE REMEDIAL MEASURES, IF ANY, WHICH ARE MEDICALLY NECESSARY TO INSURE A MINIMALLY NECESSARY LEVEL, PROGRAM AND SYSTEM OF HEALTH CARE TO THOSE INMATES COMMITTED TO THE CUSTODY OF THE FLORIDA DIVISION OF CORRECTIONS.

CHARLES R. SCOTT, JUDGE

GENERAL SUMMARY

PRISONS IN THE CORRECTIONAL SYSTEM

PREAMBLE

In presenting this summary, it is placed in front of the individual summaries for each institution in order that the readers get an overall picture. It must be borne in mind also that, following briefings in the last four months, many changes have already been instituted.

HOSPITAL

1. As a matter of common sense and because of the law's definition, there should be only one hospital in the entire Correctional System. This is the hospital at R.M.C. It must maintain state licensure and shortly try for accreditation by the Joint Commission on Accreditation of Hospitals. The medical facilities at the other institutions from now on should be designated as infirmaries.
2. A hospital, if it is to be called such, must have the proper facilities to perform its functions. R.M.C. Hospital therefore must have:
  - a. Proper operating rooms with conductive floors.
  - b. Operating room recovery room (this sometimes is combined with the Intensive Care Unit).
  - c. An Intensive Care Unit.
  - d. Ability to give inhalation anaesthetics.
  - e. An anaesthesiologist or CRNA.
  - f. Qualified surgeons.

g. Qualified Internists, Psychiatrist and other specialists either present or available on a contract or voluntary basis.

h. Nurses (R.N.'s) around the clock.

i. Central Supply

j. An organized medical staff with all its implications.

k. A hospital administrator and an organized departmentalized administrative staff with documentation of at least monthly meetings.

1. A proper ruling that all elective medical and surgical problems be sent to R.M.C. If a true emergency, then they are to go to the local hospital. There has been a tendency to send some elective work directly to Shands Hospital (University of Florida), bypassing R.M.C. This should not be allowed.

3. Turning around and viewing the other ten institutions:

- a. Have organized documented medical-administrative staff meetings (use Sumter as a model).
- b. Discontinue nurse anaesthetist services - replace with Nurse I, or II.
- c. Discontinue the use of inhalation anaesthetics.
- d. Allow minor operations, using local anaesthetics only.
- e. Try for around-the-clock coverage by R.N.'s.; if not possible, at least M.T.A. coverage.
- f. Improve liaison with local hospitals.
- g. On any buildings and planning for new medical facilities, utilize the services of a knowledgeable person in this field. The planning for example in the new medical-dental facilities at Lake and Cross City is atrocious.

h. A study should be made of the possible usage of telemetry for cardiac cases between R.M.C. and the ten prisons. Such for Avon Park to R.M.C. might be very advantageous.

i. If R.M.C. is going to be the Medical Center, then each satellite must have proper transportation available. This means, in most cases, an ambulance for each institution, or sharing between two close ones. A definite study should be made of this matter with decisions as to who will accompany these vehicles, custodial officers or M.T.A.'s, or both. In many instances it will be a matter of judgment, of course. It should be noted that pulling an M.T.A. off duty for lengthy transportation duties is very distressing.

#### MEDICAL DIRECTOR

There must be appointed a medical director who has authority over all of the medical facilities and personnel in the System. He will be responsible directly to the Commissioner of Corrections. He should have no clinical duties whatsoever. He should visit all the prisons regularly. It is our recommendation that:

1. He hold medical staff meetings with all physicians in the System at least twice yearly.
2. It is probably wiser that he be headquartered in R.M.C. instead of in Tallahassee.
3. He must be given adequate support help, such as
  - a. Health Services Administrator
  - b. Secretary, and others as the organization is developed
4. He must constantly work with the University of Florida and other academic institutions in order to interest them in correctional problems and the recruitment for the System of qualified personnel.

5. He must appoint and work with consultants in the various fields of pharmacy, dietetics, medical records, etc. (discussed under separate headings in this report).

#### PERSONNEL AND SALARIES

Under the above heading the salaries of three groups only will be discussed. Individual prison needs will be mentioned in their specific reports. They are physicians, registered nurses and medical technicians.

#### Physicians

The average salary of a Physician I varies roughly from a minimum of \$20,000.00 a year to a high of \$28,000.00 a year. The average income in private practice is 35 to 40 thousand dollars a year (Medical Economics).

Salary alone is not the entire bone of contention. The physicians strongly object to the state not protecting them against negligence and malpractice claims. With the plethora of lawsuits involving medical practitioners nowadays, this is a very important item and is responsible as much as any single item for inability to recruit. The state would earn its premium many times over by covering its physicians. As an example, any suspicious or questionable case now is referred to expensive outside consultants because of the fear of possible lawsuit. One judgment can bankrupt a physician for life.

The next complaint by physicians is no available housing. Prisons are situated in rural areas where housing is nonexistent, especially rentals.

Physicians have no provision in their contracts to be allowed to go to medical meetings. He is signating and out of touch with his confreres.

There are over half of the prisons with one single physician covering that institution 24 hours a day with no relief. This is not fair to the physician

nor to the prospective patient because the latter is often put off until sick call. Additional physician coverage must be sought.

#### Nurses

Here again pay is inadequate in comparison with civilian hospitals. What is true for physicians is likewise true for nurses. In addition, there is no pay differential for different shifts or overtime. Care must also be exercised in giving proper security protection to nurses at all times on all shifts.

Stepped up recruitment, salary increases and increments, housing, transportation and pay differentials must all be reviewed and given consideration.

#### Medical Technicians

This position is often frustrating because of inequities. As an example, a man with medical corps experience of 20 years in the Armed Forces starts off at the same salary as an absolute greenhorn. There is almost no chance for advancement because there is no available position except that of his chief. He is pigeon-holed for the rest of his life at an inadequate stipend. As was reported, the salaries for these men vary from \$7200.00 a year to \$9700.00 a year maximum.

In comparison, for the same jobs the Federal System starts at \$8500.00 a year with an increase the first year to \$10,000.00, and a possible maximum up to \$25,000.00. Is it any wonder that most of the technicians have applications in at Federal institutions and better paying civilian institutions?

Reviewing salaries and existing conditions, is it any wonder the turnover rate is greater than 40%? It is felt that all along the line there must be an increase in salaries and increments.

It is also a recommendation that a specific individual, who is knowledgeable of needs and sources, should be put in charge of medical personnel recruitment.

A cold ad in newspapers or trade magazines is not enough. This individual must go to college seniors and graduates and challenge and motivate them into accepting work in our correctional institutions.

What has been said about the above three categories applies equally well to psychologists, psychiatric social workers, L.P.N.'s, physician assistants and counselors.

#### PSYCHIATRIC AND PSYCHOLOGIC CARE

The above is unquestionably the weakest link in the health care given to prisoners. Total care includes adequate psychiatric and psychologic care but is seldom thought of in that respect. The percentage of recidivism is much too high in the System. Pills, forceps and bandages will not lower the percentage at all. Three factors will lower the number of recidivists, namely, education, religion and mental health care. This latter is very important. Dorothy Canfield wrote "As the twig is bent so is the tree." The Correctional System receives a lot of bent twigs and it must try and straighten them. No one claims that psychiatric counseling will cure these men and women, but it will help them and teach them, and motivate them to overcome their handicaps to a great extent. Above all else, it is deemed very important that the mental health needs be assessed at Reception Medical Center so that those in the prison field may follow through on their recommendations and care. At the very least for example, with an input of 125 new prisoners a week there ought to be at least seven to eight psychologists and four to five specialized counselors at the Reception Center. In every one of the prisons with 600 or less inmates there should be a full-time psychiatrist and three psychologists, and several specialized counselors. In the larger

institutions, like Union, there of course must be more in proportion to their size. If there is hope for the future, it will come in this area mostly. Some of the prisons have a psychiatrist several hours once a week. This is nonsense and wasteful, and accomplishes practically nothing.

#### PHARMACY DEPARTMENTS

There is much improvement in drug control and planning in the past five years in the prisons. Mr. Lee, Consultant Pharmacist, has helped greatly. There is now a drug formulary and standardization of drugs. There are no prison pharmacies where inmate services are being utilized. It still is necessary that, in some instances, inmate nurse aids, especially on the night shifts, give out medications to patients. As better coverage by M.T.A.'s occurs this should stop.

Careful study should be made in those prisons where the inmates are given a week's supply or given a certain amount of drugs and allowed to medicate themselves. Hoarding and transfer to other inmates is a possibility. A policy of all or none is not advocated, but close observance where it is done is a must.

There should be more flexibility in the drugs purchased for psychological reasons. Where one specific pill is ordered for all ailments in the hospital, faith is lost in its efficiency. As an example, in one infirmary ward it was noticed that every patient was getting the same tetracycline pill. The respective diagnoses were Tonsillitis, Upper Respiratory Infection, G.I. upset, Infected Ingrown Toenail and an Infected Skin Rash. It is suggested that some leeway be allowed. It is hoped also that shortly the clinical laboratories will be able to do a selectivity test on antibiotics.

It is recommended that a full-time pharmacist be sought for all the institutions of 500 or more inmates, and part time for those with less. It is believed there should be a chief consultant pharmacist. One of his duties should be the inspection of the pharmacy stocks at all the prisons and road prisons for obsolescence and loss of potency. Pill bottles over 20 years old were seen, as well as excessive amounts of certain drugs. Later, with the formulary development, it is believed a running inventory is in order. It was noticed that, in some institutions, men had been receiving drugs, especially tranquilizers, without ever having a blood level test. This can prove to be dangerous and testing should be instituted.

#### CLINICAL LABORATORY

The larger prisons need a functioning clinical laboratory, preferably in charge of a civilian laboratory technologist. The smaller prisons, a laboratory under the direction of a technician with laboratory training such as was offered by the Armed Forces. All of the laboratories should institute quality controls. It is believed a chief consultant technologist would be helpful; sophisticated laboratory work to be done at R.M.C. for the other prisons. The routine prison laboratory should be able to do urines, hematology and chemistries. It is possible, after a time, that R.M.C. could develop a vocational course for laboratory technicians.

#### X-RAY

Each of the eleven prisons should have the means for taking x-rays and developing them. Films to be interpreted by the prison physician and if there is question the films should be sent to the radiologist at R.M.C. or to the local hospital radiologist. Medical technicians taking the films should have Armed Forces

experience or lessons from a radiologist or an A.R.R.T. It was noticed in several of the institutions that the technicians were not wearing monitors. They were warned they must do so for their protection. It was also noted there was poor protection technique on dental x-rays and no monitors worn. It is our recommendation that all inmates have a yearly chest x-ray.

#### MEDICAL RECORDS

Medical records in the respective institutions ranged from excellent to abominable. Under no circumstances should inmates have access to medical records. It is believed the System should have a Consulting Medical Records Administrator who, with supervision from the Medical Director, will develop and standardize all medical records as to desired context and format. This applies to both inpatient and outpatient records. The lack of vital signs on charts, the lack of signatures and drug orders and prescriptions, and poor to missing progress notes should not be continued. The great majority of charts, if taken to court, would be practically valueless as protection for the doctor or the hospital.

It is important that when an inmate is transferred to another institution a knowledgeable medical record does with him.

Each institution should have a civilian medical secretary if possible; if not, a typist, in charge of the records. There is an officially approved program for A.R.T.'s (Accredited Record Technician). The secretaries or typists should be encouraged to take this course.

#### DIETARY

Food for the most part is brought from the main prison kitchens in hot carts or carried to the patients in the infirmaries. The hospital kitchen at R.M.C.

was quite acceptable. The hospital (infirmery) kitchen at Union, from which inpatient and special outpatient diets are served, is crowded, dirty and in an unacceptable sanitary state. The Sanitarian reports the main kitchen at Union is also totally unacceptable and should be replaced. Two main kitchens in the eleven prisons should be totally renovated, or better replaced. They are at Union and at Avon Park. (see Sanitarian's report) There is a diet manual. An inmate on a special diet is given a copy of what he should and should not eat and then is on his own. Very few inmates stick to their diets, and there is little to no instruction given. The question of a visiting consulting dietitian for the respective prisons is questionable as to permanent value. Food managers and medical technicians say it's impossible to keep inmates on proper diets except for those inpatients on trays in the hospital or infirmaries.

Food intake at the prisons is carefully prescribed by nutritionists and what meals we ate in prison were palatable and acceptable.

There appears to be considerable debate over the so-called "punishment meal." Nutritionally it has been approved, but it neither smells good nor looks good, and we were told many prisoners would rather starve than drink it. We do think it should be studied as to punishment and rehabilitative value very closely.

Several opinions given were that it was inhumane and that in no case should its use be continuously given without at least a day of regular diet every third day. The meal is in the form of a thin gruel and contains soybeans, peas and carrots. We did not actually view it or taste it. The meal is given only to those in punishment cells and not necessarily to all.

#### DETENTION CELLS

In each prison visited, the detention cells were visited also. They vary considerable in size, light and proper ventilation. Inmates so confined are

allowed two and in some instances three showers a week. Recreational facilities for them, in most instances, are nil.

It is a rule, but not always carried out, that the detention cells must be visited or viewed at least once a day by medical personnel (M.T.A.) and at least every 72 hours by a physician. This is not always being accomplished. However, for the most part conditions were acceptable. The detention cells in the prisons were far more acceptable than those in the road prisons. (see road prisons' summary)

In no institution was there found a proper detention cell for acute psychotics. This should not be in the group of punishment cells, but in the infirmaries. It is accomplished by fixing up a single room in the infirmary, with a proper fixed bed and restraints. Such individuals can usually be controlled by drugs within 24-48 hours, but this type of room is needed for their protection.

#### SANITATION

There is a special sanitation report on each of the 11 prisons. Good sanitation is good preventive medicine and is very important. For the most part cells and cell blocks were clean and quite acceptable.

Attention is called to the Committee system of inspection at Sumter. It is recommended for all the institutions.

Deficiencies when found were most noticeable in lavatories and kitchens. The report on sanitary conditions at Avon Park and Union kitchens should be carefully studied.

One criticism voiced was that improper conditions have been repeatedly reported, with no action taken.

The sanitary reports as presented by Mr. Poole are detailed and excellent and all recommendations should be carried out as soon as possible.

Reports on dental facilities and personnel are a special portion of each prison report.

Respectfully submitted,

*Joseph Z. Alderete, M.D.*  
Joseph Alderete, M.D.

*Kenneth B. Babcock*  
Kenneth B. Babcock, M.D.

APALACHEE CORRECTIONAL INSTITUTION

SNEAD, FLORIDA

PREAMBLE

This institution on the day of survey had a population of 906 inmates. An effort is made here to segregate first-time offenders from recidivists. There were 678 first offenders in the East Wing, with ages varying from 15 to 25 years. All others are in the West Wing.

New construction is proposed and I was an architect's sketch. It is too small and is totally inadequate for the institution's needs. Among missing items it is noted there is no room provided for a psychiatrist and his medical secretary. There is only half enough space for psychologist services. Pharmacy is a mere cubby hole, and the clinical laboratory is stated to be closet size in a portion of the examining and treatment room. Who ever heard of a dirty clinical laboratory with urine and fecal specimens as part of a supposedly clean examining room?

The lack of administration consulting with knowledgeable medical personnel before planning and building is astounding. It would save thousands of dollars and untold criticism, let alone being able to give better care in the long run.

PHYSICAL PLANT

The present physical medical facility is totally inadequate, obsolete and dangerous. By that I mean the sick bay or hospital ward is not covered at night by a medical technician. The sick inmates are locked in from 11 P.M. to 7 A.M. The ward is not fireproof, and with its location in the basement it could become a tragedy in minutes in case of fire. Technicians try and keep the ward population to an absolute minimum because of this condition. It is hoped the

completion of the new unit can be expedited, but it appears to be at least a year away.

PHYSICAL PLANT

Very little can be said of the present physical plant. It is poorly located and inadequate. It is foolish to spend any additional money on it because of the construction of the new unit. Even if new equipment were to be ordered there is no room for it.

LABORATORY

The laboratory is very small and inadequate. Except for routine urines and blood, all other laboratory work is either sent to the local doctor's laboratory, R.M.C. or Tallahassee.

There will be a need for a laboratory technician when the new unit is ready.

X-RAY

The equipment in x-ray is excellent and in good maintenance. There is no technician. Films are taken by the medical technician. All films are read by the prison physician. Patients needing fluoroscopic diagnosis or more sophisticated work are sent to R.M.C.

DIETARY

Food for the patients in the infirmary is brought over from the main kitchen. Any special diets for other than infirmary patients amounts to a list of what or what not to eat.

PHYSIOTHERAPY

For this group of active prisoners there is no physiotherapy worth mentioning available. It is included in the new plans.

### PHARMACY

Just recently Mr. Lee, Consulting Pharmacist, visits once a month. An effort is being made to get uniformity in drugs prescribed. There is question as to the location, size of dispensing room and storage space available in the new unit.

For the size of this prison, I believe a part-time pharmacist is more than justified; at least two to three hours daily.

### MEDICAL RECORDS

The medical records here amount to nurses' notes, i.e., what was done, what was given. There is no medical typist, secretary or transcriber. Right now there is no space for any of them. In the new unit, if medical technicians are to use the area marked Doctors Office, where is the ancillary help mentioned above going to be stationed? There should be an office for the doctor, for the technicians, and space for the ancillary help, of whom there should be at least two. The plan calls for five inmate assistants. Where are they going to be able to stand or sit, except when waiting on patients? Is everybody, patients, technicians, clerks, etc. going to use a common toilet?

I do not wish to press the point, but the planned new unit, though an improvement, is inadequate and poorly planned. In that construction has already been started, I see no help except to pirate two of the bedrooms for other purposes.

### PERSONNEL

There are six medical technicians. Another one is needed in order that there be 24-hour coverage. As stated, an uncovered, locked ward is a dangerous condition.

Perhaps the brightest spot in the whole medical setup is the excellent care given the inmates by Dr. Thompson, his associate Dr. Richardson, Mr. Pettis and the medical technicians.

Sick call is held by one of the physicians four times a week until the sick line is cleared. Any other cases or emergencies are taken into town to the physician's offices. From here, if necessary, they are sent to Florida State Hospital at Chattahoochee, to R.M.C. or Tallahassee. The physicians have consultants in orthopedics and urology visit their offices weekly. Inmates needing specialists' attention are taken in on the specialists' days. About three inmates visit the optometrist, Dr. Davis, per week.

The physicians review monthly every chronically-ill inmate receiving drugs to make sure same is necessary and what the patient's blood level is as far as the drug is concerned.

The greatest lack here is that there is no psychiatrist and only one psychologist. A full-time psychiatrist and another psychologist are desperately needed. The population here is predominantly young first offenders. They need psychological help to a much greater extent than physical help. A few inmates have been sent to the Guidance Clinic in Marianne and received help.

Detention cells are not visited by the physicians.

Inmates are not allowed to carry drugs. Any prescribed drugs are given to the inmate to take at the time due.

It is noticed that every time an inmate has to be transported a medical technician is sent, and the services of the technician are lost. A custodial officer could well be used instead.

### RECOMMENDATIONS AND COMMENTS

1. No new equipment is recommended until the new unit is ready for occupancy. There is some equipment for this unit already in hand. It must be carefully stored.

2. The following personnel should be sought:

- a. A full-time psychiatrist
- b. An additional psychologist
- c. A medical social worker
- d. Ancillary help for above, consisting of a medical transcriber and a typist.

3. If it isn't too late, have consultation on the new plans; the present ones are inadequate.

I was accompanied on my tour by Mr. Earl Pettis, Chief Medical Technician and Hospital Administrator. I also visited and discussed matters with Superintendent G. Curlee.

APALACHEE CORRECTIONAL INSTITUTION - Sneads, Florida

The Apalachee Correctional Institution, a highly progressive correctional facility is located in northwest Florida midway between the towns of Chattahoochee and Sneads. This institution is composed of two units: the east unit with a capacity of 617, houses youthful offenders; and the west unit, housing adult male offenders numbering around 260. The ratio of black to white is 60 - 40. In the east unit, the age range of inmates is 17-21 years with an average inmate age of 19. In the west unit, the average age is 30 years. The turnover is rapid with an average length of stay per inmate around 12 months.

The dental program relates administratively to the prison organization on an equal level with other departments. The Institution's annual operating budget for FY 73 was reported at \$2,480,167 with a total of \$36,474 being expended in dental, or around 1.47 percent.

The dental clinic consisted of: three dental operatories, a records office, a laboratory, an office for the dentists, a rest room, a dark room and a central hallway. For details, please refer to floor plan in appendix. The total square footage was around 535. The general appearance was acceptable with exterior light available, painted walls and a clean environment. Air conditioning was evident with units in two of the dental operatories. The dental operatories were of acceptable size averaging around 9'-2" x 8'-8". The records office, laboratory and the dentists office were cramped but functional.

The dental equipment in two of the dental operatories included Weber units, American dental cabinets, Castle examination lights, and Midwest hi-speed. Equipment noted in one or the other of these operatories included a Gomco evacuator, a Ritter motor driven chair, a Weber pump chair, and an Ultrason. The third operatory appeared to be used as a diagnostic, surgical room and it contained a Weber pump chair, Weber wall mounted x-ray, surgical instrument cabinet, and a Pelton Crane air compressor. A Pelton Crane autoclave was located in the laboratory. Except for the Ultrason all equipment was classified as old but appearing in working and satisfactory condition.

The dental staff includes a Dentist I (Dr. Adams), two dental assistant trainee inmates and one inmate as a clerk. There is an established position for a dental intern, however, the position is currently vacant. The dental personnel work a five-day, forty-hour week and are on call the balance of the time in the event of an emergency.

In regard to dental treatment, it was estimated that around 13 plus patients are seen per day. Projected beyond one day, this would suggest that 65 patients are seen in a week's time, 281 per month and 3380 per year. With the exception of orthodontics, most dental procedures were available to the inmates. Dental laboratory work is referred to the dental laboratory at Union Correctional Institution.

The patients receive a dental examination and their exam forms reveal the dental conditions found, the treatment indicated and the treatment rendered. If the patients want treatment, they are instructed to request it in writing. The patients who request treatment are then placed on a waiting list and scheduled at the earliest opportunity. If a patient has an emergency condition he may receive immediate attention.

The institution is currently building a new health building and it will house a new dental suite. The floor plans were reviewed only briefly, however, if remembered correctly, the suite dimensions measured around 25 x 50 feet and a total square footage of 1250. The suite will include three dental operatories (dentists area), one operatory (dental hygienist's use), one business office (dentists), one lounge and shower (dentists), one record office, one storage room, one sterilizing room and laboratory, one recovery room and one women's lounge and bath. It was noted that around \$50,000 has been set aside in the budget to purchase new dental equipment.

RECOMMENDATIONS FOR IMPROVEMENT

1. DENTAL CLINIC SPACE - more space is needed. The institution already has new space under construction.
2. DENTAL EQUIPMENT - replacement of old equipment is indicated. The institution reportedly has budgeted \$50,000 for this purpose.
3. DENTAL PERSONNEL - Dentist I position should be reclassified to a Dentist II. Dental intern position should be reclassified to a Dentist I position. If employment of a dental hygienist is planned, present salary ranges for this classification will have to be increased. Employment of salaried personnel to work as dental assistants and clerks as opposed to using inmate trainees.
4. MANUAL OF OPERATION - should be developed and available for review by all personnel.

September 12, 1973

On the above date a general sanitation inspection was made of the following facility:

Apalachee Correctional Institution  
Post Office Box 699  
Sneads, Florida 32460

Garrie Curlee, Superintendent

SECURITY:

Medium and minimum custody.

CAPACITY:

|        |             |
|--------|-------------|
| Normal | 705 Inmates |
| Today  | 890 Inmates |

HOUSING:

This facility is comprised of an East Unit (Main) and West Unit. The dormitories are heated with steam radiators and ventilation and cooling is by fans.

Dormitory "H" was closely inspected. It contains 90 bunks on each wing and each has 4,716 square feet of space which allows each man 52 square feet of sleeping space. Each wing has:

|                |
|----------------|
| 6 toilets      |
| 4 urinals      |
| 10 lavatories  |
| 5 shower heads |

The dormitory was well maintained and clean.

Segregation facilities: There are 42 confinement cells located in the basement of the buildings. Each can hold two men. The cells are 6.5' X 8'. Ventilation was poor in "E" and "F" units.

FOOD SERVICE:

The food service facility is well maintained. Some discrepancies were noted such as:

- (1) No sneeze guards on serving line.
- (2) Food should not be stored on floor in storage areas.
- (3) Meat cutting table needs repair.
- (4) Floor needs repair in meat cutting room.
- (5) Hose bibb vacuum breaker needed in vegetable room and garbage area.
- (6) Screen needed for inmate bathroom in kitchen.
- (7) Need hand towels in bathroom.
- (8) Walls need repair in some places.

WEST UNIT:

The West Unit consists of a dormitory and food service facility.

HOUSING:

The dormitory consists of two wings, each containing 115 beds. Each wing is 172' X 31' which allows each inmate approximately 46 square feet of sleeping space. Each wing has:

- 10 toilets
- 4 urinals
- 6 shower heads
- 10 lavatories

FOOD SERVICE:

The food service for the West Unit is well used. Some general repair and maintenance is needed. Discrepancies were noted, such as:

- (1) Vacuum breaker needed in garbage wash area.
- (2) Toilet needs repair in food area.
- (3) Screen needs repair in bathroom.
- (4) Potato peeler has cross connection with water supply, also, spigot in steam kettle area.
- (5) Work tables in poor repair.
- (6) Excessive number of flies.
- (7) Intermittent pyrethrin dispensers should not be within 12 feet of food preparation or serving area.
- (8) Ice machine lid needs repair.
- (9) Need thermometer in refrigerator.
- (10) Need filters in hoods.

WATER SUPPLY:

Water is supplied by deep wells and treated with chlorine. A new well is being planned.

SEWAGE DISPOSAL:

Primary treatment. Plans are to let the City of Sneads treat the sewage when their sewage treatment plant is built.

Garbage: fed to hogs.

Trash: burned and buried on premises. This area shows poor planning and management. Trash was dumped in scattered locations and had not been buried for several days. Flies were excessive.

The dairy farm and various industries were not checked.

The main concern at this institution is the West Unit food service facility and the trash dump.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

EP:mr

AVON PARK CORRECTIONAL CENTER

AVON PARK, FLORIDA

PREAMBLE

On the day of survey the inmate count at this institution was 693. Of this number, over 50% are classified in physical grades 3 and 4, meaning unable to work except very light housekeeping or janitorial services. The average age here is 39 years. Very few of the chronically ill are bed patients. Avon Park is a minimum security facility.

MEDICAL FACILITIES

As of the last of September the institution had been without the services of a physician for three months. This is a very dangerous, unpleasant situation and it is hoped will be corrected before this report is finalized. A possible solution is expressed in the conclusions for the Correctional Systems of 11 major institutions.

At present the medical department is responsible for the operation of a 20-bed hospital, really an infirmary. In addition, there is an outpatient clinic and supporting units, such as surgery, laboratory, x-ray, physiotherapy, pharmacy and medical stores. The medical building also houses a dental suite and offices for a psychologist.

The present staff consists of nine medical technicians (one more to be hired) and about 25-30 inmate personnel working as ward attendants, orderlies, x-ray technicians, etc.

The average hospital census is 10 to 15 patients. The O.P.D. sees from 800 to 900 patients a month, and the pharmacy dispenses between 12-15 thousand doses

of medication per month to those inmates who have been placed on treatment. The physician, when present, sees only those patients who have been screened by the medical technicians and who have problems thought to warrant his attention. He sees an average of about 250 patients a month. At present, with no doctor, cases are referred to outside physicians if, in the judgment of the technicians, it is felt necessary. This, of course, is not a healthy situation.

The medical department - O.P.D. is open 24 hours a day, staffed by medical technicians.

Of the inmates classified as chronically ill, there are numerous diabetics, asthmatics, hypertensives, epileptics, arthritics, etc. There is practically no advisory therapy, no instruction of any sort - just a pill line.

In looking at the physical plant itself, one has to remember that the entire institution was built in the early 40's for the U. S. Air Force. In 1957 a small portion was turned over to the Correctional System. All of the buildings are of wood and of World War II cantonment type. They were built as temporary structures, good for 4-5 years. They are now over 30 years old. There have been renovations and modernization, but they still are make-shift. An addition to the hospital building has resulted in an improved surgical suite, laboratory facilities, dental facilities, and room for the psychologist's office.

There is an adequate autoclave and the operating room is equipped adequately. Cyclopropane should not be used because the operating room floor is non-conductive.

CLINICAL LABORATORY

There is now enough space - there is not a qualified technologist. Bloods, urines and chemistry are done by a non-qualified inmate technician.

X-RAY

There is not a qualified x-ray technician. The yearly chest films have not been taken this year.

PHARMACY

There is a consultant pharmacist, and the drug distribution and control appears adequate. There is no inmate help in the pharmacy. A formulary is in use.

MEDICAL RECORDS

The medical records are as good as can be expected considering there has been no physician for three months. Entries are properly made. There is a medical secretary and no inmate has access to the records.

KITCHEN-DIETARY

Food is brought from the main kitchen in a cart to the hospital. The inmates on special trays are given the proper diet, but immediately go to the snack bar and eat what they please and shouldn't.

Because there is no kitchen for the hospital, the main kitchen and mess hall were inspected. Conditions were found to be deplorable. The kitchen was not clean, dishwashing conditions were totally unacceptable, refrigerators were unacceptable as to cleanliness and temperature, the stoves dirty and greasy. Even the floors are dirty and cracked.

Frankly, I do not think this unit, because of its age and condition, can be acceptably modernized, and I strongly recommend a new kitchen and food service building.

Inmates on diets are given a list and told what not to eat. The list and advice is ignored. (see Sanitarian's report on kitchens)

PHYSICAL PLANT NEEDS AND RECOMMENDATIONS

1. A new Kitchen-Food Service Building.
2. Hospital proper someday soon will have to be replaced. With good maintenance it is acceptable for a few more years.
3. Physiotherapy needs a diathermy machine.
4. Another ambulance is going to be needed.

PERSONNEL NEEDS

1. A physician immediately.  
In my estimation a second physician, at least half-time, is necessary. The sick load here is much heavier than at other institutions.
2. A part-time or consulting psychiatrist.
3. Another psychologist.
4. There are seemingly enough medical technicians. I believe it would be helpful to have two registered nurses utilized and replacing medical technicians when openings occur.
5.
  - a. Laboratory technician
  - b. X-ray technician
  - c. Part-time pharmacist
  - d. Encourage medical secretary to obtain A.R.T. degree in Medical Records.
  - e. If part-time psychiatrist and full-time psychologist obtained, then another medical secretary is to be hired.

Much depends on personnel recommendations in the general overall recommendation for the entire system. If my recommendation for no major surgery, except in R.M.C. is accepted, then the personnel needs are enough. If, instead, this is

to be a hospital with major cases handled, then a surgeon and a nurse anaesthetist are essential with around-the-clock registered nurses. There should be a Recovery Room and an Intensive Care room or unit. I do not think they are justified.

During my visit I visited with the following:

Mr. Clark Moody, Assistant Superintendent

Mr. C. R. Hamm, Personnel

Mr. H. W. Schultz, M.T.

Mr. H. B. Perry, M.T.

Mr. R. S. Reaves, C.M.T.

Mr. Reaves deserves special praise for carrying on such an efficient program in the absence of physician coverage.

AVON PARK CORRECTIONAL INSTITUTION - Avon Park, Florida

Avon Park Correctional Institution is one of the two entirely minimum security institutions operated by the Division of Corrections. Located approximately ten miles east of the City of Avon Park, this facility houses more than 700 offenders. The average age of the inmate population is 38 years. This is higher than found at the other institutions. For the most part, it seemed these offenders are winding up their sentences and do not spend too much time here. The turnover averages around 12 men per week. The ratio of black to white inmates was around 51 - 49.

The dental program relates administratively to the prison table of organization on an equal level with other departments. The institutional annual operating budget for FY 73 was \$1,870,182. The dental program was without a dentist for eight months and very little money was expended during that year. It is anticipated that during FY 74, \$35,204 will be used for dental purposes. This is approximately 1.8 percent of the total annual operating budget.

The institution was formerly a U.S. Air Force Base and the buildings are typical in appearance and of World War II vintage. The dental clinic is located in a medical dispensary building and consists of two dental operatories and one combination laboratory, dark room and business office. The hallway is utilized as a waiting area and shared with the medical offices across the hall. The operatories were around 8'-0" x 11'-3" with the dark room, lab and business office occupying a space around 9'-3" x 11'-3". The rooms were well painted with windows that offered exterior views and outside natural light. For details, please refer to floor plan in the appendix. Air conditioning was operating and quite acceptable. It appeared that the dental suite was a recent addition to the what existed of the original medical dispensary.

The dental equipment in one operatory was classified as modern and included a Weber unit, chair, exam light, low speed dental engine, evacuator, and cavitron. There was a Midwest hi-speed mounted on the unit, a Weber wall mounted x-ray and an American instrument cabinet.

The second operatory had older equipment which for the most should be replaced. It included a Weber unit, Weber pump chair, Castle exam light, Weber low speed engine, Weber wall mounted x-ray, an American instrument cabinet and a Pelton Crane autoclave.

There appeared to be an adequate amount of dental supplies on hand and no apparent problem in the ordering system. No narcotics are kept on hand and needles used for local anesthetics are broken prior to discarding.

The dental staff consists of two budgeted positions for a Dentist I and a dental intern. The Dentist I position is filled (Dr. Dunleavy) and recruitment activity is in progress to fill the dental intern position. There are two dental assistant trainee inmates.

Dr. Dunleavy is unlicensed in the State of Florida and thus receives periodic visitations by licensed dentists of the State Institutional Dental Services as required by the Florida Board of Dentistry.

The turnover of personnel at this installation has been great and steps are indicated to overcome this disadvantage. Steps are needed to overcome the breakdown in the continuity of the program as well as the program operating at peak efficiency 12 months of each year.

The dental needs of the inmates are many and the present program appears to be merely scratching the surface. The clinic is operating under a severe disadvantage without the services of a second dentist. Since the inmates are older and about ready for release, they are quite anxious to obtain treatment before they leave. Their demand for treatment is far more acute than what was observed or noted at some of the other institutions.

Here as at many of the other correctional institutions, the inmates are advised if they desire treatment they must request same in writing. The patients who make such a request are then placed on a waiting list and then scheduled at the earliest opportunity. Dr. Dunleavy seems to make every effort to insure that patients are selected for treatment in a fair manner. The policy of first come, first served prevails with treatment priority going from greater to lesser emphasis in the following areas respectively: surgery, prosthetics, periodontics, operative, and preventive dentistry. Dental laboratory work is sent to the dental lab at the Union Correctional Institution.

Dr. Dunleavy is relatively new to the institution but it would appear he is seeing on an average around 15 patients per day. This figure projected would suggest that 75 are seen per week, 300 per month and around 3600 per year.

#### RECOMMENDATIONS FOR IMPROVEMENT

1. DENTAL CLINIC SPACE - there is a need for a larger lab, a record office and private office for the dentists.
2. DENTAL EQUIPMENT - replacement of old equipment in second operator. It was noted that funds have been set aside in the budget for this purpose.
3. DENTAL PERSONNEL - Dentist I position should be reclassified to a Dentist II. Dental intern position should be reclassified to a Dentist I position. Employment of two salaried individuals to work as dental assistants as opposed to using inmate trainees.
4. MANUAL OF OPERATION - should be developed and available for review by all personnel.

AUGUST 27, 1973

On the above date a general sanitation inspection was made of the following facility:

Avon Park Correctional Institution  
Post Office Box 1177  
Avon Park, Florida 33825

This institution is located within the confines of a military reservation (Air Force) in Polk County. The buildings in use were built during World War II and consist of several barracks, latrines, a mess hall and medical facility and office buildings. This is a minimum security facility with a normal maximum capacity of 720 inmates. The total number of inmates on this date was 693.

#### HOUSING:

The inmates are housed in barracks constructed from wood. The majority of the barracks are approximately 20' X 100' and the one we inspected thoroughly housed 42 men allowing approximately 47 square feet per man. The barracks have a finished ceiling but the walls are not finished inside. They are heated with gas space heater and cooled with attic fans. The screening was adequate on the windows and doors. The general maintenance and cleanliness appeared satisfactory.

This correctional facility has no special confinement or punishment type areas.

#### BATHROOMS:

Each latrine serves two barracks, or approximately 84 men, and is located adjacent to or between the two buildings it serves. Each has:

4 toilets with regulation open front seats  
3 urinals  
6 lavatories  
4 shower heads  
Hot water was 125° F. at time of inspection

The latrines were generally in good repair and clean. Inadequate lighting was noted in one of the latrines.

#### PREMISES:

The premises were well kept and clean. The water table was high in the area and pools of water were standing from a rain the day before.

Fifty-five (55) gallon drums are used as trash containers but none had covers.

The containers serving the food areas should have covers to reduce insect attraction.

WATER SUPPLY:

The water supply is a combination effort with the Air Force and correctional facility both being served by four wells. Supply is chlorinated.

SEWAGE:

This is also a joint venture. At present the waste water is centrally collected and pumped into two polishing ponds with two chlorinating stations. The effluent goes into a nearby swampy area. The construction of a new sewage treatment facility has begun.

GARBAGE AND TRASH:

Also a joint venture. Two sites are being utilized. Most of the burnable material goes to one where it is openly burned and the garbage and non-burnable goes to another site and buried.

FOOD SERVICE:

Food is being prepared in a facility that was built during World War II. Approximately 700 meals are served 3 times per day. This facility is in a poor state of repair with many discrepancies noted such as:

1. Inadequate lighting throughout.
2. Floors and walls in poor state of repair which makes it nearly impossible to do an adequate job of cleaning and prevents the building from being insect and/or rodent proof.
3. Hood over cooking equipment improperly designed and inadequate.
4. Ventilation throughout establishment poor.
5. Most of the equipment is in a poor state of repair such as walk-in coolers and meat cutting blocks.
6. Thermometers in poor state of repair in walk-in cooler.
7. Hose bibb faucets used at sinks. Some had hoses attached and stuck in drains. This constitutes a cross connection between the water and sewerage system thus creating a hazard to the drinking water.
8. Screen not tight fitting in bakery.

Some areas and pieces of equipment were not clean at time of inspection.

1. Garbage area could use some cleaning. As stated before, the garbage containers should have lids.
2. Bakery equipment needed a thorough cleaning.
3. Meat cutting equipment needed cleaning.
4. Grease containers and catch areas on stoves should be cleaned more often.

Several items were noted during inspection as not being good public health practices; such as,

1. Cleaned silverware was being picked up by each man out of a box. The silverware should be separated as to different types and be placed in containers with handles up.
2. Ice was on serving line in a beat-up 5-gallon lard can.
3. Food was being stored in ice machines; also, ice scoop needs to be protected while not in use.
4. Produce was being stored on floor.
5. Some staple goods were stored on floor in storeroom.
6. One of the bakers was smoking at the time of inspection.
7. Prepared food in containers was not covered in walk-in coolers.
8. Excessive number of flies in food preparation areas during inspection.

The general sanitation of this facility was acceptable during the inspection except the food preparation area. This facility is completely antiquated and does not comply with the requirements of Chapter 10D-13, Florida Administrative Code.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

CROSS CITY CORRECTIONAL INSTITUTION

CROSS CITY, FLORIDA

PREAMBLE

This institution, at the present time, is about one-third completed. At present there are 102 inmates, the great majority of whom are physically classified as #1 (physically fit). The ultimate population is to be 300.

The area is a former radar base.

The planning for the medical-dental facilities shows no prior planning or thought, and is criticized. With a minimum of effort and proper planning, considerable expense could have been saved; instead, facilities at best are going to be makeshift and inadequate.

It is hard to decently evaluate the facilities because, for the most part at present, there are only bare rooms.

MEDICAL FACILITIES

There is space allocated for six holding beds. Beds are present but other equipment has not arrived.

PHARMACY

The space allocated is sufficient for day-to-day usage of drugs, but not enough for bulk storage. Drugs presently packed in cartons; no shelving yet in the pharmacy. The pharmacy room must have hot and cold running water.

There is no provision for it.

X-RAY

There is a portable x-ray ordered. There is no space or provision for darkroom facilities, whatsoever. Where films are to be developed is questionable. Cross City has no hospital.

MEDICAL RECORDS

These are still stored for the most part in boxes, waiting for shelving and other equipment. What records that have been used are in excellent condition, with each new patient seen having a complete history and physical examination.

DENTAL FACILITIES

There are none and, as far as known, no provision has been made for them. This is uncalled for. With a contemplated population of 300, there must be dental facilities. At present, for acute dental problems, the patients are carted to Lake Butler (Reception Center) and back (160 miles). For minor dentistry and prophylaxis, there is nothing.

It would not appear that in the present medical area there is satisfactory space for dental facilities.

PERSONNEL

Under present conditions there appears adequate coverage. There is a capable chief medical technician, a registered nurse, and another technician. They handle the average sick call of ten inmates per day. In that the hospital (infirmary) is not yet open, minor cases are confined to the dormitories at present. There were two such on the day of my visit.

Medical care is furnished by two physicians assigned to Cross City by the Government. They are conscientious objectors. They see any patients, visit the institution regularly, and are doing an acceptable job. It is very questionable, however, if they will stay once their sentence has expired. This is true likewise, I understand, of a local dentist. Any projections for future coverage is dependent on them and should be watched carefully.

RECOMMENDATIONS AND COMMENTS

1. Immediately get a knowledgeable person to review the medical-dental facilities plans, incorporating the necessary items into the plans.

It must be expedited.

2. There must be dental facilities provided for.
3. Try and ascertain future plans of present professional personnel.

Individuals interviewed were Superintendent Milo Seigler and Chief Medical Technician William E. Phillips.

CROSS CITY CORRECTIONAL INSTITUTION, Cross City, Florida

The Cross City Correctional Institution is in the progress of being developed and received its beginning April 6, 1973. This is a former Air Force Base now being converted for correctional use. The inmate population now numbers 106 with a black to white ratio of 51.5 - 48.5 percent respectively. The inmate age range is 22-47 with an average age of 28 years. It is anticipated that the maximum will be 300 inmates and perhaps around April 1974.

There was no available information regarding the institution's annual operating budget and especially money for dental purposes.

At present, there is no dental program available at the institution. An inmate who develops a dental emergency would be sent to the local civilian dentist. If this cannot be arranged, then arrangements would have to be made to get him to the nearest correctional institution (Reception and Medical Center).

RECOMMENDATIONS FOR IMPROVEMENT

1. DENTAL CLINIC SPACE - the need for a dental clinic is fast approaching. Plans should include adequate space to accommodate the present and future needs to provide this service.
2. DENTAL EQUIPMENT AND SUPPLIES - new equipment and supplies should be purchased to accommodate at least one dental operator at this time.
3. DENTAL PERSONNEL - establish position for a Dentist I. Establish position for a Dental Assistant I.
4. MANUAL OF OPERATION - should be developed and available for review by all personnel.

SEPTEMBER 6, 1973

On the above date a general sanitation inspection was made of the following facility:

Cross City Correctional Institution  
Post Office Box 1500  
Cross City, Florida 32628

Milo Seigler, Superintendent

This correctional institution is in the process of being converted from a military facility. The majority of the buildings are concrete block type construction and were built during the last few years.

SECURITY:

Minimum at present. Will be close custody as soon as conversion is complete.

CAPACITY:

Projected capacity - 300 inmates  
Today - 104 inmates

HOUSING:

The dormitories are converted military units built with concrete block type construction. The living quarters are separated into individual rooms which are 10' X 13'. Each room contains three (3) bunks which allow approximately 43 square feet of sleeping space per man. Each floor has a capacity of 60 men with a bathroom located at each end of the building. Each bathroom contains:

2 urinals  
3 toilets  
3 lavatories  
2 shower heads

Each floor also has a recreation room. The buildings are centrally heated.

MEDICAL FACILITY:

This facility is in the process of being set up. Presently one room contains six hospital beds and is 19.5' X 19.5' which allows 64 square feet per patient.

Cross City Correctional Institution Inspection  
September 6, 1973  
Page 2

FOOD SERVICE:

The kitchen is in the process of being remodeled with new equipment being installed. Some few discrepancies were noted excluding equipment which has not been installed.

- (1) All food should be stored off the floor.
- (2) Prepared food should be covered in coolers.
- (3) Enamelware should not be used for preparation or serving of food.
- (4) A hand washing sink should be installed in the food preparation area.
- (5) Eating utensils and trays should be sanitized during cleaning process until the dishmachine is installed (wash, rinse, sanitize).
- (6) Thermometers are needed in each cooler and freezer.

WATER SUPPLY:

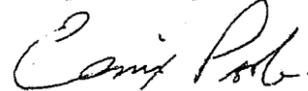
The facility has its own well with a water treatment plant. After the water is treated it is stored in a 120,000 gallon storage tank.

SEWAGE DISPOSAL:

The whole facility is on a septic tank system with subsurface drainfield.

Garbage and trash disposal: hauled to county landfill.

Respectfully submitted,

  
Eanix Poole, R. S.  
Sanitation Consultant

DE SOTA CORRECTIONAL INSTITUTION  
ARCADIA, FLORIDA

PREAMBLE

This is a close custody institution of roughly 600 inmates. It is a young group averaging 22 years of age. They are of all physical classifications. The medical facility is staffed by a physician, two R.N.'s, a Chief Medical Technician and three other Medical Technicians. There is a full-time dentist and a full-time psychologist.

PHYSICAL PLANT

The medical facility is moving and undergoing renovation. At present there is a holding bed area for 35 patients. The average occupancy is two. When all offices are moved, the area will be much more functional. With a young athletic group like this, physiotherapy is important to help treat the many traumatic cases. Greatest need at present is a small Whirlpool bath for arm and leg injuries.

There is no detention room in the infirmary for acute psychotics. It is noted that personnel stated they could get no help whatsoever from the nearby G. Pierce Wood State Hospital.

It is hoped that the construction of detention cells can be expedited for this prison. The psychotic detention room should not be included in this unit.

PERSONNEL NEEDS

Like most medical facilities in prisons, this facility suffers from lack of qualified personnel.

1. A full-time psychiatrist.

2. Three additional psychologists.
3. Three or four additional M.T.A.'s. There is no coverage now from midnight to 7 A.M.
4. A laboratory technologist.
5. At least a part-time pharmacist.
6. Additional counseling help.
7. Additional secretarial-typist help.
8. More nurses (2). They cannot be added without added custodial personnel to protect them.
9. There is no physician or nurse coverage on weekends, only M.T.A.'s.

PHARMACY

There is very tight control of narcotics here, to the extent that none are on the premises. Most all tranquilizers have been discontinued, with apparently no adverse results. Different from other institutions, the drugs for patient use here are given to the patient for his use from three days to one week. They are the inmate's responsibility. He is supposed to take them as prescribed. In checking with the physician and Chief Medical Technician, they claim there has been no noticeable abuse of the experiment. There has been no known hoarding of drugs by the patients, and very few instances of an inmate having his drugs stolen or taken from him by another inmate. The above makes for an interesting study. It should be watched very carefully. I cannot at this time advocate it for other institutions.

CLINICAL LABORATORY

For all practical purposes, there is no clinical laboratory here. Screening tests only are done. Any work of consequence is sent out. In our opinion

this is a big enough installation to have its own laboratory and technologist.

#### X-RAY

There are no x-ray facilities. Patients needing x-rays are sent to De Sota Memorial Hospital (12 miles).

It is strongly felt at least a portable x-ray and developer equipment is essential to this institution.

#### MEDICAL RECORDS

The specific hospital (infirmary) records were not in existence at the time of our survey. The new prison physician assured us they would be started immediately. As in other institutions, there is a lack of uniformity in compiling of records.

It was the privilege of the survey team to visit with and later brief Superintendent Mr. R. Brown. We were accompanied on our survey by Dr. J. Fuentes and Mr. J. Spears, Chief Medical Technician. Mrs. Parrish, Chief Nurse, was present also.

Mr. Porter of Dr. Alderete's staff helped with the survey.

UNITED STATES GOVERNMENT

## Memorandum

TO : Dr. Babcock  
5742 N.E. 15th Avenue  
Fort Lauderdale, Florida 33308.

DATE: November 7, 1973

FROM : Joseph F. Alderete, M.D.  
Chief Medical Officer  
U.S. Penitentiary Hospital, Atlanta, Georgia

SUBJECT: INSPECTION REPORT ON DESOTO CORRECTIONAL INSTITUTION, ARCADIA, FLORIDA

SUPT. MR. R. L. BROWN

#### I General

This facility has an average population of 600. Its ideal capacity is 510. The average age is 21.7. It houses all types of custody varying from minimum to maximum type custody. There is a general personnel shortage throughout the institution, and there is an excellent reason for this, and that is due to the fact that the State Hospital is less than 13 miles away, and the State Hospital pays higher salaries. There is very limited housing on the reservation and this is another contributory factor towards the personnel shortage. For example, I was advised by the Superintendent that he had interviewed two prospective employees, one for the medical staff and one for the institutional staff (Food Service), and the lack of housing in this small community or on the reservation was the deciding factor in their declining employment. Another factor in the personnel shortage of course is the lack of adequate salaries, and in addition to the inadequate salaries, there is a discrepancy in the starting



salary that can be offered an experienced person or an inexperienced person. What I am getting at here is that there are no provisions for starting out a man with many years of medical or custodial experience as contrasted as to what would be paid to an inexperienced person just starting out. That is the same starting salary is paid a 21 year old individual with no experience, as well as that of an older individual say 35 with 15 years experience.

## II Medical

The medical unit is headed by one full time physician who has recently been employed here for approximately one month. Prior to his employment they did not have anybody and I think that they are extremely lucky to have him. He lives on the reservation and is available promptly for emergencies.

The Chief MTA is Mr. Joe Spears. In addition to the Chief there are 3 MTAs. There are 2 Registered Nurses and for security reasons both of the Registered Nurses work only 8 to 4 Monday thru Friday. The MTAs provide coverage from 4 to 12 midnight. From midnight to 8 in the morning there is no professional medical coverage. There is an inmate orderly that sleeps on the medical ward and he has access to custodial officers by phone for any medical emergency that might come up to summon help.

The custodial staff checks the hospital periodically throughout the 12 to 8 in the morning shift.

The hospital is actually a medical holding unit that consists of 35 potential beds. Their average inpatient load is 2 patients.

There is no custodial officer assigned to the hospital to assist the medical staff with any custodial problems that might arise.

There is a part time psychologist who comes one day a week and the psychologist is not paid by the institution but is on a loan type basis and could be taken away at any time if the need should arise elsewhere for the psychologist's service which in this case is the county. There is no psychiatrist. There is no pharmacist, and there is no need for a full time pharmacist as such due to the small size of this medical facility. Mr. Lee the pharmacist from the Reception and Medical Center visits periodically and that is sufficient provided that they could make arrangements for a local part time pharmacist consultant. The Chief MTA acts as the Hospital Administrator. There is a Medical Secretary for typing out reports and keeping track of records. There is no Medical Records Librarian again due to the smallness of this facility there is no need for such. The Medical Records Librarian from the Reception and Medical Center should come down regularly and check the medical records and assist this medical facility in keeping their records up to standard.

Acute cases are sent to the DeSoto Memorial Hospital which is located 12 - 14 miles from the institution. DeSoto Memorial Hospital also does the laboratory work for the institution and their X-rays. For some reason or other the State Hospital which is a State Agency, could provide X-rays and laboratory work for this institution at no cost to the State, but they refuse to do so. The State Hospital could even provide hospitalization for acute cases. This is something that the State Prison Director should investigate and implement. Hospitalization can also be provided at Fort Myer if DeSoto Memorial isn't able to provide hospitalization.

The Chief Nurse resides in Arcadia and the other nurse resides 38 miles away.

Medications are prescribed a week at a time. An inmate takes them out to the compound. They are labeled with the name, directions, and are given in this manner because the medical staff states they do not have enough help for dispensing pills. When asked if there have been any adverse effects following this procedure they stated there has been an occasional overdose.

This is not an acceptable medical practice and is fraught with medical legal danger. The only items that should be given in bulk like this are over the counter items such as aspirin. Any item that requires prescription should be dispensed one pill or capsule at a time.

Sick call is held once a day. There are on the average about 40 outpatients a day seen on sick call. The outpatients are screened by the nurses and MTAs and the physician actually sees approximately 15 to 25 patients referred by the MTAs or nurses a day.

Medical buildings are in the process of being rennovated and what is presently housing the outpatient portions of the medical unit will become a dental clinic and the medical unit will move into larger quarters in the next few days.

There are no facilities for X-rays, not even a portable unit. All X-rays that are needed are referred to DeSoto Memorial Hospital.

They have only the most minimal laboratory facilities and are able to do CBC and urinalysis locally and by unitest methods can do other laboratory tests. There are no facilities for bacteriological cultures and when there is need for such they are done in town by DeSoto Memorial Hospital laboratory. An inmate does the laboratory work. There is no laboratory technician at present.

This medical unit also provides medical coverage for a road camp that is located approximately 15 miles away.

As stated previously, weekend coverage is only provided by the MTAs. There are no registered nurses available and the physician resides on the reservation and is available for emergencies.

The one psychologist that I mentioned in Section 1 that was available one day a week I am advised by the medical staff that <sup>he</sup> serves only Classification and has no tie in with the medical unit itself as such. However, the psychologist does see patients referred by the medical staff.

There is no psychiatric holding cell as such on the medical unit and if a patient becomes violent or decompensates into a psychotic state the only facilities for holding him at present would be an improvised room on the medical unit, until the patient could be taken to the Reception Center. Again with the State Hospital being so close by it would appear that they could help them in this regard. A method that some of the other institutions use for holding psychiatric patients are segregation cells but the segregation cells at this facility are not completed as yet.

There is one unfilled MTA vacancy and the overall allowance is for 5. There are no prospects of filling this unfilled MTA vacancy at present. There is one unfilled slot for a registered nurse.

Mr. Spears, the Chief MTA, keeps the drug records.

Other alternate means of hospitalization are Tampa hospitals which are 80 miles away and they can take minimum custody patients. They have 40 beds at Edwards Hospital reserved for corrections. Sarasota is 45 miles away.

Whirlpool and sitz baths were in the process of being installed.

With the amount of transferring of medical patients around to community hospitals for acute cases, there appears to exist a need for an ambulance at this facility.

### III Conclusions and Recommendations

In general this small medical facility with its small medical staff adequately serves this facility to the limited extent that it can with the handicap of lack of numerical staffing and lack of laboratory and X-ray facilities.

#### Specific Recommendations

(1) A full time psychiatrist. With this size of an inmate population, there is sufficient pathology to warrant the employment of a full time psychiatrist. A full time psychiatrist could also supplement the full time physician since a psychiatrist is also a physician, in providing coverage when the other physician is away and rotating night call.

(2) A full time psychologist is needed. There is sufficient pathology present to warrant the employment of a full time psychologist and the psychologist would support the psychiatrist and supplement him.

(3) More Aggressive Recruitment

There are long standing medical vacancies which have not been filled. Recruitment presently is limited to advertisement in newspapers. What needs to be done is to have medical recruitment teams to visit potential sources for medical staff with authority to sign them on the spot. These recruitment teams should visit college campuses, medical school campuses, Army, Navy, Air Force discharge centers. (They could pick up hospital corpsmen leaving the service).

(4) Standardization of Medical Records

The medical records here while satisfactory need to be standardized so that they are the same throughout the State Prison Medical System. The Medical Records Librarian for the Reception Center should make periodic visits to the facility to review the medical records and insure continued standardization.

(5) Psychiatric Holding Unit

There exists the need for at least one and preferably 2 psychiatric facility holding units where a violent psychotic patient could be housed until transferred to the Psychiatric Unit at the Reception Center in Lake Butler, Florida.

The minimum requirements should consist of: (a) A room in the Medical Unit with a security door, with a toilet, a sink, and a security

bed (bed attached securely to the floor with a solid spring so that patient couldn't tear the springs out and swallow them or break the bed up to use as a weapon. In addition the bed should have slats to enable restraints to be employed to restrain a violent patient if necessary. A tear proof, fire proof mattress should also be available. Sufficient medical staff should be available to provide 24 hour coverage when the occasion arises to house a suicidal or violent patient in such a unit. At present if a psychiatric emergency develops (suicidal or violent psychotic patient) the only facilities available are to house the patient on the present medical unit or the segregation unit depending on the individual situation. *(note - Segregation become available)*

(6) Custodial Coverage of the Hospital

At the present time there is no custodial staff assigned to the hospital. Ideally there should be custodial staff assigned to the hospital around the clock to handle any custodial problems that might arise. As it is at present if any custodial problems arise in the medical unit the medical staff has to handle them and if emergent, summon help. This leaves the female nurses in a very vulnerable position as well as the female medical secretary. The standard practice in every prison facility that I have worked with there is custodial staff supervision provided to the hospital by assignment of at least one custodial officer to each of the 3 shifts.

(7) More MTAs

Presently there exists 1 chief MTA plus 3 MTAs and there is vacancy for 1 which would be a total of 1 Chief MTA and 4 MTAs. With this amount of MTA coverage, around the clock coverage cannot be provided and for weekend coverage, which is a period when there is a lot of trauma due to the prisoners being out in the compound exercising, the coverage is strained to the limit. To adequately provide around the clock coverage as well as weekend coverage, it is my recommendation that there be a minimum of 8 MTAs plus a Chief, or ideally 9. The present lack of coverage from midnight to 8 in the morning is going to create at some time in the future some medical legal problems. It is not a satisfactory arrangement, nor medically desirable.

(8) Ambulance Calls

As stated previously with the amount of patient transfers to the community hospitals as well as to the Reception Center, there appears to exist the need for an ambulance for this facility.

(9) Coordination with the State Hospitals to provide Supplementary Medical Coverage and Psychiatric Coverage

The prison director should undertake to explore the reason or reasons why the State Hospital which is barely 13 miles away from this facility cannot provide supplementary medical coverage, psychiatric

coverage, and do laboratory work and X-rays for this facility. This would be a big savings to the institution and since they are both paid by State funds I fail to see why this cannot be provided.

(10) Provide Facilities for Laboratory and X-ray

It would appear that with a medical unit of this small size there is sufficient work that would warrant the enlargement of barium enema laboratory procedures that are currently available, and purchasing of at least a portable X-ray unit.

*Joseph F. Alderete, M.D.*  
Joseph F. Alderete, M.D.  
Hospital Director  
U. S. Penitentiary Hospital  
Atlanta, Georgia 30315

DESOTO CORRECTIONAL INSTITUTION, Arcadia, Florida

The DeSoto Correctional Institution was designated as such on March 3, 1970. This facility was formerly an army installation and after World War II, the buildings and facilities were obtained from the Federal Government by the State of Florida.

The institution carries a minimum to medium security classification. It has an inmate population of 600 with a ratio of black to white at 250 - 350. The average age of the inmates is around 21 years.

Administratively, the dental department is on an equal level with other institutional departments.

The dental clinic occupies about 455 square feet and includes one dental operatory, a diagnosis or x-ray room, a laboratory, darkroom, business office, storage rooms and a hallway. For details, please refer to floor plan in appendix.

The general appearance suggested that moving to new quarters would be wise. The building was old and not too desirable. Plans under consideration envisioned the dental clinic being moved into a newer building close by. It was anticipated that the building could be renovated to accommodate the needs for a dental clinic. As it was explained, the plans seemed acceptable.

Present dental equipment includes: one Weber unit, one Weber chair, two Castle exam lights, one Weber high and low speed, one Weber wall mounted x-ray, two American instrument cabinets, one air compressor, one cavitron, one autoclave and one sterilizer.

Every effort should be made to replace the older equipment with new. New equipment should be purchased and a second dental operatory established.

The dental staff includes a Dentist I (Dr. Zelenka), one dental assistant trainee inmate and a clerk-typist inmate. The dental personnel work a five-day, forty-hour week and are on call the balance of the time in the event of an emergency.

In regard to dental treatment, it was estimated that around 11 patients are seen per day. This rate would account for 55 patients being seen per week, 229 per month and 2750 per year. With the exception of orthodontics, most dental procedures were available to the inmates. Dental laboratory work is referred to the dental laboratory at the Union Correctional Institution. If a patient wants treatment, they are instructed to request it in writing. The patients who make such a request are then placed on a waiting list and scheduled at the earliest opportunity. Emergency conditions receive immediate attention.

RECOMMENDATIONS FOR IMPROVEMENT

1. DENTAL CLINIC SPACE - new and more space is needed. It is reported that such action is already under consideration.

2. DENTAL EQUIPMENT - replacement of old equipment is indicated. New equipment is indicated for a second dental operatory.
3. DENTAL PERSONNEL - employment of a salaried dental assistant and a clerk-typist is indicated as opposed to using inmate trainees.
4. MANUAL OF OPERATIONS - should be developed and available for review by all personnel.

October 16, 1973

On the above date a general sanitation inspection was made of the following facility:

DeSoto Correctional Facility  
P. O. Box 1072  
Arcadia, Florida 33821

Rankin L. Brown, Superintendent

SECURITY:

Close custody.

CAPACITY:

|              |             |
|--------------|-------------|
| Crisis quota | 600 Inmates |
| Today        | 590 Inmates |

HOUSING:

This facility was converted from a previous state institution housing women. Dormitory E and Dormitory B was closely inspected. Dormitory E contained 95 men. It was 24' x 348'.

Bathroom facilities are located throughout the building. Each 10 men have two shower heads; two toilets and two lavatories available for their use. The dormitories are clean and well-maintained.

SEGREGATION FACILITIES:

Under construction.

DeSoto Correctional Facility  
October 16, 1973  
Page 2

FOOD SERVICE:

Several discrepancies were noted such as:

- (1) Some floor drains need covers.
- (2) Storeroom needs ventilation.
- (3) Evidence of rats in storeroom.
- (4) Thermometers needed in coolers.
- (5) Prepared food should be kept covered while stored in cooler.
- (6) Hand towels needed in inmates' bathroom which also needed cleaning.
- (7) Sneeze guards needed on serving line.
- (8) Filters over stove need cleaning.
- (9) Garbage wash spigot needs hose bib vacuum breaker.

WATER SUPPLY:

Water is supplied by wells and given complete treatment, including chlorination.

SEWAGE DISPOSAL:

A new extended aeration plant has been completed with 55,000 gals./day capacity.

GARBAGE:

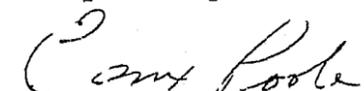
Collected on a regular basis and fed to hogs.

TRASH:

Disposed of on premises.

This facility was clean and well-maintained.

Respectfully submitted,

  
Eanix Poole, R.S.  
Sanitation Consultant

EP:mws

FLORIDA CORRECTIONAL INSTITUTION  
LOWELL, FLORIDA

PREAMBLE

Florida Correctional Institution is a dual-unit facility housing approximately 370 women and 250 men. The units are about two miles apart. The Womens Unit, in that it is the only major prison for women, functions as a reception center and prison. The reception center is a separate building where the new inmates undergo classification and orientation. They are given all necessary tests, immunizations and a physical examination before being assigned to quarters. The average age of the inmates is about 27 years. During the year 30 pregnancies were delivered at a local hospital. The prison hospital (infirmary) had 364 female admissions.

PHYSICAL PLANT (Female)

The physical plant, with a few changes, appears adequate for the present population. The hospital should be changed to infirmary status. No major operations are performed. There is 24-hour coverage. Average hospital census - 8. The pharmacy at present is being relocated and this should help eliminate both traffic and confusion. Maintenance in the entire medical facility appeared quite good except for inadequate oxygen storage.

PERSONNEL

Personnel are doing a commendable job but are stretched very thin. There is a full-time physician shared with the Mens Unit. He stated he was leaving in a week for a better paying job, with better hours, in the emergency room of a local hospital.

There is a Chief Nurse acting in the capacity of nurse, administrator, purchasing agent and pharmacist. There are three R.N.'s, four L.P.N.'s, one psychologist, one laboratory technologist, one dentist, one clerk typist and assigned Correctional personnel.

There is a psychiatrist who visits one-half day a month. We were told this was to be changed to once every two weeks on November 1, 1973.

PERSONNEL NEEDS

There is no question but what the greatest weakness at this institution is lack of adequate personnel.

1. A replacement must be found immediately for the departing physician.
2. These two units could and should absorb the services of a full-time psychiatrist.
3. An addition of at least two more psychologists in the female unit and one in the male unit is recommended.
4. Two to four additional nurses, with effort made to have at least one R.N. on duty on each shift.
5. A part-time physiotherapist.
6. Secretarial and typist help as the above professional people are hired.
7. The segregation unit should be inspected at least daily by a physician.
8. Very important is a pharmacist.

MENS UNIT

I cannot call the medical unit at this institution anything but disgraceful. Five years ago (1968) I inspected the area, criticized it, and was shown an architect's sketch of a new educational and medical facility. Five years later there still is nothing but a promise and some concrete blocks in the front yard.

UNITED STATES GOVERNMENT

# Memorandum

TO : Dr. Babcock

DATE: October 29, 1973

FROM : Joseph F. Alderete, M.D.  
Chief Medical Officer

SUBJECT: INSPECTION OF ALL CORRECTIONAL INSTITUTIONS AT OCALA, FLORIDA CONDUCTED  
ON THE 4TH OF OCTOBER 1973 WHICH INCLUDES:

A. The Woman's Unit.

B. The Men's Unit.

The Men's Unit Medical Service will be described first since it will be the easiest because it was non-existent for all practical purposes. The Men's Unit consists of approximately 250 men. Their medical service is provided by a make shift office arrangement which consists of 2 filing cabinets, an examining table, and a desk. The filing cabinet takes care of the medical records and the pharmacy is perched on top of the examining table and consists of a number of bottles of different pills sitting on top of the examining table. Inmates are brought into the office one at a time and examined there, handed a pill if indicated, a note made in their jacket, and then the next one is called in. It is my understanding from Dr. Babcock that this has been the practice for a number of years. There was evidence that a building program was in progress to update this completely inadequate medical facility, but at the time of inspection nothing concrete other than a foundation outside of the institution was evident.



5010-108

The present facility, an office examining room, is completely inadequate. It contains files, desk, chairs, examining table, and pills on top the filing cabinets make up the pharmacy for the most part. Why the five M.T.A.'s are willing to work under present conditions is a wonder. The physician from the Womens Unit services this area also. Any critically ill are sent either to the local hospital in Ocala or to RMC.

There is no need to order additional equipment; there is no available space. Anything that can be done to expedite the new construction should be done immediately.

All necessary laboratory work or x-rays are performed at the Womens Unit. Medical records are, of necessity, very skimpy and are not much better than medical chart logs.

There is considerable doubt in my mind as to whether this institution should be tied so closely, in many of its services and needs, to the Womens Unit. The present-day trend is to smaller units of about the same size as the Mens Unit. As an example of this, we have the new Lake Correctional Institution with a contemplated capacity of 225 inmates. It is to be an autonomous, independent facility. Why should the Mens Unit not be made self-sufficient?

On the survey of the two units we met with and later briefed Mrs. A. Mitchell, Superintendent, and her assistant, Mr. W. Booth. We also talked with Mrs. King, Director of Nurses, and Dr. U. R. Quiza. We were assisted in the survey by Mr. Edwin Porter, Assistant Superintendent of the Atlanta Federal Penitentiary.

The same physician that is at the woman's section comes over to see patients who need to see a physician.

A. Woman's Unit

1. General

The woman's medical section has a population of approximately 360 women whose average age is 25 to 28. Average daily inpatient census was 8 with an average of 364 admissions during the fiscal year of 1973. There is an average of 30 pregnancies through the year and all deliveries are done in the local community hospitals.

The hospital maintains 24 hour coverage and has a staff consisting of: (1) One full time physician who also covers the men's section on a part time basis. He plans to leave this facility and take another job at the end of October but might be available for some part time work. There is no replacement in sight at this time. (2) There is one Chief Nurse who also handles administration and purchasing and she has under her 3 R.N.'s and 4 L.P.N.'s and 5 M.T.A.'s who are males and staff the male unit. (3) They have one medical technologist, (4) one psychologist, (5) one dentist, (6) one Food Service Administrator, (7) one Correctional Officer, and (8) one clerk typist.

Consultant service is limited to escorting patients to civilian medical facilities either in Gainesville, Florida or Ocala, Florida.

There is one psychiatrist that comes to the institution 1/2 day a month. There is one vacancy for a full time pharmacist. Inmates do not handle records or make official entries in the records and are used mostly for cleaning and sanitation.

New admissions to the women's unit receive on routine basis the following: VDRL, WBC, PABS smear, Tuberculin Test, GC smear, stool examination, Urinalysis, and a sickle cell test if they are colored. Tetanus, Typhoid and influenza vaccinations are given to all new admissions.

Routine chest X-rays are given by a State Mobile Unit but they were advised that this unit is no longer available and at the present time only those giving URI or positive TB tests receive actual X-rays.

Sick call is held 3 times a day in the morning before work, during noon hour, and at the end of the day's work. An average of 67 inmates are seen on sick call.

The Segregation Unit is visited every other day by an R.N. and when needed by a physician the patient is escorted to the hospital to be seen

The overall sanitation of the hospital was good. The physical plant is adequate and well maintained. The pharmacy was in the process of being relocated and rennovated which will make for a more efficient operation.

#### II. Deficiencies

1. Additional personnel are needed.
2. Oxygen storage was not adequate. It was a make shift arrangement.
3. Again there is lack of uniformity in the maintenance of medical records.

#### III. Specific Recommendations

1. The following additional personnel are recommended:

One full time psychiatrist. With the amount of females at this facility there is adequate pathology to keep one full time psychiatrist adequately employed. As a supplement 2 to 4 additional psychologists are needed. Two to four additional nurses are needed to provide sufficient around the clock coverage 7 days a week. There is a need for Medical Secretary and a need for one physiotherapist.

2. Physiotherapy equipment is needed.
3. The same recommendation that has been made in all of the Florida prison facilities is being made now, and that is that uniform standards be set up for the maintenance format and quality of medical records.
4. Radiology monitoring badges for all personnel working in and around the X-ray Department should be obtained and replaced periodically.
5. The Segregation Unit should be visited daily and not every other day. Medical rounds to Segregation should be every day 7 days a week.

*J. Alderete M.D.*

Joseph F. Alderete, M.D.  
Chief Medical Officer

Florida's only institution within the Division of Corrections for women is located in Marion County approximately 10 miles north of Ocala. This facility which was occupied in 1956, consists of two units, the female unit and the male unit. The female unit which houses around 385 inmates utilizes open bay type living structures with a custody range from close to minimum. The male unit which provides maintenance services for the entire facility houses approximately 275 offenders who are incarcerated under medium and minimum custody.

There is a dental clinic located at both the female unit and the male unit. One dentist provides services to both units.

The dental facilities at the men's unit consists of a dental operatory, a small darkroom-sterilizing area and a small lab. One is immediately impressed with the fact that the space is very cramped and confining with no apparent room to expand. The dental operatory has a bench height cabinet with sink that runs across the rear wall. There is no waiting room and the inmates must wait in the hallway for their dental appointments. For further details, please refer to floor plan in appendix.

The dental equipment consists of a Weber unit, a Weber pump chair, a Castle exam light, a Midwest hi-speed, a Weber wall mounted x-ray, an American instrument cabinet, a high speed evacuator and a Pelton Crane autoclave. Though some of this equipment was classified as old but satisfactory, it may be safely said that the program would benefit by replacing the equipment with new.

The dental clinic at the women's unit comprises about 480 square feet and includes two dental operatories, a waiting room, business office, lab and a dark room. The general appearance is good with exterior light available and air conditioning. For further details, please refer to the floor plan in appendix.

The dental equipment in operatory #1 included a Ritter unit, an SS White chair, a Castle exam light, a Ritter low speed, a Midwest hi-speed; a wall mounted Weber x-ray, an American dental cabinet, a Dri-Clave evacuator, a Cavitron. For the most part, this was classified as old but satisfactory. The dental equipment in operatory #2 included a Weber unit, a Weber chair, a Weber exam light, a Weber low and hi-speed, an American instrument cabinet, and a dental stool. This equipment was noted as modern. Laboratory equipment included a Wig-L-Bug, lab dental engine, a DeVelbus air compressor, a Pelton Crane autoclave, a dental lathe and a model trimmer. For further details, please refer to the floor plan in the appendix.

Dr. Joseph Carengelo, the dentist serving both the male and female unit, is classified as a Dentist I, however, he is unlicensed to practice dentistry in the State of Florida. Dr. Carengelo is supervised professionally as required by the Florida Board of Dentistry by periodic visits of a Florida licensed dentist associated with the Florida Institutional Dental Services. Dr. Carengelo works a five-day, forty-hour week and is on call the balance of the time in the event of an emergency. At the female unit, there are two female inmates who work as a dental assistant and a clerk respectively. At the male unit, an inmate works as a dental assistant. It should be noted that Dr. Carengelo works three and one half days at the women's unit and one and one half days at the men's unit each week.

The patients upon arrival at the institution receive a dental examination in which is noted the dental conditions found, the treatment indicated and the treatment rendered. If the patients want treatment, Dr. Carengelo insists that they request same in writing. The patients who request treatment are then placed on a waiting list and then scheduled at the earliest opportunity. Dr. Carengelo makes every effort to insure that patients are selected for treatment on a first come first serve basis.

The monthly report itemizing dental procedures indicates Dr. Carengelo was seeing on an average 13 patients per day or about 270 male and/or female patients per month. With the exception of orthodontics, most dental procedures were available to the inmates. Dental laboratory work is referred to the dental lab at the Union Correctional Institution for processing.

The women's treatment system is similar to that of the men. One major difference the men have, however, is that before being assigned to the Florida Correctional Institution, they are processed through the Lake Butler Reception and Medical Center. While there, some of their dental work may be taken care of. The women inmates do not go through Lake Butler but are sent only to the institution at Lowell. The first opportunity for treatment is after they arrive here.

When scheduling men for treatment, it was necessary to request at one time all that you intended to treat during the morning session. If this were not done, the men were placed on road work assignments and would not be available to report to the dentist. The women do not receive outside work assignments and they could be called on merely ten minutes notice before they were needed.

#### RECOMMENDATIONS FOR IMPROVEMENT

1. DENTAL CLINIC SPACE - there is need for more space at the men's unit. Plans are already formulated to bring this about.
2. DENTAL EQUIPMENT - old equipment at both the female and male units should be replaced with new.
3. DENTAL PERSONNEL - there is need to establish a Dentist I position. Employment of a salaried individual to work as a dental assistant at the male unit as opposed to using the inmate trainee.
4. MANUAL OF OPERATIONS - should be developed and available for review by all personnel.

October 18, 1973

On the above date a general sanitation inspection was made of the following facility:

Florida Correctional Institution  
Lowell, Florida 32663

Anabel Mitchell, Superintendent

SECURITY:

Close custody.

This institution is comprised of separate units for men and women.

WOMEN'S UNIT:

Capacity:

|        |             |
|--------|-------------|
| Normal | 425 Inmates |
| Today  | 380 Inmates |

HOUSING:

Keller Hall was given a close inspection. The South Wing is approximately 40' x 80' and contains 36 beds which gives each inmate 89 square feet of sleeping space. The North Wing was comprised of individual rooms 10' x 12'. Each room contains two beds which allows 60 square feet of sleeping space per inmate.

Bathroom Facilities consist of:

14 lavatories  
6 toilets  
3 shower heads

Bathroom facilities need better ventilation to control mildew.

Florida Correctional Institution  
October 18, 1973  
Page 2

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Meat cutting blocks need refinishing.
- (2) Utilize all three compartments of sink to wash eating utensils - wash, rinse, sanitize.
- (3) Cutting boards need replacing.
- (4) No sneeze guards were on serving line (on order).
- (5) Sugar should be dispensed in proper containers or in individual packages.
- (6) Need covered waste receptacle in ladies' restroom.
- (7) Intermittent Pyrethrin Dispensers should be located at least twelve feet away from food preparation or serving area.
- (8) Screens need repairing in kitchen and dining room.
- (9) Hose bib vacuum breaker needed in steam kettle area.

WATER SUPPLY:

Water is supplied by two wells for this unit. Water is treated with iodine.

SEWAGE DISPOSAL:

Sewage is treated by a 70,000 gal/day extended aeration plant. Effluent is disposed of by spray irrigation.

MEN'S UNIT:

Capacity:

|        |             |
|--------|-------------|
| Normal | 250 Inmates |
| Today  | 249 Inmates |

HOUSING:

This unit consists of four dormitories approximately 38' x 123'. Each dormitory contains 66 bunks which allows each man 40 square feet of sleeping space.

Bathroom facilities consist of:

- 7 toilets
- 12 lavatories
- 8 urinals
- 5 shower heads

Heat is supplied by steam heaters; ventilation and cooling supplied by fans.

SEGREGATION FACILITIES:

There are three cells located inside the main building.

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Sneeze guards needed on serving line.
- (2) The dish machine was in poor repair.
- (3) Hose bib vacuum breakers needed in several areas.
- (4) Cutting boards need replacing.
- (5) Thermometer needed in cooler.
- (6) Inmates' bathrooms need cleaning. Need hand towels.
- (7) Screens need repair in dining room and kitchen.
- (8) Walls and ceiling need cleaning and painting in several areas.

WATER SUPPLY:

Water is supplied by one well and pressure tank. Water is treated with iodine.

SEWAGE DISPOSAL:

Sewage is treated in a 20,000 gal/day extended aeration plant. Effluent is disposed of by spray irrigation.

Both sewage plants are well maintained and operated.

GARBAGE:

Collected by private collector.

TRASH:

Taken to the county's landfill.

This institution has their own Sanitarian, Clifford Eash. Mr. Eash is in the process of installing hose bib vacuum breakers in all areas needed. Mr. Eash also supervises water treatment and sewage treatment along with his many other duties.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

EP:mws

FLORIDA STATE PRISON  
RAIFORD, FLORIDA (STARKE)

PREAMBLE

This is the main maximum security prison for the Correctional System. Each cell is individual with its own lavatory and toilet (main unit). In the "O" unit there are two men to a cell, allowing a minimum of 25 square feet to each man. This is unacceptable.

There is a 20-bed infirmary averaging about eight-patient occupancy per day.

MEDICAL FACILITIES

Space requirements appear acceptable under the necessary tight controls. If additional personnel are added space requirements would not be sufficient. Equipment needs are in X-ray and Physiotherapy. The latter department needs a Sitz bath and a small Whirlpool for leg and arm treatments.

X-RAY

A portable x-ray machine is on order. Film developing equipment likewise is needed. It is expected that the Medical Technician in the Clinical Laboratory will also act as X-ray Technician.

CLINICAL LABORATORY

The laboratory is in charge of an M.T.A. Only routine urines and bloods are done when necessary. There is no laboratory work done on admission, it having been previously done at RMC.

MEDICAL RECORDS

There is no word for them other than abominable in the hospital psychiatric section. In this section there was not a single hospital chart that contained

vital signs or a patient history and physical. Many drug orders had no signature, no date of ordering, no testing for effects. They could be classified as nothing more than a drug log.

The medical-surgical hospital charts were uniformly good.

PERSONNEL NEEDS

The greatest need here is for two competent psychiatrists and three or four psychologists. There is a psychiatrist at present. If he shapes up then only one additional is needed. Of course, if the above are added then supportive personnel must be added in the form of secretaries and typist.

GENERALITIES

No major surgery is done here, but Dr. J. Acosta, the prison physician, is a surgeon. He performs necessary surgical procedures on his patients at RMC and follows them both there and on their return to Florida State. It is my opinion his talent could be better utilized by appointing him permanently to RMC and using a general practitioner here. It is a suggestion only.

It is realized this is a close security unit and maintenance is more of a problem than elsewhere, but my general impression was that general maintenance was not up to par in the facilities that I observed.

On our survey we interviewed the Superintendent and briefed him afterwards. We were accompanied on our survey by Dr. Gonzalez and Mr. T. Crawford, Chief M.T.A. We also interviewed and visited with Dr. J. Acosta (Surgeon) and Dr. P. Garcia (Psychiatrist).

UNITED STATES GOVERNMENT

# Memorandum

TO : Kenneth B. Babcock, M.D.  
5742 N.E. 15th Avenue  
Fort Lauderdale, Florida 33308

FROM : Joseph F. Alderete, M.D.  
Chief Medical Officer  
U.S. Penitentiary Hospital, Atlanta, Ga. 30315

SUBJECT: MEDICAL INSPECTION REPORT OF FLORIDA STATE PRISON AT STARKE, FLORIDA

DATE: October 29, 1973

## I General

The East Unit houses approximately 1,212 patients which consist of 990 maximum security and 212 medium and minimal security. There are 4 single cells and all the N.P. patients are on one ward. There is one psychiatrist, a Dr. Garcia. Average patient load is 8. They are staffed by 10 MIA's and 24 hour coverage is provided. Dr. Costa is the surgeon and Dr. Garcia is the psychiatrist. They do not employ narcotics, only do minor surgery. There is no laboratory technician and laboratory work is confined to CBC and Urinalysis. Records are not standardized.

## II Deficiencies and Recommendations:

The most outstanding deficiency was in the poor quality of the medical records, especially those by Dr. Garcia, the psychiatrist. He was advised as to what he could do to improve the quality of his medical records but he did not appear to show any great interest. His records were so poor that they consisted mainly of a bare outline of what medications he prescribed. There were no progress notes, no admission history physical

Page 2 (Memo to Dr. Babcock, RE: Medical Inspection Report of Florida State Prison at Starke, Florida)

examination, no stop and start dates. The medical records of the other physicians, although unstandardized, were more adequate. There appears to be a conflict between the Chief MIA and Dr. Garcia and between Dr. Garcia and the other physicians. They are all aware of Dr. Garcia's poor records but cannot force him to keep better records.

*Joseph F. Alderete*  
Joseph F. Alderete, M.D.  
Chief Medical Officer



FLORIDA STATE PRISON, Starke, Florida

The Florida State Prison is located near Starke, Florida and in Bradford County. It is classified as a maximum security unit with a population of 1007 males. The black to white ratio is 62 - 38 percent respectively. The average age is 28 years.

Administratively, the dental department is on an equal level with other prison departments. The annual operating budget for the prison during FY 73 was \$3,414,580. The prison was without a dentist for ten months and thus the dental budget was not representative.

The dental clinic occupies about 397 square feet and includes two dental operatories, a business office, a dark room and a laboratory. For details, please refer to the floor plan in the appendix.

The dental equipment includes two Weber units, two SS White pump type chairs, two Castle examination lights, two Weber slow speed dental engines, two Midwest high speeds, two Weber wall type x-rays, two American dental instrument cabinets, one x-ray tank, DeValbus air compressor (one), and one Pelton Crane autoclave.

The dental personnel includes a Dentist I (Dr. Torralbus), two inmate dental assistants and one inmate office clerk. Dr. Torralbus is unlicensed in Florida and thus requires periodic supervision by a licensed Florida dentist. Visitations by Dr. Klier at the Union Correctional Institution, Dr. J. Harris and/or Dr. Paul Uhrig satisfies this requirement.

Dr. Torralbus had been working only one month at the time of this survey, however, it was apparent he was seeing on an average around 12 patients per day and 275 per the month. During this short period, he had handled, 211 emergencies, 103 extractions, 33 prophylaxis, six root canal treatments, 17 full or partial impressions, two denture completions, one denture adjustment, 75 x-rays, one fracture reduction and two crown and bridge treatments.

The patients will receive a dental examination and their forms will note the dental conditions found, the treatment indicated and the treatment that is rendered. If the patients want treatment, they are instructed to request it in writing. The patients who request treatment are then placed on a waiting list and scheduled at the earliest opportunity. If a patient has an emergency condition, he may receive immediate attention.

RECOMMENDATIONS FOR IMPROVEMENT

1. DENTAL CLINIC SPACE - more space is needed especially in light of the need for an additional dentist. It is suggested that a third operatory be added along with a private office for the dentists.
2. DENTAL EQUIPMENT - replace old dental equipment with new, especially dental chairs. The high speed evacuators are faulty and need replacement. New equipment is needed for a third operatory.

3. DENTAL PERSONNEL - establish a Dentist II position. Employ three salaried dental assistants and a clerk typist to replace the inmate personnel.
4. MANUAL OF OPERATIONS - should be developed and available for review by all personnel.

September 27, 1973

On the above date a general sanitation inspection was made of the following facility:

Florida State Prison  
Post Office Box 747  
Starke, Florida 32091

G. S. Fortner, Superintendent

SECURITY:

Maximum and close custody (Main Unit).

CAPACITY:

|                             |               |
|-----------------------------|---------------|
| Normal capacity (Main Unit) | 1,095 Inmates |
| Today                       | 1,008 Inmates |

HOUSING:

This facility was built of concrete type construction and is completely enclosed into one building. All living quarters are individual cells. Heat is supplied by steam and ventilation and cooling by fans.

Bathroom facilities: Each cell has its own lavatory and toilet. Showers are located at the end of each cell row.

Cell sizes in regular housing is 10' X 6.5' which gives each man 65 square feet of space. Administrative confinement cells are 9' X 6' which gives each man 54 square feet of space.

FOOD SERVICE:

The food service area is basically a sound structure, however, maintenance has been poor in the past and it is in a poor state of repair. Some discrepancies noted were:

- (1) Need thermometers in all coolers and freezers.
- (2) Rodent problem (in process of eliminating).
- (3) Lighting needs to be improved in dish machine areas.
- (4) Need pre-rinse sink in main dish room.
- (5) Dish machines need to be checked to see that final rinse is 180° F.
- (6) Walls and floor tiles need to be replaced in several areas.
- (7) Paint peeling on wall in dish machine area in employee dining room.

Florida State Prison Inspection  
September 27, 1973  
Page 2

- (8) No sneeze shields on any serving lines (on order).
- (9) Appropriate racks needed for storing eating trays and pots and pans.
- (10) Plywood cutting boards should be replaced with impervious hard material.
- (11) Bakery equipment needed general cleaning at time of inspection.
- (12) Some equipment in bakery needs repair.
- (13) Pot and pan sink area is in process of being repaired.
- (14) Several cross connections noted during the inspection.

Floor wash fixtures, sink hose bibb faucets and garbage grinder needs to be equipped with vacuum breaker to protect the water supply.

O UNIT - FLORIDA STATE PRISON

SECURITY:

Medium and minimum

CAPACITY:

|        |             |
|--------|-------------|
| Normal | 160 Inmates |
| Today  | 220 Inmates |

This facility was at one time a maximum security unit. The building is star shaped with the control unit centrally located. The cells in this facility are 8'4" X 6' excluding shower, toilet and lavatory. Each cell contains two men which gives each man 25 square feet of sleeping space. Each cell also has a small sun porch.

FOOD SERVICE:

This facility is old and in a poor state of repair. Some discrepancies noted were:

- (1) Need hoods over cooking equipment (ready to install).
- (2) Floors eroded in places.
- (3) No sneeze guards on serving line (on order).
- (4) Storage rooms needs ventilation.
- (5) Screens need repair.
- (6) Racks for storing eating trays needed.
- (7) Sinks have hose bibb spigots. If these are used hose bibb vacuum breakers are necessary to protect the water supply.
- (8) Outside doors in kitchen needs rodent proofing.

WATER SUPPLY:

Two deep wells supply the water for Union Correctional and Florida State Prison. The water is aerated and treated with chlorine before being stored in elevated tanks. Approximately one million gallons per day consumed.

SEWAGE DISPOSAL:

Trickling filter sewage treatment plant. Plans are being formulated for an addition to the plant to get more efficient treatment.

Garbage: Collected for hog farm.

Trash: Taken to landfill, burned and buried. This facility serves both institutions and was well maintained at time of inspection.

The general sanitation throughout the establishment was acceptable. Maintenance seems to be a problem throughout the entire unit.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

EP:mr

GLADES CORRECTIONAL INSTITUTION  
BELLE GLADES, FLORIDA

PREAMBLE

On the day of survey this institution was at absolute maximum capacity - 620.

Ideally it should house about 525.

Several years ago the medical care here, when the institution was smaller, was taken care of by a contract physician. This is still true, the physician visiting on Friday mornings for several hours. During the rest of the time critically ill are sent to his office or to the local hospital two miles away.

At present the Chief Medical Technician is a graduate Doctor of Osteopathy, Dr. Lande. I strongly recommend the opening in the table of organization of the position of a full-time physician, and in addition recommend Dr. Lande for the position. I believe he is capable. I was impressed with his good work as Chief Technician. This institution needs the services of a full-time physician now.

The inmates are mostly in the #1 and #2 medical classification.

There is an infirmary area capable of housing ten patients. There is not 24-hour coverage. An M.T.A. does sleep on the grounds, but the infirmary patients locked in constitute a hazard even though checked hourly by a custodial officer.

A buzzer system to attract attention is strongly recommended. It has been noticed by public health authorities that this is a poor area for lung disease cases.

#### PHYSICAL PLANT

Although the buildings here are about 25 years old, they appear in good repair and maintenance. For an institution of this size, however, there are several deficiencies. Very noticeable is that there is no clinical laboratory at all. The x-ray machine is only a portable, but appears adequate.

#### CLINICAL LABORATORY

There is no laboratory and, of course, no laboratory technician. Both are needed.

#### X-RAY

There is a portable x-ray and a developing room. Films are presently processed by one of the technicians.

#### MEDICAL RECORDS

Thanks to Dr. Lande, the medical records are better than average. There still is, of course, a lack of uniformity in them with other institutions.

#### PHARMACY

Spacewise, the pharmacy appeared adequate. A local pharmacist comes in as a consultant once a month, as does Mr. Lee from RMC.

#### PERSONNEL

Good qualified medical personnel are very hard to find in this essentially rural area. The table of organization here allows for six M.T.A.'s. At present there is a chief and two assistants. The chief is not allowed overtime, so it means one of the two men must sleep on the grounds every

other night. How long they will be willing to keep this up is guesswork.

All three technicians live on the east coast and must drive over 100 miles daily, round trip, to get to work. The System is lucky to have such dedicated people.

Although salaries will be discussed in the summation, attention is called to the starting salary of \$7,200.00 and a maximum of \$9,774.00. In the Federal Penitentiary the starting salary is \$8,572.00, with a raise to \$10,000.00 the first year. Top salaries for chief go as high as \$25,000.00.

#### PERSONNEL NEEDS

1. A full-time physician. Dr. Lande is recommended.
2. A full-time psychiatrist.
3. At least one additional psychologist.
4. Housing for personnel.
5. A part-time pharmacist (three half days a week).
6. Other personnel as facilities and personnel improve in quantity, such as a medical secretary, typist and specialized counselors.

During our visit we met with Superintendent Mr. P. Shuford, and had a short briefing session at the close. We were accompanied on the survey by Dr. Lande. Mr. Porter from the Atlanta Federal Penitentiary helped Dr. Alderete and me during the survey.

UNITED STATES GOVERNMENT

# Memorandum

TO : Dr. Babcock

DATE: 31 October 1973

FROM : Joseph F. Alderete, M.D.  
Chief Medical Officer

SUBJECT: INSPECTION REPORT ON GLADES CORRECTIONAL INSTITUTION, BELLE GLADES, FLORIDA  
SUPT. MR. PHILLIP C. SHUFORD

## I General

The facility has an average population of 620 inmates. Its ideal population is 525. The average age is 27 years. They have all types of custody with the exception of maximum custody inmates.

The nearest community hospital for referral of emergencies is Glade General Hospital which also does the required lab work for the Glades Medical Unit.

The medical facility consists of a 10 bed infirmary unit with average inpatient load being 1 - 2 patients. This unit serves primarily as a holding unit for patients that have been screened, and are destined for transfer to the Reception Center at Lake Butler or who have a minor problem such as an upper respiratory infection.

The medical staff consists of 2 MTAs plus a Chief Medical Supervisor. The Chief Medical Supervisor is an osteopathic physician who would be qualified to be the full time physician for this facility provided the position is approved by the State.

Page 2 (Inspection Report on Glades Correctional Institution, Belle Glades, Florida)

The Medical Unit is presently serviced by a contract physician who comes to this facility one-half day, 1 day a week (on Fridays). He spends 2 - 3 hours, and sees scheduled outpatients. He is paid \$200 a month. It is not a very satisfactory arrangement and may well be terminated in the near future per mutual agreement. The contract physician has a long drive and the pay is not adequate compensation.

The physical plant (includes institution as well as the medical unit) is kept in a good sanitary condition despite its age.

## II Medical Unit

1. Staffing: As stated previously the present staff consists of:
- (a) Chief Medical Supervisor
  - (b) Two MTA's
  - (c) Psychiatrist part-time 1/2 day a week
  - (d) Full time Clinical Psychologist, Dr. E. Williams
  - (e) Full time dentist
  - (f) Local Pharmacist consultant. Also served by Pharmacist from Reception Center who serves as part-time consultant

There are approved positions for 3 additional MTA's but they have not been able to fill them due to: (a) Isolation of facility from any metropolitan area to draw medical personnel from. (b) Lack of housing which necessitates the current medical staff to reside 50-60 miles away and



involves about 1 hour drive each way each day. (c) Inadequate salaries. The current salary scales are not competitive. Currently the starting salary is \$7024 per year with a maximum \$9771. Compare that to Federal pay for similar position of a starting salary of \$8572 which a year later is raised to \$10,000 with a maximum possible of \$25,000. No recruitment problem exists in the Federal System for MTA's.

## 2. Procedures

This medical unit sees outpatients for sick call. They hold 2 sick calls a day (one in the A.M. and one in the P.M.) with an average of 20 outpatients at each sick call.

The infirmary unit is a 10 bed holding unit. Acute cases are sent to Glades General Hospital, and elective cases are referred to the Reception and Medical Center at Lake Butler.

The physical plant of the medical unit is very clean and neat and consists of the 10 bed infirmary unit, a treatment room which is being redesigned to also hold a small lab, and a small X-ray unit. There is an examining room, and a doctor's office. There is also a chair dental unit with a small dental lab primarily for adjustment and fitting of dental prosthesis that are made at the Reception Center.

The infirmary unit is covered at night by an inmate attendant and the custodial staff checks the unit at hourly intervals. There is a buzzer system to summon help during the night.

There is 24 hour medical coverage by the current 3 non-medical staff which has been accomplished by re-arrangement of schedules and overtime pay, however, this is spreading out the 3 non-medical staff very thin.

Drugs are kept in a locked cabinet which at this time is a glass cabinet but which will be replaced by a steel unit soon. There are no narcotics dispensed at present.

The medical records are fair but as at all other units of the Florida Prison System need to be standardized.

The segregation unit is visited by a member of the medical staff each day for sick call.

Immunization consists only of booster tetanus as needed. Inmates here have already been through the Reception Center and have received all the usual routine immunizations.

The psychologist who is a recent female Ph.D. (Dr. E. Williams) has an active program supplemented by a part time psychiatrist (1/2 day a week).

Psychotic decompensation cases presently are housed either in the medical unit or segregation depending on how violent the patient is, until arrangements can be made to transfer to the Reception Center.

III Conclusions and Recommendations

In general this small medical staff and medical unit adequately serves this facility under a great handicap of lack of numerical staffing, and a limited physical plant that needs to be enlarged and improved upon to include at least a small lab for routine urine-analysis, and blood counts.

Specific Recommendations:

1. A full time physician. The contract physician arrangement is unsatisfactory for a unit of this size (620 inmates). It is fortunate that the unit is presently headed by a Chief Medical Supervisor who is an osteopathic physician who is very much interested in becoming the full time physician for this medical unit. The Florida Prison System who is having recruitment physician problems should not let this opportunity to pass of acquiring this physician as a full time physician.

2. More Aggressive Recruitment

There are long standing medical vacancies which have not been filled. Recruitment presently is limited to advertisement in newspapers. What needs to be done is to have medical recruitment teams to visit potential sources for medical staff with authority to sign them on the spot. These recruitment teams should visit college campuses, medical school campuses, Army, Navy, Air Force discharge centers. (They could pick up hospital corpsmen leaving the service).

3. Remove handicap to recruitment which at present consists of:

- (a) Lack of housing
- (b) Poor salaries
- (c) No malpractice coverage or alternate provisions

All the correctional facilities that I have covered are located in isolated rural areas. This disadvantage could be overcome by providing housing on the State Prison grounds. This would overcome the handicap of long 60-70 mile drives to the prison facilities by employees, and also would make the medical staff more readily available for any medical emergencies that might arise.

The present salaries are grossly inadequate to attract medical staff and are certainly not competitive. With the draft ended there is going to be greater competition for available medical staff. I am referring to the present salary scale for all professional staff and that includes the physician, the MTA, the psychologist, and other allied medical staff.

Suggested recommended salaries that would be competitive for this facility:

- Physician: \$30,000 (\$25,000 - \$35,000)
- MTA's: \$10,000 (\$10,000 - \$18,000)
- Psychologist: \$15,000 (\$15,000 - \$20,000)

As long as there are "pinch penny salary policies", condoned by the State there is going to be continued lack of medical staffing and a high turnover of available medical staff.

Medical malpractice coverage is urgently needed to attract and retain medical staff. The present inmate population is becoming more and more sophisticated in legal matters and more suit conscious. With the present inadequate low salaries the medical staff cannot provide their own medical coverage. The State needs either to provide funds for commercial medical malpractice insurance or to have the State Attorney General defend the medical staff and for the State to be liable for any court awarded compensation. There have recently been some highly publicized cases where the medical staff of Florida prison facilities have been sued and they have had to defend themselves and the court awarded compensations have had to be borne by the individual concerned. In fact the Court in one case took the punitive view that the individual concerned should pay the compensation out of his own personal funds. The Court in this instance besides being punitive and vindictive was successful in contributing to the lack of medical staffing at the prison facilities by discouraging future medical recruitment and driving out the present medical staff.

**CONTINUED**

**1 OF 3**

4. Full time psychiatrist

For a facility of this size (650) there is sufficient pathology to keep a psychiatrist busy full time. He could provide instant support to the Clinical Psychologist. In addition he could supplement the one full time physician recommended in providing physician coverage while the other physician is on vacation and on other occasions.

5. Enlarge the Medical Unit physical plant and capability as previously recommended. That is facilities for routine lab and routine X-ray are needed. This is presently in preparation and once this capability exists, there is going to be need for radiation badges, and training of medical staff personnel to utilize these additions properly.

6. Standardization of Medical Records

The medical records here while satisfactory need to be standardized so that they are the same throughout the State Prison Medical System. The Medical Records Librarian for the Reception Center should make periodic visits to the facility to review the medical records and insure continued standardization.

7. Pharmacist

I don't feel that a full time pharmacist is needed for a facility of this size provided that the Reception Center Pharmacist visits this facility at periodic intervals (monthly) and train the current medical staff in the maintenance of adequate pharmacy records to comply with existing State and Federal requirements.

8. This facility needs a new segregation unit.

The present segregation unit is inadequate for a facility of this size. The segregation unit was clean and in good sanitary condition despite the fact that they are presently under the handicap of having to serve the De Soto unit also while De Soto is building their new unit.

The present segregation unit has very small cells which are questionably adequate for 1 prisoner, but now with the overcrowding hold 2 prisoners double bunked with barely room to turn around. While ventilation has been improved, it is still inadequate for 2 prisoners in a cell. In addition facilities need to be provided to permit exercise in a special segregation yard at least 3 times a week.

The present segregation is locked in by present physical limitations which cannot be expanded and the only solution that I can recommend is for the State to provide funds for a new segregation unit.

9. There exists the need for at least one and preferably 2 psychiatric facility holding units where a violent psychotic patient could be housed until transferred to the Psychiatric Unit at the Reception Center in Lake Butler, Florida.

The minimum requirements should consist of: (a) A room in the Medical Unit with a security door, with a toilet, a sink, and a security bed (bed attached securely to the floor with a solid spring so that patient couldn't

tear the springs out and swallow them or break the bed up to use as a weapon. In addition the bed should have slats to enable restraints to be employed to restrain a violent patient if necessary. A tear proof, fire proof mattress should also be available. Sufficient medical staff should be available to provide 24 hour coverage when the occasion arises to house a suicidal or violent patient in such a unit. At present if a psychiatric emergency develops (suicidal or violent psychotic patient) the only facilities available are to house the patient on the present medical unit or the segregation unit depending on the individual situation.

*Joseph F. Alderete MD*  
Joseph F. Alderete, M.D.  
Hospital Director  
U. S. Penitentiary Hospital  
Atlanta, Georgia 30315

GLADES CORRECTIONAL INSTITUTION, Belle Glade, Florida

Situated in western Palm Beach County near the southeast point of Lake Okeechobee, the Glades Correctional Institution utilizes approximately 5200 acres of rich muck land in its primary function as an agricultural industry. Academic and vocational training in many technical areas are emphasized in the overall treatment program. The inmate population averages 700 males with a ratio of black to white of 630 - 70. The age range is 18-55 years with an average of 38. The turnover rate of inmates is round 10 to 12 per week.

Administratively, the dental department is on an equal level with other institutional departments. The institutional annual operating budget for FY 73 was \$2,019,980 of which \$14,229 was used for dental purposes.

The dental clinic is located adjacent to the medical facilities and it includes one waiting room with a store room attached, two dental operatories, one store room, one dark room, one supply room, one business office, one laboratory and one rest room. For details, please refer to the floor plan in appendix. There is a total of 440 square feet. Functionally, the operating rooms are small in width and give the feeling of crowdedness. Windows exist in the waiting room, operatories, lab and rest room. Walls were painted fairly recently, however, the dampness in the area presented a problem regarding staining floor tile, corrosion of plumbing fixtures and a musty aroma.

The dental equipment in operatory #2 included a Weber pump type chair, Weber unit, Weber floor mounted x-ray, American dental instrument cabinet, Midwest high-speed unit, central evacuation, lavatory, wall cabinets and floor cushion mat. In operatory #1, the equipment includes a Weber unit, a Weber pump chair, an American instrument cabinet, wall cabinet, lavatory, floor cushion mat, and an Ultrasonic cleaning unit. In the laboratory, some of the large pieces included a Pelton Crane autoclave, casting machine, model trimmer, lathe, burn out oven, and laboratory bench.

The dental personnel consists of a Dentist I (Dr. Skablow) and an inmate trainee dental assistant. Dr. Skablow is unlicensed in the State of Florida and thus receives periodic visitations by licensed dentists of the State Institutional Dental Services as required by the Florida Board of Dentistry.

The turnover of personnel at this installation has been great and steps are indicated to overcome this disadvantage. Steps are needed to overcome the breakdown in the continuity of the program as well as the program operating at peak efficiency 12 months of each year.

Here as at many of the other correctional institutions, the inmates are advised if they desire treatment they must request same in writing. The patients who make such a request are then placed on a waiting list and then scheduled for treatment at the earliest opportunity. Dr. Skablow seems anxious to insure that patients are selected for treatment in a fair manner. The policy of first come, first served prevails, with treatment priority going from greater to lesser emphasis in the following areas respectively: surgery, prosthetics, periodontics, operative and preventive dentistry. Dental laboratory work is sent to the dental lab at the Union Correctional Institution.

Dr. Skablow is relatively new to the program, however, he would appear to be seeing around 14 patients per day. This projects to around 250 patients per month and 3000 per year.

RECOMMENDATIONS FOR IMPROVEMENT

1. DENTAL CLINIC SPACE - dental operatories need to be increased in size and a third one added.
2. DENTAL EQUIPMENT - replace dental units and chairs in both operatories; need additional high speed handpiece; need new equipment for recommended third operatory.
3. DENTAL PERSONNEL - establish Dentist II position. Employment of two salaried individuals to work as dental assistants as opposed to using inmate trainees.
4. MANUAL OF OPERATIONS - should be developed and available for review by all personnel.

October 11, 1973

On the above date a general sanitation inspection was made of the following facility:

Glades Correctional Institution  
P. O. Box 897  
Belle Glade, Florida 33430

Philip C. Shuford, Superintendent

SECURITY:

Close custody.

CAPACITY:

|              |             |
|--------------|-------------|
| Crisis quota | 620 Inmates |
| Today        | 620 Inmates |

HOUSING:

The dormitories are concrete block with brick veneer type construction. There are four main dormitories; two dormitories are small, each housing 118 men; and two dormitories are large housing 192 men each. The large dormitories allow each man 48 square feet of sleeping space. The small dormitories allow each man approximately 69 square feet of sleeping space. Heating is supplied by electric heaters; cooling and ventilation is supplied by fans.

Bathroom facilities for "C" dormitory consist of:

6 toilets  
4 urinals  
7 lavatories  
6 shower heads

on each wing of the building. The dormitories were clean and well maintained.

SEGREGATION FACILITIES:

There were 15 cells 5' x 8'.

Glades Correctional Institution  
October 11, 1973  
Page 2

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area;

- (1) Sneeze guards needed on serving line.
- (2) Pedestrian traffic should be routed out of dining room.
- (3) Hose bib vacuum breakers needed in several areas.
- (4) Bathroom facilities needed for inmates in food preparation area.
- (5) Baker's tables are in poor repair (New ones on order.)

Supervisor of personnel appeared to be doing an excellent job in this food preparation facility.

WATER SUPPLY:

City of Belle Glade

SEWAGE DISPOSAL:

City of Belle Glade

GARBAGE:

Collected on a regular basis.

TRASH:

Burned and buried on premises.

This facility was clean and well maintained.

Respectfully submitted.

*Eanix Poole*  
Eanix Poole, R. S.  
Sanitation Consultant

EP:mws

LAKE CORRECTIONAL INSTITUTION  
CLERMONT, FLORIDA

PREAMBLE

On the day of survey there were 37 inmates present, all of whom were classified physically as Class #1, except two Class #2. It was stated the ultimate population is to be 225 Class #1 and #2 inmates.

At present there is very little that is definitive in the way of facilities or supplies, and it is impossible to pass judgment or make recommendations.

MEDICAL FACILITIES

I was shown a former rectangular-shaped barracks building which is to house classifications, medical and dental facilities. There were no plans available to study and the Superintendent was in Tallahassee. The medical technician was not present. It is unfair to make any statement concerning specific facilities because none were known by individuals in the office.

PRESENT SERVICES

Sick call is held daily. Inmates are examined and prescribed for by the medical technician. If, in his judgment, further care is needed the inmate patient is taken to the local hospital in Clermont or to Sumter Correctional Institution which is one-half hour driving time away. Dental cases are cared for in the same manner.

RECOMMENDATIONS AND COMMENTS

1. Due to the close proximity of Sumter, there is no need for the facility here to be much more than an infirmary in status. Four or six holding beds are all that are needed.

2. No operations, except minor ones under local anaesthesia, should be attempted.
3. There will be the need for at least a part-time physician, a nurse, two more technicians and a dentist.
4. Plans for the facility must be immediately reviewed so that the mistakes made in Cross City's planning will not be repeated here.

The name of the person giving me my information was not obtained.

LAKE CORRECTIONAL INSTITUTION, Clermont, Florida

The Lake Correctional Institution is in the progress of being developed into an institution. At present, there are 34 inmates on the grounds who are skilled in the building trades. They are converting this former migrant labor camp into a custodial camp suitable for retaining inmates of the correctional system. It is anticipated that the inmate population will increase to 50 and then hold at this level indefinitely.

It would be anticipated that as soon as the inmate population nears 300 that plans would include creating space for a dental clinic, purchasing the necessary dental equipment and supplies and employing the necessary dental personnel.

In the meantime, an emergency back up referral system has been established with a dentist in Clermont who is willing to handle any cases that are brought to his office (Dr. A. Manning). Primary referral for treatment will be to transport inmates to the Sumter Correctional Institution or if need be to the Union Correctional Institution at Raiford.

October 16, 1973

On the above date a general sanitation inspection was made of the following facility:

Lake Correctional Institution  
P. O. Box 99  
Clermont, Florida 32711

W. F. Rouse, Superintendent

SECURITY:

Minimum custody.

CAPACITY:

|                    |             |
|--------------------|-------------|
| Projected Capacity | 225 Inmates |
| Today              | 40 Inmates  |

HOUSING:

This facility was a migrant labor camp. It is now in the process of being converted to a correctional institution. The buildings are of metal type construction with concrete floors. At present all the bathroom facilities are located in one building. Future plans are to remodel each building and to have bathroom facilities in each dormitory.

SEGREGATION FACILITY:

None

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Kitchen equipment has not been installed at this time.
- (2) This facility is operating on a temporary, makeshift basis until equipment can be properly installed.

WATER SUPPLY:

Water is supplied by two deep wells with pressure tanks. There is no chlorinator.

SEWAGE DISPOSAL:

Sewage is treated in a 20,000 gal. per day extended aeration plant. Effluent is disposed of by spray irrigation. Maintenance appeared satisfactory.

GARBAGE AND TRASH:

Hauled to sanitary land fill.

Very little information could be obtained from the general inspection due to present circumstances.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

EP:mws

RECEPTION AND MEDICAL CENTER  
LAKE BUTLER, FLORIDA

PREAMBLE

This institution, in my estimation, is the key or cornerstone of the entire Florida Prison Medical System. It contains the only facility that can justify the term "hospital." The institution was conceived with the idea in mind that it was to provide comprehensive medical, surgical and psychiatric health care to the male inmate population within Florida's Correctional Division. Much has happened to block that good.

The Center was conceived to carry 600 inmates for classification and evaluation and disposal to the other Florida penal institutions. This past year the population has usually been double that figure. Inmates usually stay here about six weeks, though quite a few, of necessity, must stay longer.

The Center receives over 8,000 prisoners a year. A complete medical history is taken on each prisoner. Each is given a complete physical examination, and if surgical repair or correction is needed such is accomplished. In cases of past history of mental illness or behavioral trouble they are referred to a psychiatrist. They are also given psychological tests by the psychologists. All immunizations are given at this time so that when transferred the inmate is protected. A complete dental survey of each individual is made and treatment is given. It is not always possible to complete a full dental program on each man and he, of necessity, must be held over or have his work renewed at his new institution.

This is a very busy place - half big enough and, speaking medically, functioning understaffed and with unacceptable conditions to work under.

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### PHYSICAL PLANT

a. The physical plant, i.e., the hospital, the Outpatient Department and the allied services are excellent and in good maintenance. The only criticisms voiced are those pertaining to food service and the kitchens. They are minor in nature and can be easily corrected by hospital administration tightening up. (see Sanitarian report)

b. Equipment needs, justified at this time, are few. Some of the items that would be helpful if acquired are a cardiac monitor, a cardiometer, a cardioscope and a data scope.

X-ray needs a film developer and the operating room some additional equipment.

### PERSONNEL

The great problem here is adequate staffing. This institution is situated in a small rural community, miles away from sources of supply. As it stands, many of the present employees travel over 100 miles a day round trip to their jobs. Pay is substandard - there is no available housing there is no mal-practice coverage either by insurance or the State Attorney General's office. The absence of this coverage is a big factor in the inability of the Correctional System to recruit physicians and other professional help. This is reviewed in the final summary.

Probably the greatest help at this institution, at the present time, is the excellent rapport and liaison with Shands Teaching Hospital and the University of Florida Medical School in Gainesville. This should be developed and nurtured to its fullest extent. Consultants from the above are being very helpful and

are a substantial factor in increasing quality care. Dr. Gonzalez and Dr. Singleton are to be congratulated on their close cooperation and efforts.

### PERSONNEL NEEDS

An answer to the above has to be very flexible. At a minimum I have listed what, in my opinion, is needed now and, of course, must be augmented later as conditions present themselves.

1. Two more psychiatrists.
2. Four more psychologists.
3. Two more general physicians.
4. One medical secretary.
5. One general typist.
6. Nurses and Medical Technicians as the population in the hospital and Outpatient Department increases.
7. Four to six additional counselors. (It must be remembered that 40% of all the new prisoners were admitted with drug-related problems.)

From the above, one can see the need for a proper evaluation of each entering prisoner before he is referred out. R.M.C. is the main keystone of good health care in the system.

A special report should be given concerning the housing of a female prisoner (Mrs. Arrington) in a room in the psychiatric unit. This is costly in time of personnel, of special custody people, and frankly is not in the best interest of the individual concerned. I believe she should be returned to the Florida Correctional Institution for Women immediately. The use of 26 psychiatric patient rooms are practically stymied by her presence on the unit.

Lastly, and contained in the final recommendations, all elective surgical and critical medical cases should be sent and performed at R.M.C. Acute medical and surgical should be referred to the local hospital nearest the respective prison. Except in extreme emergencies, referrals to Shands Hospital should come via R.M.C. and not directly from prison hospitals to Shands.

The Superintendent, Mr. J. B. Godwin, was interviewed and briefed on our visit. Dr. Alderete, Mr. Hale and myself were accompanied during the survey by Dr. Gonzalez and Mr. Rodrigues (Hospital Administrator) and Mrs. Reaves (Director of Nursing).

UNITED STATES GOVERNMENT

# Memorandum

TO : Dr. Babcock

DATE: October 29, 1973

FROM : Joseph F. Alderete, M.D.  
Chief Medical Officer

SUBJECT: INSPECTION REPORT ON THE RECEPTION AND MEDICAL CENTER AT LAKE BUTLER, FLORIDA ON 18 SEPTEMBER 1973 CONDUCTED WITH DR. BABCOCK, MYSELF, AND MR. HALE, HOSPITAL ASSISTANT ADMINISTRATOR FROM THIS FACILITY

## I General

The Reception and Medical Center is a relatively new medical structure that has all the desired physical characteristics of a new medical building that has been carefully planned before building and is comparable with any community hospital in the metropolitan area. The chief disadvantage is that it's located in a rural setting which makes it difficult to obtain the medical staffing. Medical staffing at the time of the inspection was still a long ways from completion, and a good many of the wings were closed and not being utilized because they did not have the medical staff to operate them.

The Medical Director is currently Dr. Gonzalez and the Administrator is Mr. A. P. Rodrigue.

This facility averages 1150 prisoners and was built to house 725. Here I am referring to prisoners and not to medical patients. The average stay is 6 weeks. There are approximately 200 permanent inmates.



One of the outstanding characteristics of the Reception Center is the layout in that there is an outpatient area which takes care of all the screening and diagnostic testing of inmates, and traffic in the hospital is restricted to inpatients.

The average age of the inmate going through here is 26 to 28 years of age. Forty percent of the inmates are in for narcotics violations.

II Staffing

This facility is staffed by 2 physicians plus the Medical Director Dr. Gonzalez. There are 3 psychologists.

There are 20 registered nurses, 1 dietitian, and 3 food service instructors. Their sanitation which was very good was kept up by a full time housekeeper.

They have the following consultants: An optometrist comes in weekly, an ophthalmologist comes in every other week, an ear, nose, and throat consultant comes in weekly, and a dietary consultant. They also have a consultant in neurology, orthopedic surgery, internal medicine, and radiology.

The psychiatric unit is housing a woman patient who is a security risk in this facility is locked up in the lovely new psychiatric wing.

III Recommendation and Conclusions

1. Personnel

The biggest problem at the Medical Center is adequate staffing. They are a long ways off of achieving anywhere near the required medical staff to adequately staff the hospital facility and utilize all the wings of the hospital that are currently lying dormant. I will get together with Dr. Babcock and arrive at a recommended number of positions to adequately staff this medical facility.

In order to attract a desired medical staff, it appears to me that there are a number of measures that must be implemented, and these are:

- (1) The State must come up with a policy to either pay malpractice insurance, or to raise the salaries of the physicians where they could afford to carry their own, and to make arrangements for the State Attorney's General Office to defend the medical staff whenever they are sued. It is not a question of will they be sued, because they are going to be sued. The modern day inmate is becoming more and more litigious and more and more suits are hitting the news media. I can appreciate the fact that with the present low salary, and the lack of any policy to cover the malpractice insurance so as to defend them in case of a suit is a serious impediment to medical recruitment.

(2) Another obstacle that needs to be realized by the State of Florida is that to attract adequate medical personnel that they are going to have to pay. If they want quality medical personnel then they have to pay for it. The present salaries, especially those for physicians, are so low as to be ridiculous are certainly not competitive to attract a reasonable number of physicians.

(3) More active recruitment needs to be done by the medical staff and not by some personnel officer who has no clear cut idea of just what is needed. Recruiting teams should be formed that would visit communities throughout Florida, especially medical schools in efforts to draw qualified medical personnel.

(4) Ample support for the Medical Director is absolutely essential. The Medical Director should have full authority to control all medical personnel throughout the State of Florida prison system and to implement standardization of medical records which was one of the sore spots throughout the Florida prison system. Medical Director should also have the authority to move and assign medical personnel from one prison to another, as the need arises. There is a lot of wasted personnel. For example, all surgical personnel should be concentrated at the Reception Center and General Surgery and Major Surgery should be reserved for the Medical Center while at the outlying facilities only minor surgery should be performed.

(5) Standardization of medical records was a crying need throughout the Florida Prison System and this facility was no exception although their medical records were very good.

In conclusion there was very little in the way of deficiencies noted at the Reception and Medical Center other than what has already been outlined above. This is a beautiful physical plant, modern in every respect, and has potentiality for attracting adequate qualified medical personnel if the above recommendations are implemented.

*Joseph F. Alderete, M.D.*  
Joseph F. Alderete, M.D.  
Chief Medical Officer

RECEPTION AND MEDICAL CENTER, Lake Butler, Florida

Located in North Central Florida, this ultra modern facility was opened around October 1968. This institution receives all males sentenced to the Florida Division of Corrections, and also serves as the medical center for the correctional system. The total inmate population numbers about 1080 with 350 permanent inmates and 730 transient inmates waiting to be assigned elsewhere.

The dental clinic is a suite of rooms which include: two private offices with one assigned to the dental director (Dentist II) and the other to the four staff dentists (one Dentist I and three Dental Interns), one business office, one waiting room, five dental operatories, one surgery, one x-ray room with dark room, one women's lounge, one lab, one sterilizing room, one library, and five storage rooms. The entire suite shows excellent planning and is one of the finest dental clinics observed in the institutional dental service program. The total square footage is around 2758. For details, please refer to floor plan in appendix.

Each of the operatories are equipped alike and contain a Weber pump chair, Weber unit, Weber slow speed dental engine, Midwest high speed unit, American dental instrument cabinet, portable stand, sink, Castle exam light, wall high speed evacuator and dental stool. The sterilizing room contains a Pelton Crane autoclave, Amsco autoclave, Incubator, oil sterilizer and four Bard Parker cold sterilizers. The surgery room contains a Weber unit, Weber pump chair, a Castle exam light, surgical instrument cabinet, sink, Midwest high speed unit, emergency oxygen tank and wall high speed evacuator. The x-ray room contains an SS White Pandrex, wall type Weber x-ray, Weber pump chair, one pulp tester, one portable stand and one ultrasonic scaler.

The dentist personnel includes a Dentist II, a Dentist I and three Dental Interns. Of particular interest is the fact that five salaried female dental assistants are employed. One is classified as a Dental Assistant II and four are Dental Assistant I's. There is need for a clerk typist and a lab man.

All the dentists work a five-day, forty-hour week and are available for emergency calls during their off duty hours.

The inmates upon arrival at the reception center receive a dental examination in which is noted the dental conditions found, the treatment indicated and the treatment rendered. Following the examination, dental appointments are given to those needing treatment and every effort is made to render as much treatment as possible. The average stay for the transient inmate is six-seven weeks before reassignment to his permanent institution. Since this stay is so short, priorities must be observed closely as to what treatment is carried out, who receives treatment, etc.

With the 350 permanent inmates every effort is made to carry out comprehensive dental care within budgetary limitations. All phases of dentistry are performed with the exception of orthodontics. When dental laboratory services are needed the work is sent to the lab at the Union Correctional Institution at Raiford.

RECOMMENDATIONS FOR IMPROVEMENT

1. DENTAL EQUIPMENT - the Weber units, chairs were rated as old but satisfactory. A prudent plan would start to replace these items with new equipment.
2. DENTAL PERSONNEL - employment of a salaried clerk typist and a lab technician. Reclassify three dental intern positions to Dentist I.
3. MANUAL OF OPERATIONS - should be developed and available for review by all personnel.

September 20, 1973

On the above date a general sanitation inspection was made of the following facility:

Reception and Medical Center  
Post Office Box 628  
Lake Butler, Florida 32504

J. B. Godwin, Superintendent

All convicted felons in Florida are sent to this center for classification, evaluation and disposal to other institutions in Florida.

#### SECURITY:

Close custody.

#### CAPACITY:

|              |               |
|--------------|---------------|
| Normal       | 600 Inmates   |
| Crisis Quota | 1,100 Inmates |
| Today        | 1,142 Inmates |

#### HOUSING:

The dormitories are modern and well constructed. They are centrally heated and cooled with fans. Each wing of the dormitory facility is constructed alike with the same dimensions of 34' X 77' 8". The permanent party dormitories have 72 bunks on each wing which allow 37 square feet of sleeping space per man. The transient dormitories have 86 bunks in each wing which allow only 31 square feet of sleeping space per man.

The cells in the cell block building are all 6.5' X 8' which give 52 square feet of space.

The toilet facilities for each wing consist of:

- 8 shower heads
- 12 lavatories
- 5 urinals
- 8 toilets with regulation open front seats

The dormitories were in good repair and the general sanitation at the time of the inspection was excellent.

The cell block building could use some cleaning.

Reception and Medical Center Inspection  
September 20, 1973  
Page 2

#### FOOD SERVICE:

There are two food service facilities at this institution. One kitchen prepares for the hospital while the other large kitchen prepares for the inmates and employees.

Some minor discrepancies were noted in the hospital kitchen, such as:

- (1) The hot water rinse on the dish machine should be 180° F. for effective sanitization of the eating utensils.
- (2) One small work table needs an impervious top.
- (3) Needs hand towel dispenser in rest room.

#### General kitchen:

- (1) Needs paper towels and paper towel dispenser in inmates rest room.
- (2) Prepared food left stored in coolers should be covered.
- (3) Food containers should not be stored on floor in coolers.
- (4) Ice machine needed cleaning, food should not be stored in ice in ice machine.
- (5) Floor needs repair in dishwashing room.
- (6) Intermittent Pyrethrin dispensers should be relocated to maintain a twelve foot distance between any food preparation or serving areas.
- (7) Several cross connections were noted in kitchen area. Hoses were attached to sink mixing valves and spigots. These should be removed after each use unless appropriate vacuum breakers are installed at each spigot.

#### WATER SUPPLY:

Lake Butler municipal supply.

#### SEWAGE DISPOSAL:

Lake Butler municipal treatment.

Garbage: picked up by Florida State Prison

Trash: burned and buried on premises.

Respectfully submitted,

*Eanix Poole*  
Eanix Poole, R. S.  
Sanitation Consultant

SUMTER CORRECTIONAL INSTITUTION  
BUSHNELL, FLORIDA

PREAMBLE

This is the most modern of the state prisons. Its facilities appear excellent. Improvement in the physical plant for medical services is being undertaken at the present time.

The institution at present houses about 800 inmates, most of whom are quite young. The average age is estimated to be 21 to 22 years. Most inmates are rated physically in the first two classifications.

Only minor surgery is performed. Consultations and emergencies are usually sent directly to the Medical Center at the University of Florida, Gainesville, 75 miles away, or to the local hospital at Leesburg, 25 miles away.

MEDICAL FACILITIES

The actual physical plant is more spacious than necessary, but other than the present changes taking place there are no space recommendations. Housekeeping and maintenance appeared excellent.

PERSONNEL

The great weakness here is lack of sufficient personnel. The present staff is highly commended for their devotion to duty and the care being given at personal sacrifice.

The medical facility (infirmary and Outpatient Department) is staffed by one physician, one dentist, six M.T.A.'s, two R.N.'s and a medical secretary. There is, from these individuals, good coverage but it is stretched too thin.

Worst of all, there is no psychiatric-psychological coverage for these 800 prisoners, whatsoever. It is imperative that such be instigated as soon as possible.

PERSONNEL NEEDS

1. At least one additional physician (full time).
2. A full-time psychiatrist.
3. Two full-time psychologists.
4. Three to four additional M.T.A.'s.
5. One medical secretary and one typist to assist the above.

LABORATORY AND X-RAY

Equipment and personnel appeared adequate. It is hoped that "quality controls" can be instituted shortly.

MEDICAL RECORDS

Medical records here were the best found in any of the prisons. In trying for uniformity of medical records in the Correctional System, this institution could give the project a good running start.

PHARMACY

The pharmacy is under the strict supervision of the physician (Dr. Fuentes). It is well controlled. However, it would be of great help if the services of a part-time pharmacist could be obtained.

GENERALITIES

The team visited the segregation cells. Most are housing three to four inmates. They should not hold more than two. The need for a restraint room for acute psychotics is apparent and recommended.

COMMENT

As a whole, this is by far the best run, both medically and administratively, of all the prison medical facilities. It is interesting to note that -

1. The medical group (all personnel) holds monthly staff meetings for self evaluation and discussion of problems.
2. There is an employee orientation program.
3. There is an Informational Manual on Medical Routines, Rules and Regulations given to each new inmate.
4. There is a "sanitation team" for the entire prison. The system could well be copied by other institutions.
5. There is inservice training.
6. There are job descriptions and each employee knows his responsibilities and his restrictions.
7. Medical records are good and they are confidential.

At the survey Mr. K. D. Conner, Superintendent, was visited and later briefed. We were accompanied throughout the survey by Dr. Jorge Fuentes and Mr. J. Jones, Chief Medical Technician.

UNITED STATES GOVERNMENT

# Memorandum

TO : Dr. Babcock

DATE: October 29, 1973

FROM : Joseph F. Alderete, M.D.  
Chief Medical Officer

SUBJECT: REPORT ON MEDICAL FACILITIES OF THE SUMPTER CORRECTIONAL INSTITUTION AT  
BUSHNELL, FLORIDA

I General

This is a report conducted of the above named institution on the 5th of October 1973 with a team consisting of Dr. Babcock, myself, and Mr. Porter.

This is an institution that has on the average of 800 men with an average age of 21 and 1/2. Approximately 5 percent are close custody. Average sentence is 13 years. Average daily inpatient census was 4 and 16 beds were available. Two sick calls were held daily with an average of 25 inmates being seen, and approximately 6 of these would be referred to a physician.

Only minor surgery is performed at this facility. There is no regular anesthetist, no X-ray technician as such. One of the MTA's doubles as a laboratory technician and also as an X-ray technician. The lab does routine CBC's and Urinalysis.



The hospital is staffed by:

1. One full time physician, one full time dentist, one Chief Medical Technical Assistant, and 5 medical technical assistants, two registered nurses, and one medical secretary. Inmates assigned to the hospital consist of one trainee in the laboratory and one trainee in X-ray and others assigned as orderlies. Inmates do not handle medical records nor make entries in the official records.

Emergency and routine consultant needs are referred to the Medical Center at Gainesville, Florida which is approximately 75 miles away or to Leesburg, Florida which is about 20 miles away.

There is no psychiatrist presently. Inmates are screened for eye glasses at this facility and then sent to the optometrist in town for actual eye refraction.

The hospital physical plant was well arranged with good equipment and the sanitation was good and the staff appeared to be well trained and competent. However, the physical plant that could be utilized was too large for the size of the hospital staff that was on hand and available.

## II Specific Deficiencies

Medical records were in good order, but in keeping with the medical records examined at previous Florida prison facilities there was a lack of uniformity. That is the medical records vary in format, quality and detail from Florida prison facility to Florida prison facility.

The laboratory was well organized and good records were maintained, however, they had no quality control.

The pharmacy was well secured and drugs were in good order and proper maintenance of BNDD control drugs was being maintained. The only deficiency noted here was that there should be arrangements for a periodic visit by a pharmacist which I understand is being set up.

## III Recommendations

### 1. Personnel needs

1. One additional physician and preferably two are needed. At the present time there is only one full time physician and it is extremely difficult for one full time physician to provide 24 hour coverage 7 days a week on a full time basis for any extended period of time.

2. At least one psychiatrist is needed full time. In a group of 800 prisoners in this age group there is sufficient psychiatric pathology that would warrant one full time psychiatrist. In addition I feel that the one full time psychiatrist could also supplement and provide all the coverage with the one full time physician currently on duty.

Page 4 (Memo to Dr. Babcock, RE: Report on Medical Facilities of the Sumter Correctional Institution at Bushnell, Florida)

3. Two psychologists full time are needed as support to and supplement the one psychiatrist.

4. A consultant pharmacologist, a consultant medical records librarian are needed.

2. Laboratory needs to have quality control checks.

3. There needs to be uniformity in the maintenance of medical records both as to format and quality. The records in general were satisfactory.

4. Additional Personnel Needs

It is my opinion that at least 4 to 5 more MIA's are needed.

While the present staff of MIA's can provide 24 hour coverage, they are hard pressed to provide weekend coverage especially if other than routine matters come up. In any crisis situation they would be hard pressed to provide adequate coverage and since this community is isolated there are no outside resources to bring in readily available to supplement them.

*Joseph F. Alderete, M.D.*  
Joseph F. Alderete, M.D.  
Chief Medical Officer

SUMTER CORRECTIONAL INSTITUTION, Bushnell, Florida

At a cost of more than \$5,000,000, Sumter Correctional Institution has been operational since July 1965. The current inmate population numbers around 800. Both minimum and medium custody individuals are housed at the facility. The ratio of black to white is 65 to 35 percent with an average inmate age at 21 years.

The dental clinic is on the second floor of the medical wing. It consists of a private office, a business office, two operatories and a laboratory. A hallway serves as a waiting room. There is approximately 553 square feet. There are windows at the ends of all rooms. For details, please refer to floor plan in appendix. General maintenance appeared to be good with walls recently painted, with floors and walls showing evidence of cleanliness.

The dental equipment appeared to be new and functioning properly. Two Weber units were noted, two Webex pump chairs, two Castle examination lights, two Weber slow speed dental engine, two Midwest high speed units, one Weber wall mounted x-ray, two American instrument cabinets, one Phillips Clarinet Universal x-ray developer, one Pelton Crane air compressor, one cavitron, and one American Dynaclave. If new equipment were suggested, it might be to replace the dental chairs and units with something more modern. This would include exam light, high speed units.

The summary of the monthly dental services revealed that with the exception of orthodontics, most dental procedures were available to the inmates. When an inmate arrives at the prison, he is advised that dental treatment is available and what he must do to receive it. As soon as an inmate requests treatment in writing, he is placed upon a waiting list and is scheduled at the earliest opportunity. Dental laboratory work is referred to the dental laboratory at Raiford for processing.

The dental staff consists of a Dentist I, two inmate dental assistants and one inmate clerk typist.

RECOMMENDATIONS FOR IMPROVEMENT

1. DENTAL EQUIPMENT - replace dental units, dental chairs,
2. DENTAL PERSONNEL - establish new Dentist I position. Employ two salaried dental assistants.
3. MANUAL OF OPERATIONS - should be developed and available for review by all personnel.

October 17, 1973

On the above date a general sanitation inspection was made of the following facility:

Sumter Correctional Institution  
P. O. Box 667  
Bushnell, Florida 33513

K. D. Conner, Superintendent

**SECURITY:**

Close custody.

**CAPACITY:**

|              |             |
|--------------|-------------|
| Crisis Quota | 800 Inmates |
| Today        | 801 Inmates |

**HOUSING:**

The dormitories are modern, brick veneered buildings. Each dormitory is a cluster of four buildings with one building containing toilet facilities, and the other three buildings are utilized for sleeping purposes. There are approximately 178 men housed in each dormitory. Each building is approximately 43' x 113' which gives each man approximately 82 square feet of sleeping space. The dormitories are clean and well-maintained. Central heat is supplied by steam; ventilation and cooling by fans.

The toilet facilities consist of:

14 toilets  
18 lavatories  
12 urinals  
10 shower heads

**SEGREGATION FACILITY:**

There are 21 cells 7-1/2' x 10-1/2'.

Sumter Correctional Institution  
October 17, 1973  
Page Two

**FOOD SERVICE:**

Some minor discrepancies were noted in the food preparation area:

- (1) Intermittent Pyrethrin Dispensers should be twelve feet away from food preparation or serving area.
- (2) Floor is in the process of being replaced.
- (3) Sneeze guards needed on serving line.
- (4) Inadequate lighting in cooking area for personnel dining room.
- (5) Hose bib vacuum breakers needed on several spigots.
- (6) Closer supervision may be needed in the dishwashing room. Inmates did not have final rinse water turned on machine while washing trays.
- (7) One battery of cooking equipment does not have a ventilation hood.
- (8) Containers of food should be stored off the floor.
- (9) Ceiling needs repairing in one area of the kitchen.
- (10) Cutting boards need replacing.
- (11) Baker's tables need refinishing.
- (12) Need racks for baker's refrigerator.
- (13) Back entrance to kitchen needs screening, or some other device installed which will control fly entrance.

**WATER SUPPLY:**

Water is supplied by two deep wells; water is treated for hardness, chlorinated and stored in large pressure tank.

**SEWAGE DISPOSAL:**

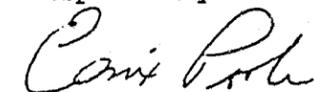
Sewage is treated in an extended aeration plant which appears to be satisfactorily maintained. A hose bib vacuum breaker is needed on each washdown spigot.

**GARBAGE:** Collected by a private collector on a regular basis.

**TRASH:** Burned and buried at a landfill on premises. This was well-maintained at the time of inspection.

General maintenance and sanitation at this facility appeared satisfactory at the time of inspection.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

EP:mws

UNION CORRECTIONAL CENTER  
RAIFORD, FLORIDA

PREAMBLE

This is the oldest of the larger prisons, having been erected about 38 years ago. It has been enlarged and renovated in the medical section several times, but still remains unsatisfactory as a facility. At present inpatient and out-patient facilities are not separated, leading to confusion and noise, and weak security. A new unit (wing) is under construction and it is hoped this will alleviate many of the present troubles. There were 1653 inmates on the day of visit. They are of all grades physically and range from minimal to maximum in their sentences.

There is a special area set aside for psychiatric cases, of 20 beds. The average population for it is about 15.

A morning sick call averages about 75 inmates, of whom about 25 will see a physician. The call is from 6:30 to 8 A.M. After 8 A.M. there are about 100 inmates seen by the medical technician. These are inmates who have made additional requests to be seen.

An ophthalmologist visits every two weeks for several hours, and an optometrist once a week. Conditions requiring the services of specialists are sent to the specialists, usually at the University of Florida.

MEDICAL FACILITIES

The actual physical plant medical facilities here are probably the least acceptable of those in the entire prison system. The ultimate solution can be nothing less than an entirely new facility. Although this facility has a so-called hospital, the name cannot be justified. At best it should be classified an infirmary.

It is my strong belief that no operations of any consequence should be done here. Major surgery should be sent to RMC. With this, there is no need for a nurse anaesthetist. No inhalation anaesthetics should be given. Cyclopropane gas should not even be in the building under any circumstances. Minor operations under local anaesthesia only should be allowed.

The psychiatric area is totally inadequate, physically and personnelwise. Unless a specific new unit can be built, it is my recommendation that the investigative work of Parke-Davis be discontinued and the space utilized for the Nurse-Psychiatric Department.

As far as personnel are concerned, the present staff is totally inadequate. If we employ the Standards of the American Correctional Association which are not optimal, there should be, in addition, two more psychiatrists, six psychologists and about nine or ten counselors. It is realized this is impossible of attainment at the present time but it should be a goal for the future. Physical facilities as presently existing could not accommodate a third of the above.

CLINICAL LABORATORY

The clinical laboratory is crowded. There is a trained civilian technologist and a trainee under his supervision. Likewise, there are two inmate trainees. Routine urines, bloodwork and chemistry are performed. There are no quality control measures being taken. Calibrations of instruments is done twice weekly. Test for sickle cell anemia is also performed.

X-RAY

There is no civilian x-ray technologist nor a qualified inmate technician. Films are read by one of the prison physicians. Questionable ones are sent

to the University of Florida for interpretation. There has not been a routine chest film taken this year of inmates.

A part-time radiologist would be nice but not necessary if the present system is carefully observed. A civilian technologist (A.R.R.T.) is recommended, as are yearly chest films.

#### PHARMACY

The pharmacy appears adequate and properly controlled. There is no inmate access to drugs or the pharmacy. The one valid criticism is the continuous use of certain drugs without any checkup or testing as to their effect on the patients' blood levels or metabolisms. This should be done regularly.

#### MEDICAL RECORDS

The medical records can only be classified as extremely poor. On many charts there were no vital signs documented. Physician's orders were not signed. There were many discharge summaries missing on "hospital charts." Perhaps worst of all, on patients admitted to the psychiatric section, there was no history and physical examination, no vital signs - just a drug prescribed and given and often no signature as to who ordered it and when.

The whole medical record system here is condemned and should be reorganized.

#### KITCHENS - DIETARY

The hospital kitchen is crowded and untidy. The dishwashing machine has not been in operation for the past three months. There was food being stored in the ice machine. The machine was dirty and the ice scoop reportedly is never cleaned but cast on top of the ice after every usage. There is inadequate storage space and there was an obvious need for screens.

The main kitchens were examined by the Sanitarian, whose report is attached. In speaking with him he classified the main facility as totally unacceptable and in need of replacement.

#### PHYSICAL PLANT NEEDS AND RECOMMENDATIONS

1. Frankly, an entire new unit is needed (complete).
2. If above is impossible; then move psychiatry to Parke-Davis unit; probably necessary anyway.
3. An entire new Main Kitchen and Dining Area. In it, special provision for diets prescribed by prison physicians; keeping these inmates away from the hospital kitchen and area.
4. Establish definite criteria and housekeeping standards (mop control, etc.).
5. Standardize medical records format in uniformity with other institutions.
6. Discontinue all inhalation anaesthetics - referring all major work to RMC.

#### PERSONNEL NEEDS

Much of the above is dependent on adequate physical plant. If the needed additional personnel were acquired, where could they be placed at present?

1. The greatest need at present is for additional psychiatric personnel. To begin with, another psychiatrist, two more psychologists and three or four psychiatric counselors. More to be added as space becomes available.
2. A gradual cutting down of inmate workers, with replacement by qualified civilians.
3. Review the positions of hospital social workers. I believe they are overstaffed and they could be used elsewhere to better advantage.
4. X-ray technologist (at least part time).
5. Consultant dietitian, medical record administrator, pharmacist in cooperation with the other prisons and the prison system.

This survey was made in cooperation with Dr. J. F. Alderete of the Atlanta Federal Penitentiary and his acting administrator, Mr. R. Hale.

Mr. J. Tompkins, Assistant Warden, was interviewed and briefed. We were accompanied on the survey by Mr. G. Ragans, Hospital Administrator, and Dr. A. Gonzalez, Medical Director throughout. They were very helpful.

Prison physicians were interviewed also.

UNITED STATES GOVERNMENT

# Memorandum

TO : Kenneth B. Babcock, M.D.  
5742 N.E. 15th Avenue  
Fort Lauderdale, Florida 33308

DATE: October 29, 1973

FROM : Joseph F. Alderete, M.D.  
Chief Medical Officer  
U.S. Penitentiary Hospital, Atlanta, Ga. 30315

SUBJECT: MEDICAL INSPECTION REPORT OF UNION CORRECTIONAL INSTITUTION, STARKE, FLORIDA

This report covers the medical inspection of the above facility conducted by Dr. Babcock, Mr. Hale Administrative Assistant from the U. S. Penitentiary, Atlanta, Georgia and myself, on the 17th of September 1973.

## I General

The Union Correctional Institution had a mixture of renovations and old facilities. The Hospital Administrator was Mr. G. Regans. The overall sanitation appeared to be satisfactory. Their sick call was adequate in frequency and quality. They have a few specialists who come to the hospital such as dermatologist that comes in weekly. They are staffed by one surgeon and 2 internists. Average inpatient load is 20. They have one psychiatrist and 3 psychologists with a 20 bed psychiatric ward. They have 3 R.N.'s plus another one pending and 3 L.P.N.'s. There are 31 MTA's of whom 12 are females. They have a laboratory technician and an X-ray graduate, and a medical records librarian, plus 2 medical records clerks. Their operating room has a non-conductive floor. They have 2 active TB cases and 2 serum hepatitises.



II Recommendations for specific deficiencies found:

1. There is a lack of uniformity in format and quality of the medical records. Specifically it was noted in the medical records that the lab slips were not being acknowledged by the physician that had ordered them. Progress notes had no standardization with reference to frequency. Narrative summaries were not adequate. There were no start or stop dates. Nurses didn't sign the doctor's orders and doctors didn't sign M.D. or just used initials and you didn't know who signed it unless you happened to know who the initials belonged to.
2. There is no central supply.
3. Oxygen is being stored in patient area against regulations.
4. The surgery room floor hasn't been checked for conductivity.
5. Food and medicines are together in the refrigerator on the ward.  
Food and medicine should not be mixed together in a refrigerator.
6. They had no cultures of food equipment and facilities.

The above is a minimal outline of the inspection at the Union Correctional Institution covering the highlights and the deficiencies noted to supplement Dr. Babcock's report.

*Joseph F. Alderete*  
Joseph F. Alderete, M.D.  
Chief Medical Officer

UNION CORRECTIONAL INSTITUTION, Raiford, Florida

This institution is located in Union County and has an inmate population of 1807. It has a security classification of close custody. The institution is around 41 years old and its general appearance reveals the wear and tear of its vintage.

The dental clinic is a part of the hospital located on the first floor of the main building. The dental suite consists of three dental operatories, one laboratory, a business office, private office for the dentists, a dark room - rest room combination and a storage room. The operatories are very small making sit down dentistry and four handed dentistry very difficult if even possible to carry out. There is no dental waiting room and patients must wait in a medical waiting room, inconveniently located some distance from the dental suite. The dark room - rest room presents a real problem at times and is certainly not practical. The rooms appeared to be recently painted, the floors were clean and waxed and the general appearance give the impression of cleanliness. For details of dental clinic, please refer to floor plan in appendix.

The major dental equipment included three Weber units, three Weber chairs, three Castle examination lights, three Weber dental low speed engines, three Weber high speed, three Weber wall mounted x-rays, three American dental instrument cabinets, three Weber evacuators, one Air Technique compressor and one Pelton Crane autoclave.

The dental staff consists of two dental interns and one Dentist II (Dr. A. G. Klier). There are six inmate trainee dental assistants. A medical technician has been assigned to the dental unit and serves as a security officer. This staff operates on a five-day, forty-hour week and is on call the balance of the time in the event of an emergency.

All inmates assigned to the Union Correctional Institution have been examined originally at the Lake Butler Reception and Medical Center. Their dental records along with their entire biographical folder accompany them from institution to institution. When an inmate reaches the Union Correctional Institution he is advised that dental treatment is available and how he can go about getting it. In the Division of Corrections, dental treatment is not generally rendered unless requested by the inmate. As soon as it is requested, the inmate is placed upon a waiting list and is scheduled at the earliest opportunity.

It was observed in reviewing the monthly dental services form that all types of dentistry were being offered to the inmates with the exception of orthodontics. One is impressed with how active this dental clinic seems to be despite the obvious handicaps of small, cramped quarters and rather old equipment.

The average stay per inmate seemed long enough generally to allow ample time for dental treatment to be rendered prior to his release. If dental treatment is not completed, it may be a result of understaffing (less than three dentists at any time), treatment not requested by inmate or requested soon enough prior to release, budgetary limitations, etc. There are other reasons but these would represent some of the major ones.

RECOMMENDATIONS FOR IMPROVEMENT

1. DENTAL CLINIC SPACE - find new location for dental clinic. Operatories need increasing in size as well as a rearrangement of the entire suite.
2. DENTAL EQUIPMENT - replacement of old equipment is indicated - dental units, dental chairs, cabinetry, dark room equipment.
3. DENTAL PERSONNEL - reclassify dental intern positions to Dentist I. Employ three salaried dental assistants and one clerk typist to replace inmate trainees.
4. MANUAL OF OPERATIONS - should be developed and available for review by all personnel.

September 25, 1973

On the above date a general sanitation inspection was made of the following facility:

Union Correctional Institution  
Post Office Box 221  
Raiford, Florida 32083

SECURITY:

Close custody.

CAPACITY:

|        |                 |
|--------|-----------------|
| Normal | Not established |
| Today  | 1,582 Inmates   |

HOUSING:

This facility was built many years ago. It is mainly of concrete type construction. The main housing unit consists of:

|     |             |              |                          |
|-----|-------------|--------------|--------------------------|
| 330 | 2-man cells | 5'7" X 13'3" | = 37 square feet per man |
| 60  | 7-man cells | 17'8" X 13'  | = 31 square feet per man |
| 24  | 8-man rooms | 12' X 19'    | = 28 square feet per man |
| 24  | 4-man rooms | 12' X 19'    | = 56 square feet per man |

Other miscellaneous rooms and cells.

The bathroom facilities consist of 20 gang type shower heads at each end of the building. The cell units all have a toilet and lavatory. Some wings are served by gang toilets which appear to be adequate in number.

The shower areas need more ventilation to help control mold and fungus growths.

The West Unit is composed of dormitory type units. Dormitory #5 was closely inspected.

The North Wing contains 22 bunks and is approximately 35.5' X 29.5' which gives each man approximately 47 square feet of sleeping space.

The South Wing contains 36 bunks and is 35.5' X 38' which gives each man approximately 37 square feet of sleeping space. This unit has gang toilet facilities which consists of

|                                   |
|-----------------------------------|
| 4 shower heads                    |
| 4 toilets with closed front seats |
| 4 lavatories                      |
| 0 urinals                         |

The shower floor needs repairing and the bathroom could use more ventilation.

Segregation facilities: This facility is isolated by a fence and consists of 41 cells. They are 6'4" X 9' and have the capability of holding two men. All the occupied units contained one man at the time of inspection. The cells were well ventilated and most were freshly painted. All the housing is heated by steam radiators and cooled with fans.

FOOD SERVICE:

The food service facility consists of one kitchen and dining room with four serving lines. All inmates are served from this kitchen except men requiring special diets who are served at the hospital kitchen. This facility is old, poorly organized and much improvement is needed. Some discrepancies noted were:

- (1) Not enough light in dish machine rooms.
- (2) Dish machines were not in operation at time of inspection (the final rinse should be checked to see that it reaches and maintains 180° F. since the operators of the machines did not know).
- (3) Excessive number of flies in kitchen and dining room were noted. Back door should be kept closed since garbage cans are stored in this area.
- (4) Several sinks were equipped with hose bibb spigots. Many had hoses attached and laying in a sink or on the floor. This creates a cross connection between the sewer and water systems.
- (5) Hoods have never been installed over any cooking equipment.
- (6) Need soap and hand towels in inmate bathrooms in food preparation area.
- (7) Floors need repair in areas such as the bakery.
- (8) Walls and ceilings need cleaning in bakery.
- (9) The bakery also has inadequate lighting and ventilation.
- (10) Ice machines need cleaning.
- (11) No sneeze guards on serving line equipment.
- (12) Many metal eating trays are cracked and in poor repair.

General maintenance and cleaning needed throughout food establishment.

HOSPITAL FOOD SERVICE:

This facility serves the patients in the hospital and out-patients requiring special diets. This facility is too small which creates many problems. Discrepancies noted:

- (1) Final rinse on dish machines not 180° F.
- (2) Food should not be stored in the ice machine.
- (3) Screening needed in the kitchen area.
- (4) Refrigerator needs cleaning; was 50° F. at time of inspection, should be 40° F. or less.
- (5) Not enough storage space.
- (6) Food is served and carried upstairs to patients (no elevator in facility). Protection of food is poor during this type serving.

- (7) Out-patients get served through windows and eat in a room close to the hospital. This room could use some cleaning.
- (8) This facility is too small for any orderly type operation.

WATER SUPPLY:

Supplied by Florida State Prison.

SEWAGE DISPOSAL:

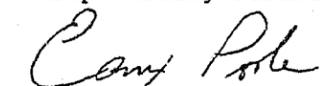
Joint venture with Florida State Prison.

Garbage: collected by Florida State Prison.

Trash: taken to landfill burned and buried.

This facility is very old and well used. Good maintenance in this type facility is very hard to achieve. Some of the cell units appear to be overcrowded. The food service facilities in both the hospital and main institution have many shortcomings.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

EP:mr

MEDICAL - SANITARY  
ROAD PRISON SURVEYS  
FLORIDA CORRECTIONAL SYSTEM

1973

GENERAL SUMMARY  
ROAD PRISONS IN THE CORRECTIONAL SYSTEM

PREAMBLE

There were, at the time of survey, 15 road prisons in Florida. Several are already undergoing a change of status to Vocational Centers. This I strongly believe is for the better. Each individual road prison has a separate sanitary report by Mr. Poole and a report of my personal survey. Conditions in most of the institutions were found to be very similar.

PHYSICAL FACILITIES (MEDICAL)

In every institution there is what is called a "drug chest." It contains over-the-counter drugs and home remedies such as aspirin, poison ivy lotion, cathartics and bandages. Many obsolete drugs and pills held over from when some of the road prisons were actual prisons were noticed. Someone like Mr. Lee should review all of these closets and salvage where possible and destroy where obsolete. There are prescription drugs also in these closets. They have been prescribed for the prison by the road prison physician and are given out by the custodial officer on duty, as directed.

Several of the institutions have small (2 to 4) bed infirmaries or holding beds for mildly sick or injured individuals. Critically ill are sent to the nearest local hospital or to one of the large prison infirmaries if close, or to R.M.C.

PERSONNEL

No road prison has an M.T.A. and I do not believe one can be justified unless his duties can be combined with custodial care also. Many of the custodial

officers have Red Cross First Aid experience or Armed Forces experience. Each road prison has its own physician. For the most part they visit the prison once or sometimes twice a week, and hold sick call. The average attendance at sick call varies from 5 to 10 inmates, mostly for very minor complaints. It must be remembered most road prisons average 50 to 70 inmates, most all of whom are young and in physical grades of I or II. If any become sick or injured on off sick-call days, they are taken into the physician's office or to the local hospital for immediate care. The arrangement appears satisfactory. Any man unable to work or unwilling to work is reassigned to one of the main prisons.

I spoke by phone to several of the road prison physicians. All felt they were underpaid, all sounded dedicated and motivated to this work. Rather strikingly was their worry that in case anything happened to them, who would be willing to replace them.

Medical records are almost nonexistent except for logs of medications given, and then they are not uniform. Some institutions log every visit and medication; others log only physician's prescription medicines but none of the home remedies given. I believe it wise that any medicine given, even aspirin, should be noted or logged.

#### SANITATION

This is very important to each and every institution. A slip-up in proper sanitation and upper respiratory or intestinal upsets can sweep through the institution like wildfire. It is noticed that very few of the dormitories have adequate floor space per number of inmates. A review shows the average sleeping space square footage per man varies from 28 to 50. This is very minimal.

In most institutions many common faults were found. They should be corrected as soon as possible. The commonest occurrences found by Dr. Poole were:

1. Rodent presence - through wall holes and open ceiling space.
2. Food stored on floors.
3. Open uncovered cooked food in refrigerators.
4. No thermometers in some refrigerators and in others unacceptable temperatures being maintained.
5. No kitchen washing facilities.
6. Food stored on top of ice used for drinking purposes.
7. All institutions had three tubs for dishwashing (wash, rinse, sanitize), but many did not use but two.
8. Toxic materials stored with food and Pyrethrum dispensers too close to food storage and preparation.
9. Hose bib vacuum breakers are needed on sink faucets with hoses.
10. Faulty grease traps.

Most important of all in the Sanitarian's report, five of the road prisons have unsatisfactory sewage disposal conditions. These must be and should be corrected immediately.

It is strongly recommended that at each road prison one or two individuals may be made responsible for sanitation. There should be definite sanitary rules and regulations posted, observed and enforced. For example, a definite mop care. Mops must be cleaned daily and properly hung. They were observed dirty, stuck in corners or behind equipment. Some were sour smelling and obviously had not been cleaned in some time.

DETENTION CELLS (SEGREGATION)

The usual detention facility is a concrete or wooden blockhouse situated 50 to 60 yards away from the dormitories. The roof is of galvanized material and there is an air space for ventilation and some daylight. Windows are in the corridors and usually painted over. Each cell contains a combination toilet, lavatory and water fountain. Sleeping floor space varies from 24 to 35 square feet and is inadequate in my estimation. Prisoners are furnished a thin palate and a blanket.

Heating is accomplished by an electric wall heater in the corridor, or portables. Lighting is from one or two bulbs in the corridor. Prisoners are allowed to read the Bible and some religious tomes; nothing else. Many can't read and those that can find it impossible because of poor lighting.

On some of the days that I visited in these cells I am sure the temperatures were well over 100 degrees. In every instance the inmate was sweating profusely. I was told they are allowed two showers a week.

They are checked at regular intervals by custody officers and supposedly every 72 hours by a physician. This latter was not being done in many instances. I cannot help but feel that in over 50% of the detention cells in the road prisons the treatment and care is inhumane and medically unsound.

DENTAL CARE

None of the road prisons have dental facilities. Inmates needing acute dental care are taken to a local dentist. If more than this type of care is needed, they are sent back to R.M.C. or one of the major prisons where such care can be given.

DIVISION OF CORRECTIONS ROAD PRISON #25  
ARCADIA, FLORIDA

PREAMBLE

The population on day of survey of this institution was 53 inmates. There were 33 men on the road, 9 on the hill (maintenance), 6 on work release, 3 on construction and 2 in segregation (punishment). This is a close custody institution. This is a former prison.

MEDICAL CARE

Dr. Spundy of the DeSota Correctional Institution holds sick call here once a week. If inmates become ill otherwise they are taken over to DeSota to see him.

There is the usual locked drug closet with over-the-counter preparations. Both of the officers present feel the state would save considerable money if they were allowed to stock drugs such as Coricedin and Tetracycline. They would be issued only by physician's advice and prescription. As it is, each prescription must be filled separately at the local pharmacy at considerable more state cost. At least the matter should be studied and given thought.

There is both an AA and a drug program here (sponsored).

Dental help is secured from visit to local dentist.

The detention cells are similar to those in other institutions.

ENVIRONMENT AND SANITATION

The dormitory had the usual crowded, wall-aligned, double-deck bunks. It was clean and appeared in good maintenance.

There is no recreational space indoors worth mentioning.

The toilet and shower facilities were the cleanest and best appearing of seven road prisons visited so far.

A room used as temporary sick bay had leaky plumbing.

In the kitchen the walk-in refrigerator had cooked and uncooked food uncovered and in containers on the floor.

The sewage drainage is by septic tank into field drainage. When heavy rains occur the kitchen drain backs up into the middle of the kitchen. It was so doing on the day of survey. It must be fixed immediately. I was told a new tank and drainage field has been ordered.

Screens over stove should be cleaned at least weekly.

#### RECOMMENDATIONS AND COMMENTS

1. Push the new drainage system for the kitchen, with replacement as soon as possible. It is a serious health hazard.
2. Repair sick bay leak.
3. Study with others enlarging the kind of drugs allowed in closet.

I was accompanied on my rounds by Lieutenant L. A. Hamlin, and discussed conditions with Captain G. B. Testoe.

October 16, 1973

On the above date a general sanitation inspection was made of the following facility:

Arcadia Road Prison  
P. O. Box 245  
Arcadia, Florida 33821

W. Wimberly, Captain

#### SECURITY:

Close custody.

#### CAPACITY:

|        |            |
|--------|------------|
| Normal | 60 Inmates |
| Today  | 64 Inmates |

#### HOUSING:

The dormitories are concrete block type construction, centrally heated and air-conditioned.

The north wing contains 39 bunks and is 22' 8" x 62' which allows each man approximately 36 square feet of sleeping space.

The south wing contains 26 bunks and is approximately 22' 8" x 58'. This allows each man 50 square feet of sleeping space.

The toilet facilities consist of:

|                 |
|-----------------|
| 6 toilets       |
| 6 lavatories    |
| 1 trough urinal |
| 6 shower heads  |

In addition, there is (1) urinal, (1) toilet, and (1) lavatory on each wing.

#### Segregation Facility:

This facility is attached to the main building and consists of 2 cells 5-1/2' x 8'.

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Utilize all three compartments of sink to wash eating utensils - wash, rinse, sanitize.
- (2) Clean filters over stove.
- (3) Prepared foods should be kept covered when stored in cooler.
- (4) Thermometers needed in cooler.
- (5) Heavy infestation of German cockroaches was noted during inspection.
- (6) Garbage cans should be moved away from the back door area.
- (7) Keep garbage cans clean and covered.
- (8) No soap, towels and toilet paper in inmates' restroom. Window screen should be repaired also.
- (9) Meat cutting block should be refinished or replaced.
- (10) Ice scoop should be protected when not in use.
- (11) More ventilation needed in storeroom.

WATER SUPPLY:

Water supply by deep well; Water is aerated and pumped to pressure tank; chlorinator was not working at the time of inspection.

SEWAGE DISPOSAL:

Sewage is treated at this facility by an aeration plant. The air compressor was not on the treatment plant at the time of inspection. Mr. Wimberly stated that the air compressor was in the process of being repaired.

GARBAGE: Private collector

TRASH: Burned on premises and hauled off to landfill.

The grease trap was running over at the time of inspection. A hose bib vacuum breaker was also needed at the wash-down spigot. The dormitories were clean and well-kept. The food service facility needs more attention and the sewage disposal system needs more competent supervision.

Respectfully submitted,

*Eanix Poole*

Eanix Poole, R.S.  
Sanitation Consultant

EP:mws

DIVISION OF CORRECTIONS ROAD PRISON #41

BIG PINE KEY, FLORIDA

PREAMBLE

This road camp prison facility is reputed to be a former C.C.C. Camp, renovated to house the present institution. It is classified as an honor camp of medium and minor security inmates.

On the day of survey there were 59 inmates, of whom 9 were on work relief, 8 on the hill and 42 men on the roads.

MEDICAL CARE

There are no medical facilities except a locked drug closet. It contains the usual assortment of basic first aid drugs and supplies. No inmate is allowed to keep medicine on his person. Drugs prescribed by the camp physician are held in the closet and dispensed at the proper time interval by the custodial officer on duty.

The camp physician is a Dr. Herman Moore, living and practicing in Key West, 25 miles away. He sees an average of 5 to 20 inmate patients a month in his office, and visits the camp every 3 days to check the inmates in the punishment cells. I talked with Dr. Moore - he is very dissatisfied with his remuneration of \$180.00 a month for his camp visits. Figuring the usual call charge, plus mileage, he is grossly underpaid for same. He worries that on his retirement no other physician will replace him at the present fee. The camp is very satisfied with his work and attention. Any real accident or major trauma is taken to the nearest hospital.

Ordinary dental needs are taken care of by appointment with a local dentist. If extensive work is needed the inmate is sent to the closest prison where such is offered.

#### ENVIRONMENT AND SANITATION

The inmates are all housed in a single-room dormitory. It is badly overcrowded, with double-deck bunks along the walls and some in the center aisle.

There are 3 toilets, 2 urinals and 4 shower heads at one end of the dormitory.

The plumbing is ancient and should be replaced. Likewise, the mattresses, which are old cotton stuffed monstrosities, should be replaced.

The dormitory has no air conditioning. Screens are in need of repair but cannot be because of the installation of fixed bars. Air is circulated by two fans.

Sanitation is by 3 septic tanks draining into a gravel area.

#### KITCHEN AND DINING AREAS

The kitchen and dining areas are adequate as to size. Dish and pot washing is done in sinks, by hand. It is not satisfactory. Garbage is removed daily.

There appeared to be no fly problem. Refrigerators had uncovered food.

#### PUNISHMENT CELLS

This unit consists of a small building containing four segregated cells of minimal size. Inmates are checked every two hours it was stated, and every 72 hours by the camp physician.

The light is too poor to read by, even in daytime. Circulation of air is almost nil. It is impossible for the inmate to do anything but sit or lie down and meditate.

#### RECOMMENDATIONS AND COMMENTS

1. Replacement of plumbing in dormitory.
2. Furnish air conditioning in dormitory (I was told it is on order).
3. Cover all prepared food in refrigerators.
4. Develop standard procedures.
5. Keep supplies off floors (on platforms).

I was accompanied on my survey by Captain R. A. Peters.

October 9, 1973

On the above date a general sanitation inspection was made of the following facility:

Big Pine Key Road Prison  
P. O. Box 509  
Big Pine Key, Florida 33043

R. A. Peters, Captain

SECURITY:

Medium and minimum custody.

CAPACITY:

|        |            |
|--------|------------|
| Normal | 55 Inmates |
| Today  | 50 Inmates |

HOUSING:

The dormitory is concrete block type construction with wooden ceilings. The dormitory is 22-1/2' x 90' which allows 34 square feet of sleeping space per man if all 60 bunks are occupied. Heating, if necessary, is supplied by gas heaters. Cooling and ventilation is supplied by fans. Air-conditioning is planned for the future.

The toilet facilities consist of:

3 toilets  
2 urinals  
4 lavatories  
4 shower heads

The bathroom and fixtures needs some general repair.

Segregation Facility:

This consists of 2 cells 6-1/2' x 9'. This facility needs some cleaning.

BIG PINE KEY ROAD PRISON

October 9, 1973

Page 2

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Some general cleaning needed in several areas.
- (2) Lighting in kitchen is inadequate.
- (3) Backdoor screen needs repair.
- (4) Exhaust fan needed in hood.
- (5) Intermittent Pyrethrin Dispensers should be twelve feet away from food preparation or serving area.
- (6) All three compartments of sink should be utilized in washing eating utensils - wash, rinse, sanitize.
- (7) Hose bib vacuum breakers needed on sink faucets which have hoses attached.
- (8) Pastry brush should be used instead of paint brush to spread butter.

WATER SUPPLY:

Water is supplied by the Florida Keys Aqueduct Authority.

SEWAGE DISPOSAL:

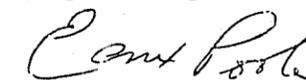
Septic tank system with elevated filter bed. The filter bed is filled with crushed limerock instead of sand which has bonded together through which waste water does not percolate. This material should be removed and appropriate type sand should be used to replace it. According to the water bill, there is approximately one quarter million gallons of partially treated sewage being dumped on to the ground at this facility each month.

GARBAGE: Collected on a regular basis by a private collector.

TRASH: Collected on a regular basis by a private collector.

This facility needs some general maintenance in the sewage disposal area.

Respectfully submitted,



Eanix Poole, R.S.  
Sanitation Consultant

EP:mws

DIVISION OF CORRECTIONS ROAD PRISON #27

COPELAND, FLORIDA

PREAMBLE

This road camp prison facility was formerly a close, fenced prison. It now is classified as an honor camp for medium and minimal security risks.

On the day of survey there were 37 inmates, of whom 8 were on work release, 7 on the hill and 22 on road detail (1 ill with arm).

MEDICAL CARE

There was present the usual locked drug closet. It contains more basic drugs than others examined, explained on the basis of remoteness from any practicing physician. All drugs and supplies were of the over-the-counter type. Prescription drugs written by the camp physician are given to the inmates on the times stated, by the custodial officer on duty. There appeared to be no excessive number of drugs.

When necessary, sick inmates are taken in to the office of Dr. L. Alexander in Naples. This occurs about five or six times a month. Dr. Alexander visits the camp every Saturday morning, when he both examines any inmates in the punishment cells and holds a sick call. Rules of the Correctional Division state that such prisoners must be examined every 72 hours. This has been waived because of the distances involved.

For dental care inmates are taken to Fort Myers (75 miles) once a week, if necessary.

Dr. Alexander is not happy, I was told, with the amount of remuneration offered for his work. Dr. Alexander's work is appreciated by the correctional officers.

Any trauma of consequence is taken to the nearest hospital.

ENVIRONMENT AND SANITATION

Housing for all inmates is in a large single-room dormitory. It is air conditioned. Beds are horizontally against the wall, with no space between. The room was in good maintenance.

Four toilets, 2 urinals are at one end of the room. Another toilet is in part of the other end. The facilities were the cleanest of any visited so far. Showers were in working order and there were no broken tiles.

On the day of visit I was told something had happened to the electric pump controlling the water supply. There was no pressure. I was assured it was being fixed that day. I stressed to them the need of getting it done immediately because if not toilets would block, dishes could not be cleaned and cooking hampered.

Sewage is taken care of by septic tank and has sanitary approval.

KITCHEN AND DINING AREAS

In contrast to the dormitory, the sanitation in the kitchen left much to be desired. The stove (frying sheet) was extremely greasy and dirty; crusty grease could be scraped off the edges. The back of the stove was not encased and is a fire hazard. Cockroach excreta was noticed, as were two live cockroaches. The screen door enclosing the garbage cans was sprung and flies had easy access and exit to the garbage. Storerooms were orderly and most items

were off the floor. The refrigerator had no uncovered food. One refrigerator had huge blocks of ice on the floor. It was stated this was necessary because otherwise the unit could not maintain the proper temperature. This is not acceptable.

#### PUNISHMENT CELLS

This unit consists of a small building with two cells of minimal size. The one cell, holding an inmate, had a leaky toilet and the floor was wet. The other cell was dirty and unclean from the previous occupant. Lighting and air circulation were better than in other units visited.

#### RECOMMENDATIONS AND COMMENTS

1. Get the pump fixed so that it will not short again. This is dangerous.
2. Permanently fix the leaky toilet in the punishment cell.
3. Institute more stringent rules for elimination of cockroaches, etc. There is no excuse for this. A more frequent prevention control is probably the answer. Once a month is not enough.
4. Get the inadequate refrigerator motor fixed so it can function at the proper temperature.
5. Develop standard procedures for cleaning and sanitary control in kitchen
6. Study, because of distance from physician, the stocking of some drug items not ordinarily kept, such as tetracycline. I believe only one or two such drugs are necessary. Work it out with the physician and then apply to the Commission for their approval.

I met the Captain, R. T. Strickland. I was accompanied on my survey by Lieutenant T. E. Dozier.

October 10, 1973

On the above date a general sanitation inspection was made of the following facility:

Copeland Road Prison  
P.O. Box 97  
Copeland, Florida 33926

R. T. Strickland, Captain

#### SECURITY:

Medium, minimum custody.

#### CAPACITY:

|        |            |
|--------|------------|
| Normal | 55 inmates |
| Today  | 37 inmates |

#### HOUSING:

The dormitories are centrally heated and air-conditioned. They are approximately 22-1/2' x 132-1/2' which allows each man 46 square feet of sleeping space, if all 66 bunks are occupied.

The bathroom facilities consist of:

|   |
|---|
| 5 toilets                                   |
| 5 lavatories (one lavatory needs replacing) |
| 6 shower heads                              |
| 2 urinals                                   |

#### Segregation Facility:

This consists of 2 cells 6-1/2' x 8'. This facility needs some maintenance.

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Intermittent Pyrethrin Dispensers should be located at least twelve feet away from food preparation or serving area.
- (2) Hose bib vacuum breakers needed on sink faucets when hoses are attached.
- (3) Plywood cutting board should be replaced.
- (4) Utilize all three compartments of sink to wash eating utensils - wash, rinse, sanitize.
- (5) Repair back screen door.
- (6) Pastry brush should be used instead of paint brush to spread butter.
- (7) Containers of food should be stored off the floor in the storeroom.

WATER SUPPLY:

By well; water supply is aerated, chlorinated and stored in a pressure tank. The chlorinator needs repair and the aeration tank needs cleaning.

SEWAGE DISPOSAL:

Septic tanks and drainfield. The drainfield from the kitchen and the segregation facility are not functioning properly. Effluent is draining into the swampy areas next to the prison.

GARBAGE:

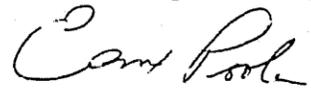
Collected by private individual.

TRASH:

Taken to landfill.

This facility was clean and well-kept at the time of inspection. Sewage system needs some repairs.

Respectfully submitted,



Eanix Poole, R.S.  
Sanitation Consultant

EP:mws

DIVISION OF CORRECTIONS ROAD PRISON #28

EAST PALATKA, FLORIDA

PREAMBLE

This is one of the older institutions. As a prison years ago it burned down and was rebuilt as a road prison. On the day of survey there were 62 residents, of whom 9 were on work release, 9 in support, 1 in detention and 43 men on the road working for the department.

MEDICAL FACILITIES

There is the usual drug closet of home remedies and supplies. The doctor visits each Saturday and holds sick call. Usual sick call amounts to 12 to 12 people. If there are men in detention he visits them every 72 hours or on call. If individuals get sick during the week they are taken to the doctor's office or to the local hospital (Putnam Memorial).

The facility has both an alcohol (AA) and drug program here in the institution. Townspeople come out to help.

Any prescription by the doctor is given out at the prescribed time by the custodial officer. When prescribed medications are given, they are also logged by the person giving them.

The medical closet is checked regularly and supplies, if necessary, are ordered quarterly.

ENVIRONMENT AND SANITATION

Sewage is handled by septic tank and pit drainage - turned over once a month.

It appears satisfactory.

The trash is in open receptacles in the back of the kitchen property. It should preferably be in covered containers and properly screened.

The kitchens were clean and storage in the refrigerators acceptable. There is a need for a dishwasher.

The dormitories and their toilets were clean.

RECOMMENDATIONS AND COMMENTS

1. A dishwasher should be acquired.
2. I feel it would be helpful in all the institutions to have one man responsible for sanitation and proper maintenance. The system could very well write out definite standards and policies to be followed in such things as mop technique, toilet sanitation and general cleanliness.

I was accompanied on the survey by Lieutenant W. D. Helms.

September 5, 1973

On the above date, a general sanitation inspection was made of the following facility.

East Palatka Road Prison  
Post Office Box 278  
East Palatka, Florida 32031

Captain H. E. Ellis

This road prison is located at the edge of East Palatka and is a honor security, or medium to minimum custody type establishment.

CAPACITY:

|                 |            |
|-----------------|------------|
| Normal capacity | 60 Inmates |
| Today           | 56 Inmates |

HOUSING:

This establishment is built of concrete blocks with wood trim. The whole facility is centrally heated and air conditioned.

The main dormitory consists of four wings. Two wings contain the bunks for sleeping, one wing contains the bathroom facilities and the other wing contains the library and T.V. room.

The east wing is approximately 20' 8" X 64' with 22 single cots which gives approximately 61 square feet per inmate.

The west wing is approximately 20' 8" X 64' with 22 single cots which gives each inmate approximately 46 square feet.

The bathroom facilities include:

- 6 toilets with regulation open front seats
- 6 lavatories
- 9 shower heads
- 1 trough urinal (needs vacuum breaker) (Chapter 10D-9 Florida Administrative Code, does not allow trough urinals in a permanent type establishment.)

There was ample hot water. Some of the lavatory valves need repair. Each sleeping area has one toilet, lavatory and urinal for night time use. The housekeeping and maintenance in the dormitory was very good.

The work release dormitory has several rooms with two or four bunks in each. It has ample bathroom facilities.

**MEDICAL FACILITY:**

The sick room is approximately 15' X 12' and contains three (3) cots. It has one lavatory and one toilet.

**FOOD SERVICE:**

The food service area was well kept and well constructed. A few discrepancies were noted such as:

- (1) Not enough ventilation in the storeroom
- (2) No thermometer in the walk-in cooler
- (3) A plywood cutting board was being used which was in bad repair. This should be replaced with a non-absorbent type material.
- (4) Prepared food in cooler should be covered.

**WATER SUPPLY:**

Water is supplied by a deep well. The water is then aerated to remove hydrogen sulfide and then pumped to a pressure tank.

**SEWAGE DISPOSAL:**

Sand filter - good maintenance.

Garbage - collected by private individual.  
Trash - burned on premises.

This whole facility was well maintained. No immediate sanitation hazards noted during inspection.

Respectfully submitted,

  
Eanix Poole, R. S.  
Sanitation Consultant

DIVISION OF CORRECTIONS ROAD PRISON #29

KISSIMMEE, FLORIDA

PREAMBLE

This is one of the older road prisons (1959) and is a minimum medium custody institution. On the day of survey there were 64 inmates, of whom 49 were on road detail, 9 on permanent duty, 5 on work release and 1 on detention. There is an AA program but no drug abuse program.

MEDICAL FACILITIES

There is the usual drug closet containing over-the-counter remedies. Like all these institutions there were a number of drugs and supplies quite old and of questionable value. These closets should be reviewed by the consultant pharmacist and outdated and unusable supplies discarded. As an example, why should an institution of this nature have over a dozen tubes of ethylchloride (an anaesthetic)?

A local doctor visits the prison every Saturday morning. He averages about five patients when he visits. It was stated that when an inmate is in detention he visits every 72 hours.

There are five beds in the sick bay adjoining the dormitory. It is not air conditioned like the dormitory. There were three inmates ill with colds in the sick bay at the time of survey.

ENVIRONMENT AND SANITATION

In the dormitory there was apparent overcrowding with double-deck bunks down the center aisle. The lavatories appeared in reasonable maintenance.

The conditions in the kitchens needed better supervision. The stove proper was greasy and the filters over the stove were not clean.

RECOMMENDATIONS AND COMMENTS

1. Clean screens over stoves weekly.
2. Remove collected grease from range.

I was accompanied on my survey by Lieutenant C. Knoebel.

October 12, 1973

On the above date a general sanitation inspection was made of the following facility:

Kissimmee Road Prison  
P. O. Box 209-P  
Kissimmee, Florida 32741

A. L. McCall, Captain

SECURITY:

Medium and minimum custody.

CAPACITY:

|        |            |
|--------|------------|
| Normal | 65 Inmates |
| Today  | 69 Inmates |

HOUSING:

Dormitory is centrally heated and air-conditioned.

The north and south wings are the same size - 21-1/2' x 55'. This gives each man 33 square feet of sleeping space, if all 77 bunks are occupied.

The toilet facilities consist of:

|                                 |
|---------------------------------|
| 5 toilets                       |
| 5 lavatories                    |
| 2 trough urinals                |
| 8 shower heads (1 out of order) |

Segregation Facility:

There are two cells 6-1/2' x 8' - well maintained.

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Intermittent Pyrethrin Dispensers should be at least twelve feet away from food preparation or serving areas.
- (2) Pastry brush should be used instead of paint brush to spread butter.
- (3) Utilize all three compartments of sink to wash eating utensils - wash, rinse, sanitize.
- (4) Mayonnaise should be kept refrigerated after opening.
- (5) Kitchen floor is eroded in some places.
- (6) Hose bib vacuum breakers should be installed on all spigots with hoses attached.
- (7) Bubblers water fountain in dining room. This water fountain should be removed immediately since it is not the regulation type.

WATER SUPPLY:

Water supply is by deep well; water is chlorinated and softened before being pumped to elevated storage tank.

SEWAGE DISPOSAL:

Elevated sand filter. Maintenance satisfactory.

GARBAGE:

Private collector

TRASH:

Burned and taken to landfill.

The general cleanliness and maintenance of this facility was good.

Respectfully submitted,



Eanix Poole, R.S.  
Sanitation Consultant

EP:mws

DIVISION OF CORRECTIONS STATE PRISON #30

LA BELLE, FLORIDA

PREAMBLE

This prison road camp is a close custody institution. On the day of survey there were 54 inmates; 2 were on work release, 40 on road duty, 9 on the hill and 3 in segregation. Inmates are in one large dormitory except for those in detention.

MEDICAL CARE

There is a locked drug closet containing over-the-counter drugs and supplies only. Any other drugs (prescribed) are purchased locally and administered as directed by custodial officers. All inmates here are classified as being in #1 category (no physical ailments).

A local physician, Dr. T. W. Hill, makes sick call once a week. If sickness or injury occurs needing prompt attention, inmate is taken to the doctor's office or the local hospital. No medicine whatsoever may be in inmate's possession.

There is an AA group here, reputed to be functioning well. There is no group drug program, and its value here would be questioned due to lack of appropriate community leadership. Those in segregation (detention) are visited once a week by physician (72 hours waived). They are allowed two showers a week.

The segregation building is not much better than an escape-proof outhouse.

Inmates are allowed to read only the Bible and paper religious tracts. Lighting is so poor (in hall) that they cannot see even with the light on. Daylight comes through a small gap in corridor ceiling. A good many of these confined men cannot read anyway. Ventilation and circulation is very inadequate.

A 20-30 day sentence to one of the punishment cells does nothing but weaken the man physically and embitter him permanently against the establishment and society. I believe the cells must be improved physically as to ventilation, circulation and lighting. This is not true of just this installation, but most others also.

#### ENVIRONMENT AND SANITATION

A survey of the dormitory showed the usual double-deck bunks, head to head. The dormitory itself was clean. The toilet facilities were old and showed considerable wear and tear. The plumbing is old and stained. The shower bath had both cracked and missing tiles.

In the kitchen the walk-in refrigerator was leaking. Some cooked and uncooked food was uncovered.

Sewage disposal is into septic tanks with ultimate field drainage. It has passed inspection.

#### RECOMMENDATIONS AND COMMENTS

1. Replacement of plumbing.
2. Replacement and repair of shower tile.
3. Cover refrigerated foods.
4. Study with others modernization of physical makeup of segregation (punishment) cells.

I was accompanied on my survey by Lieutenant C. L. Albritton.

October 10, 1973

On the above date a general sanitation inspection was made of the following facility:

Citrus Center Road Prison  
P. O. Box 697  
LaBelle, Florida 33935

J. J. Albritton, Captain

#### SECURITY:

Close custody.

#### CAPACITY:

|        |            |
|--------|------------|
| Normal | 50 Inmates |
| Today  | 47 Inmates |

#### HOUSING:

Dormitories are basically metal type construction with wood trim. The main dormitory is centrally heated and air-conditioned. There are 56 bunks and it is approximately 23' x 133' which allows each inmate approximately 55 square feet of sleeping space.

The toilet facilities consist of:

|                |
|----------------|
| 2 urinals      |
| 4 toilets      |
| 4 lavatories   |
| 4 shower heads |

#### Segregation Facility:

There are 2 cells 6'3" x 8'.

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Tiled floor needs repairing.
- (2) Hose bib vacuum breakers should be installed on all sink faucets which have hoses attached.
- (3) Floor drain in the cooler needs a cover.
- (4) Thermometer needed in cooler.
- (5) Prepared food should be kept covered when stored in cooler.
- (6) Food should not be stored on floor in cooler.
- (7) Utilize all three compartments of sink to wash eating utensils - wash, rinse, sanitize.
- (8) Food containers should not be stored on floor in storeroom.
- (9) Bathroom facilities are not conveniently located to the kitchen.

WATER SUPPLY:

Water is supplied by well; water is aerated, chlorinated and stored in elevated storage tank.

SEWAGE DISPOSAL:

Sewage is being treated by a small aeration plant. This plant is not being properly operated. Sludge is being expelled from the plant into a polishing pond which creates a sanitary nuisance. Efforts should be made to contact appropriate people who know how to operate and maintain this type plant.

GARBAGE:

Private collector

TRASH:

Burned on premises and hauled off to landfill.

This facility was generally well-kept and maintained. The food preparation area needs some work and the sewage disposal facility needs more competent supervision.

Respectfully submitted,



Eanix Poole, R.S.  
Sanitation Consultant

EP:mws

DIVISION OF CORRECTIONS ROAD PRISON #31

LOXAHATCHEE, FLORIDA

PREAMBLE

This institution in Palm Beach County is classified as an honor camp of medium and minimum security inmates. The inmate population on the day of survey was 66 inmates; 15 of them were on work release, 10 were cooks and yardmen and 31 men were on the road crews.

MEDICAL CARE

Dr. S. A. Williams (office about 3 miles away) is the camp physician and sick inmates are taken to him. Serious cases or emergencies are taken to the nearest hospital emergency room. It occurs very infrequently. When dental care is needed they are taken to a local dentist, Dr. Hamdion. There are no chronically ill inmates in the population. If such occurs the inmate is transferred usually to Avon Park.

ENVIRONMENT AND SANITATION

There is a locked drug closet in the administrative section. It contains the usual home remedies and supplies. There are no sedatives, tranquilizers, etc. If a drug is prescribed by the camp doctor, it is dispensed by the custodial officer in charge.

The inmates are housed in a single, large dormitory. It contains mostly double-deck beds, though there are some singles. There is a minimum of space between the beds. The beds are old fashioned iron bedsteads. The camp has been notified

that new beds will arrive shortly. This will be an improvement. The toilet and sanitary facilities are old and need replacement. The original plumbing (23 years old) is still present. In the shower area there are broken and missing tiles. The whole facility needs renovating. It is claimed there is a state sanitary inspection monthly. Fire drills are held monthly and a log is kept of same.

#### KITCHEN AND DINING FACILITIES

There is no dishwasher. Pots, pans and dishes are cleaned in a series of sinks. Kitchen handwashing facilities are not available. Sinks are used. The filter screens over the stoves were dirty. They should be cleaned regularly. The overall sanitation facilities are two septic tanks.

#### PUNISHMENT OR DETENTION CELLS

The above consists of a shanty in which there are two cells. They are minimal in size. There is almost no ventilation. The light is so poor that reading is practically impossible. In my estimation they are demeaning and do nothing but embitter the inmate against society and the establishment. On questioning it was stated the inmate is observed by a custodial officer every two hours, and seen by the camp doctor if such is deemed necessary. It is realized punishment and discipline are necessary, but surely not in the present form used.

#### RECOMMENDATIONS AND COMMENTS

1. Replacement of plumbing in dormitory.
2. Replace missing and broken tiles in shower area.
3. Clean stove screens regularly.
4. Develop standards and procedures for housekeeping purposes.

I was accompanied on my survey by Lieutenant Wm. L. Gardner.

October 11, 1973

On the above date a general sanitation inspection was made of the following facility:

Loxahatchee Road Prison  
P. O. Box 188  
Loxahatchee, Florida 33470

W. L. Gardner, Lieutenant

#### SECURITY:

Medium and minimum custody.

#### CAPACITY:

|        |            |
|--------|------------|
| Normal | 70 Inmates |
| Today  | 63 Inmates |

#### HOUSING:

The dormitories are metal type construction. They contain 71 bunks and are approximately 23' x 133' which allows each man 43 square feet of sleeping space.

The toilet facilities consist of:

|  |
|--|
| 4 lavatories   |
| 4 toilets  |
| 4 shower heads (Shower floor needs repair. Plans are being made to remodel this bathroom facility. ) |
| 1 urinal   |

#### Segregation Facility:

This consists of 2 cells 6-1/2' x 8'.

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Food should not be stored on the floor in the storeroom.
- (2) There is a rat infestation in the storeroom. Rats are entering through an opening in the ceiling. This opening should be closed.
- (3) Hose bib vacuum breaker should be installed on sink faucets where hoses are attached.
- (4) Utilize all three compartments of sink to wash eating utensils - wash, rinse, sanitize.
- (5) Walk-in cooler needs cleaning.
- (6) Inadequate lighting in kitchen.
- (7) Clean meat slicer.
- (8) Need thermometers in coolers.

WATER SUPPLY:

Water supply is by deep well and pressure tank.

SEWAGE DISPOSAL:

Septic tanks and drainfields. The drainfields do not work properly during the rainy season. One tank and drainfield was not functioning properly at the time of inspection.

GARBAGE:

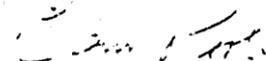
Private collector.

TRASH:

Burned and disposed of on premises.

This facility needs better method of sewage disposal.

Respectfully submitted,

  
Eanix Poole, R.S.  
Sanitation Consultant

EP:mws

ROAD PRISON #32  
NICEVILLE, FLORIDA

PREAMBLE

This is one of the older road prisons. It was built in 1958.

It houses 59 inmates - 49 on the roads, 1 in sick bay, and 9 on the hill (permanent). It is nicely landscaped and in good repair and maintenance.

MEDICAL FACILITIES

There is the usual drug closet, with over-the-counter drugs only. Prescribed medicines are administered by correctional officers and put in the inmate's medical record. Nonprescribed drugs are not put on the medical chart but are entered in a log book.

A Dr. Ellis visits once a week (Saturday) and holds sick call. For any other sickness they are taken into his office or to the local hospital.

There is both an AA program and a drug abuse program. Sponsors come in from town. If men are in detention Dr. Ellis comes out every 72 hours if possible.

Inmates, if necessary, go to the dentist weekly. The services of an optometrist are available.

ENVIRONMENT AND SANITATION

1. Sewage is disposed of by septic tank and field drainage. There has been no trouble.

2. Screens over the stoves should be cleaned (washed) once a week.

3. New tiling is needed on shower floor.
4. Air conditioning system is being wired up and should be ready this month.

I was accompanied on my survey by Captain T. F. Harrell.

September 13, 1973

On the above date a general sanitation inspection was made of the following facility:

Niceville Road Prison  
Post Office Box 518  
Niceville, Florida 32578

T. F. Harrell, Captain

SECURITY:

Close custody.

CAPACITY:

|        |            |
|--------|------------|
| Normal | 55 Inmates |
| Today  | 58 Inmates |

HOUSING:

The dormitories are concrete block type construction and central heat and air conditioning was being installed at the time of inspection. The north wing was 21.5' X 55' and contained 34 bunks which allows 35 square feet of sleeping space per man. The south wing has 32 bunks which allows 37 square feet per man. The toilet facilities contain:

|                  |
|------------------|
| 5 toilets        |
| 5 lavatories     |
| 6 shower heads   |
| 2 trough urinals |

Segregation facility, 2 cells 6.5' X 8'.

The sanitation and maintenance in the dormitories was excellent.

FOOD SERVICE:

A few discrepancies were noted in the kitchen, such as:

- (1) Screens needed on the kitchen windows.
- (2) Poisonous materials should not be stored in kitchen area.
- (3) Thermometer needed in cooler.
- (4) Food in storerooms should be off the floor.
- (5) Utilize all three compartments of sink to wash eating utensils (wash, rinse, sanitize).
- (6) Use pastry brush for butter instead of paint brush.

**WATER SUPPLY:**

Own water supply (elevated storage tank for pressure).

**SEWAGE DISPOSAL:**

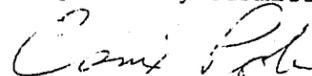
Sand filter (o.k.).

Trash: burn and take remainder to county landfill.

Garbage: private collector.

The general sanitation of this facility was excellent.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

EP:mr

DIVISION OF CORRECTIONS ROAD PRISON #33

FORT LAUDERDALE (POMPANO), FLORIDA

PREAMBLE

This institution is typical of the various prison road camps. It is classified as an honor camp of medium and minimum security inmates.

The capacity on the day of survey showed 69 inmates. This was broken down into 16 men on work release, 10 on the hill (cooks and yard men) and 33 men on the roads. The inmates are confined to a single dormitory, except for the punishment cells.

MEDICAL CARE

There is a physician (Dr. Alvin Tight ), who acts as camp physician. Sick inmates are taken to his office (2 miles away) for treatment. If medication is necessary, the custodial officer receives it and dispenses it to the inmates as prescribed. Inmates are allowed to keep no medicine whatsoever, not even aspirin. If critically ill or hurt the inmate is taken to Holy Cross Hospital. The above arrangements appear satisfactory to all. Dental patients go to a local dentist.

ENVIRONMENT AND SANITATION

There are no medical facilities whatsoever, except a locked drug closet in the outer administrative office. It contains aspirin, bandages, poison ivy lotion and a few topical ointments. As stated, sick inmates are taken to the doctor. There is no prescribing. There are no chronically ill inmates. The dormitory is filled with double-deck bunks along the walls lengthwise. Crowding is such that there is no space between them. They are arranged head-to-head. The dormitory appeared reasonably clean.

The toilet and sanitary facilities leave much to be desired. The plumbing is old and needs replacing. There are four toilet heads and one urinal. Heads are badly stained (minerals) and could be better cleaned. There are four shower heads. There are broken and missing tiles on the shower walls and floor. The whole toilet-shower setup is wide open to the dormitory. Privacy is impossible.

#### KITCHEN AND DINING FACILITY

The kitchen and dining facilities appeared adequate as to size. The screens over the stoves were dirty. Prepared food in the walk-in ice box was uncovered. The thermometer was broken. All kitchen bulk storage should be off the floor, but was not. Mops were in the kitchen vestibule, and were not clean.

#### PUNISHMENT CELLS

There was no inmate so confined on the day of my visit. The place needed cleaning and picking up. General sanitation was by septic tank.

#### RECOMMENDATIONS AND COMMENTS

1. Replacement of plumbing in dormitory.
2. Replacement of tiles in shower.
3. Obtain thermometer for walk-in refrigerator.
4. Keep bulk supplies off floors.
5. Clean up security cells.
6. Have a definite procedure for mop care.

It was stated to me there was a regular monthly sanitary inspection of the kitchen and toilets by state inspectors. There was no available documentation of such.

As will be written in the general summary of road camps, I believe definite procedural standards should be written and enforced for such things as mop care, refrigerator care and sanitation in general.

It is hoped that ultimately a modern dishwashing machine will replace the present multiple sink, wash and rinse equipment.

The officer accompanying me on my survey was Lieutenant Steve Benton.

October 11, 1973

On the above date a general sanitation inspection was made of the following facility:

Pompano Beach Road Prison  
P. O. Box 339  
Pompano Beach, Florida 33061

L. D. Jerrell, Captain

SECURITY:

Medium and minimum custody

CAPACITY:

|        |            |
|--------|------------|
| Normal | 70 Inmates |
| Today  | 72 Inmates |

HOUSING:

The dormitory is centrally heated and air-conditioned. The dormitory is 22-1/2' x 132-1/2' which allows each man approximately 42 square feet of sleeping space, if all 72 bunks are occupied.

The toilet facilities consist of:

4 toilets (with non-regulation closed front seats)  
2 urinals  
4 lavatories  
5 shower heads (floor needs repair)

Segregation Facility:

There are two cells 6-1/2' x 8'.

POMPANO BEACH ROAD PRISON  
October 11, 1973  
Page 2

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Hose bib vacuum breakers should be installed on all faucets which have hoses attached.
- (2) Meat block needs refinishing.
- (3) Thermometers needed in cooler.
- (4) Safety latch needs repairing on cooler.
- (5) Pastry brushes should be used instead of paint brushes for spreading butter.
- (6) Utilize all three compartments of sink to wash eating utensils - wash, rinse, sanitize.

WATER SUPPLY:

City of Pompano

SEWAGE DISPOSAL:

Septic tanks and drainfields. The grease trap was overflowing at the time of inspection.

GARBAGE:

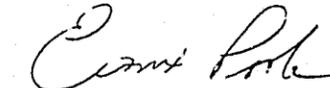
Private collector

TRASH:

Taken to landfill.

This facility was clean and well maintained. The grease trap should have immediate attention.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

EP:mws

ROAD PRISON #34  
TALLAHASSEE, FLORIDA

PREAMBLE

The above institution, situated just outside Tallahassee, houses 75 inmates. It is a close custody institution. On the day of survey 46 inmates were on road duty, 9 on support functions, 14 on study release, 1 in the sick bay and 4 in detention cells.

A Dr. Edward Slasek visits the detention cell inmates every 72 hours and holds sick call on those days if there are patients to see; otherwise, inmates are taken into his office in town and, if real sick or injured, to Memorial Hospital.

Dental inmate patients are transported to the local dentist for needed care.

MEDICAL FACILITIES

The medical facilities are quite negligible, consisting of the usual drug closet with bandages, adhesive tape and aspirin. On questioning Captain Kirkland he stated he preferred that such drugs as Coricedin and Tetracyline not be stocked but used only on individual prescriptions and administered by the custody officer. There is an AA program and a drug program. Outside speakers are invited. If it is felt special psychological care is needed, the services of a psychologist are utilized. The same is true for any eye trouble.

ENVIRONMENT AND SANITATION

The buildings are in excellent condition and maintenance. The lavatories and showers were spotless.

The dormitory is crowded. The walls are lined with double-deck bunks and there are single cot beds down the center aisle. The dormitory is clean and fresh appearing.

Sewers here are part of the Tallahassee sewage system. Garbage is in covered cans in a screened enclosure some distance from the kitchens.

The walk-in refrigerator was clean - food off the floor and in covered containers.

The detention cells were clean and light. They are terribly hot and close.

RECOMMENDATIONS AND COMMENTS

The staff is commended for an excellent, clean, habitable institution. I have no recommendations - only commendation.

I was accompanied on my survey by Captain C. W. Kirkland.

September 11, 1973

On the above date a general sanitation inspection was made of the following facility:

Tallahassee Road Prison  
Post Office Box 2396  
Tallahassee, Florida 32304

C. W. Kirkland, Captain

SECURITY:

Close custody.

CAPACITY:

|        |            |
|--------|------------|
| Normal | 70 Inmates |
| Today  | 61 Inmates |

HOUSING:

The dormitories are concrete block type construction and are centrally air conditioned. Heating is supplied by gas heaters.

The south wing contains 31 bunks and is 22' 8" X 58'. This gives each man 42 square feet of sleeping space.

The north wing is 32' 8" X 62' and contains 30 bunks which gives each man 47 square feet of sleeping space.

The toilet facilities consist of:

|   |               |
|---|---------------|
| 6 | toilets       |
| 6 | lavatories    |
| 6 | shower heads  |
| 1 | trough urinal |

Segregation Facility: This is within the main building and consists of 2 cells 5'6" X 8'. Heat is supplied by gas space heaters. The dormitories were clean and in good repair.

Tallahassee Road Prison Inspection  
September 11, 1973  
Page 2

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Intermittent Pyrethrin Dispensers should be twelve feet away from food preparation or serving area.
- (2) Utilize all three compartments of sink to wash eating utensils - wash, rinse, sanitize.
- (3) Need hand towels in rest room.
- (4) Thermometer needed in cooler.
- (5) Need more ventilation in storeroom.
- (6) Store food off floor in storeroom.

WATER SUPPLY:

City of Tallahassee

SEWAGE DISPOSAL

City of Tallahassee

GARBAGE: Private collector

TRASH: To city landfill.

This facility was clean and well maintained at time of inspection.

Respectfully submitted,

*Eanix Poole*  
Eanix Poole, R. S.  
Sanitation Consultant

EP:mr

DIVISION OF CORRECTIONS ROAD PRISON #35

BROOKSVILLE, FLORIDA

PREAMBLE

The Brooksville Road Prison (close custody) had 54 inmates on the day of survey; 38 men were on road detail, 8 on maintenance, 6 on work release and 2 in detention cells.

I was told the institution is shortly to be converted over into a Vocational Training Center (masonry, carpentry and electric wiring).

MEDICAL CARE

The prison is visited by a local physician three times a week. If sick enough inmates are admitted to Lykes Hospital in Brooksville.

I was told there is an outside group-sponsored program for both alcoholics and drug addicts. Inmates in the detention cells are visited every 72 hours by the doctor. Dental cases are referred to a local Brooksville dentist.

ENVIRONMENT AND SANITATION

This prison road camp was the cleanest of any institution visited so far (10). It was the first institution that had food handlers certificates (on inmates) posted in the kitchen.

The toilet and shower facilities were spotless. The one drawback, and it should only be temporary, was that the ice machine was broken down and not functioning. A repair order had already been issued.

The detention cells were the cleanest and brightest of any visited so far. The inmates in these cells are showered twice weekly.

**CONTINUED**

**2 OF 3**

RECOMMENDATIONS AND COMMENTS

1. Hasten repair of ice machine.
2. This institution, as a road prison, is commended for its cleanliness.

I was accompanied on my rounds by Captain G. L. Cobb.

October 17, 1973

On the above date a general sanitation inspection was made of the following facility:

Brooksville Vocational Facility  
P. O. Box 548  
Brooksville, Florida 33512

G. L. Cobb, Captain

SECURITY:

Close custody.

CAPACITY:

|        |            |
|--------|------------|
| Normal | 60 Inmates |
| Today  | 61 Inmates |

HOUSING:

The dormitories are concrete block type construction and are centrally air-conditioned and heated.

The north wing contains 43 bunks and is approximately 22-1/2' x 63-1/2' which allows each inmate approximately 33 square feet of sleeping space.

The south wing contains 27 bunks and is 22-1/2' x 41' which allows each inmate approximately 34 square feet of sleeping space.

The toilet facilities consist of:

6 toilets (some with closed front seats)  
6 lavatories  
4 shower heads  
0 urinals

Segregation Facility: This consists of 3 cells 5-1/2' x 8'.

BROOKSVILLE VOCATIONAL FACILITY  
October 17, 1973  
Page 2

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Plywood cutting board should be replaced.
- (2) Thermometer needed in cooler.
- (3) Utilize all three compartments of sink to wash eating utensils - wash, rinse, sanitize.
- (4) Meat block needs refinishing.
- (5) Intermittent Pyrethrin Dispensers should be located at least twelve feet away from food preparation or serving area.

WATER SUPPLY:

Deep well and elevated storage tank. No chlorine was being added to the water supply.

SEWAGE DISPOSAL:

Elevated sand filter appears to be working satisfactorily.

GARBAGE:

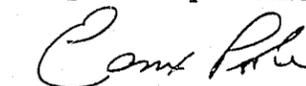
Private collector

TRASH:

Hauled to landfill.

General sanitation appeared acceptable at time of inspection.

Respectfully submitted,



Eanix Poole, R.S.  
Sanitation Consultant

EP:mws

ROAD PRISON #36  
CARYVILLE, FLORIDA

PREAMBLE

This road prison on the day of survey had 50 inmates, of whom 41 were on road detail, 8 in the support group and 1 in detention. It is an honor camp.

The institution has both an AA program and a drug abuse program here. It was stated that this institution might be changed shortly to a Vocational Center. No definite decision has been made as yet. There appears to be ample room here and a nearby public Vocational School.

MEDICAL FACILITIES

There is the usual drug closet containing the usual home remedies. The prison is serviced by Dr. R. Segresh once a week (Monday evening). When here he also checks the detention cell inmates. Otherwise, he is on call. Inmates also, if necessary, are taken into his office, examined and prescribed for. Men needing dental care are taken in to see a local dentist. The average is 3 or 4 a week. All prescription medicines are charted on the patient's medical record; aspirin, ointments, etc. from the drug closet are not. It is wise to chart these, I believe. If necessary inmates are taken to see the local optometrist.

ENVIRONMENT AND SANITATION

Sewage here consists of the usual septic tank and drainage field. There has been no trouble.

1. The dormitory needs new flooring.

2. New mattresses are here but not the new beds (on order).
3. There was a fast-dripping shower head that needed fixing.
4. The detention cells were dirty and must be kept clean.

I was accompanied on my survey by Sgt. Pierce. I met Captain Hagan just as I was leaving and had conversation with him.

SEPTEMBER 13, 1973

On the above date I made a general sanitation inspection of the following facility:

Caryville Road Prison  
Post Office Box 98  
Caryville, Florida 32427

SECURITY:

Medium custody.

CAPACITY:

|        |            |
|--------|------------|
| Normal | 65 Inmates |
| Today  | 51 Inmates |

HOUSING:

The dormitories are concrete block type construction with gas heat. Ventilation and cooling is by fans, although, air conditioning is planned. The south wing is 21.5' X 55' and contains 32 bunks which gives each man approximately 37 square feet of sleeping space. The north wing is the same size with 34 bunks which allows 35 square feet per man sleeping space. The bathroom facilities are on a separate wing and contains:

- 5 toilets with closed front seats
- 5 lavatories
- 5 shower heads
- 2 trough urinals

Each wing has one lavatory and one toilet after 10:00 p.m.

SEGREGATION FACILITY:

This facility contains two cells 5'8" X 8'8". Needs some cleaning. Heat is supplied by portable electric heaters.

Some minor discrepancies were noted in the dormitories, such as:

- (1) Some floor tile needs repair.
- (2) Shower floor needs repair.
- (3) Shower and lavatory fixtures need repairs.

Caryville Road Prison Inspection  
September 13, 1973  
Page 2

FOOD SERVICE:

Some minor discrepancies were noted in the food preparation area:

- (1) Need thermometers for freezer (freezer not cold enough at time of inspection, should be 0° F. or less).
- (2) Keep mayonnaise refrigerated after opening.
- (3) Use pastry brush for butter instead of paint brush.
- (4) Need light fixtures repaired in kitchen.
- (5) Excessive number of flies in kitchen at the time of inspection.
- (6) Utilize all three compartments of sink to wash eating utensils (wash, rinse and sanitize).

WATER SUPPLY:

City of Caryville.

SEWAGE DISPOSAL:

Sand filter (o.k.).

Trash: burn and bury.

Garbage: private collector.

No major sanitation violations noted, some general maintenance needed.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

EP:mr

DIVISION OF CORRECTIONS ROAD PRISON #37

DOCTORS INLET, FLORIDA

PREAMBLE

This institution presently functioning as a road prison is to be turned into a Vocational Center with welding being taught. As yet there is no equipment or building to house such a school.

This is considered a close custody institution. On the day of my visit there were 40 men on road work, 8 on work release and 12 on support.

MEDICAL FACILITIES

A local physician, Dr. Felos, visits once a week and holds sick call. It averages about 10 patients. At other times if necessary the men are taken to his office or to the local hospital. He visits as required any inmate confined to the detention cells.

There is a drug closet containing the usual home remedies. Any drugs ordered by the doctor are given out by the custodial officers as prescribed.

There is both a drug abuse and alcohol program here and occasionally some of the men are allowed to go into town and participate.

ENVIRONMENT AND SANITATION

The sewage problem here is taken care of by a septic tank and disposal pit. It appears to be functioning well and is satisfactory.

The dormitories, toilets and showers were clean and showed good maintenance. In the walk-in refrigerator there was uncovered food. The kitchen stove was quite greasy.

RECOMMENDATIONS AND COMMENTS

1. General cleanup in kitchen.
2. A dishwasher should be acquired.

I was accompanied on my survey by Lieutenant W. R. Myers.

September 5, 1973

On the above date a general sanitation inspection was made of the following facility:

Doctors Inlet Road Prison  
General Delivery  
Doctors Inlet, Florida 32030

Captain R. R. Furness

This road camp is located in a low population rural type area.

SECURITY:

Close custody

CAPACITY:

Normal capacity 55-70 Inmates  
Today 57 Inmates

HOUSING:

The buildings are basically metal type structure with wood trim. The main dormitory is centrally heated and air conditioned. It contains 52 double bunks and 11 single bunks for a total of 63. It is approximately 23' wide X 133' long which gives each inmate approximately 48 sq. ft.

The bathrooms are located inside the dormitories and contain:

2 urinals  
4 toilets  
6 lavatories  
4 shower heads

Ample hot water 140° F. Lighting, ventilation, maintenance and housekeeping appear satisfactory in the dormitory.

Another dormitory houses the work release inmates and has 13 cots with bathroom facilities inside also which contain:

1 urinal  
3 toilets  
3 lavatories  
3 shower heads

General housekeeping in this area acceptable also.

Doctors Inlet Road Prison Inspection  
September 5, 1973  
Page 2

MEDICAL FACILITY:

The sick room is attached to the main dormitory and contains four (4) cots. This room is air conditioned and contains one toilet and lavatory. This room is approximately 10' X 12' which gives each patient 30 square feet.

SEGREGATION FACILITY:

The segregation facility is a concrete block house with two (2) cells, which are approximately 8' X 9'. Each cell contains a combination toilet, lavatory and water fountain. These cells were clean and well ventilated. Heat is supplied by portable electric heaters.

FOOD SERVICE:

The kitchen and storeroom are basically in good repair and well kept.

A few discrepancies were noted such as:

- (1) Toxic materials (cleaning supplies) should be stored separately and below food items.
- (2) Prepared food in walk-in cooler should be covered.
- (3) Two food preparation tables in kitchen in poor repair.
- (4) Dishes and eating utensils should be sanitized after washing in the third compartment of the sink (wash, rinse, sanitize).
- (5) No toilet or hand washing facility immediately accessible to kitchen personnel.
- (6) Back screen door needs repair.

WATER SUPPLY:

Deep well and pressure tank.

SEWAGE DISPOSAL:

Sand filter (satisfactory condition).

GARBAGE AND TRASH:

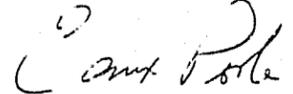
Garbage collected by private individual.  
Trash taken to Department of Transportation site and buried.

PREMISES:

Well kept.

This facility is well maintained and no imminent sanitation hazards were noted during the inspection.

Respectfully submitted,

  
Eanix Poole, R. S.  
Sanitation Section

WP:mr

PREAMBLE

This is one of the older road prisons in the system. On the day of my visit there were 60 inmates, of whom 43 were on road detail, 3 in detention, 5 on work release and 9 support personnel.

MEDICAL FACILITIES

There is the usual drug closet containing home remedies and bandages. A physician holds sick call at the prison two times a month. It was estimated he averaged seeing six or seven each time he visited. It was stated that when there were inmates in the segregation cells he visited them every 72 hours. If, in the interim, inmates get sick or there is an emergency, they are taken to the doctor's office or to the local hospital.

For dental care the inmate is taken to see a local dentist. I was told about 10 or 12 men have to see the dentist monthly, and the average bill to the prison is about \$150.00 a month.

The road prisons are not large enough to justify dental facilities and the services of a dentist on the premises. Dental care for these men therefore is for the acute toothache or dental emergency only. There is no possibility for routine or special dental care without sending the man back to one of the main prisons where dental facilities are available.

ENVIRONMENT AND SANITATION

The sewage disposal is by septic tank and underground drains. They have experienced no trouble with the system.

The prison is waiting for new beds and mattresses. They have been on order for some time.

The dormitories appeared in good maintenance. Toilets and shower stalls were clean.

In the kitchen the meat block needed cleaning and scraping. Trash disposal was not satisfactory. It should be kept in covered receptacles and in a screened-in out-building.

#### RECOMMENDATIONS AND COMMENTS

1. Contain the trash acceptably.
2. For an institution of this size there should be a dishwasher.
3. Try and expedite delivery of new beds and mattresses.

I was accompanied on the survey by Captain H. H. Hinson.

September 6, 1973

On the above date a general sanitation inspection was made of the following facility:

Gainesville Road Prison  
Post Office Box 1167  
Gainesville, Florida 32601

Captain H. H. Hinson

This facility is located approximately two (2) miles from Gainesville and is a close security type establishment.

#### CAPACITY:

Normal capacity: 55 - 75 Inmates  
Today : 58 Inmates

#### HOUSING:

The facility is constructed basically with metal and wood trim. The dormitory is centrally heated and air conditioned. The main dormitory is approximately 23' X 135' and contains 53 bunks mostly single but some double offering approximately 58 sq. ft. per man. This dormitory has:

8 lavatories  
6 toilets with open front seats  
3 urinals  
6 shower heads

The work release dormitory is composed of individual rooms with two (2) persons in each room. There are ample toilet facilities.

#### SEGREGATION FACILITY:

The segregation facility consists of a wooden building with two cells 6' 5" X 8'. Each has a security type toilet and lavatory. Heat, if necessary, is furnished by portable electric heaters. This facility could use some cleaning.

#### MEDICAL FACILITIES:

There is no special area set aside for separation of sick inmates at this facility.

#### FOOD SERVICE:

The dining room is air conditioned and used for other activities such as a classroom. The kitchen and storeroom are sound structures and well kept.

A few discrepancies were noted such as:

- (1) Rodents are entering the storeroom via a space in the ceiling. This space should be closed to build the rats out.
- (2) All food should be stored off the floor in the storeroom.
- (3) Poor lighting in kitchen. (This may be helped by cleaning covers on fixtures and repainting ceiling.)
- (4) Thermometers needed for all coolers and freezers. One cooler was 45° F. Should be 40° F, or lower. Bacon in the cooler was moldy at time of inspection.
- (5) Pastry brush should be used to spread butter instead of paint brush.
- (6) Ice scoop should be protected when not in use.
- (7) No bathroom or hand washing facilities located adjacent to kitchen.
- (8) All eating utensils should be sanitized during cleaning. Utilize all three compartments of sink (wash, rinse, sanitize).
- (9) Potato peeler has plumbing cross connection.

**WATER SUPPLY:**

Deep well and pressure tank, water chlorinated.

**SEWAGE DISPOSAL:**

Septic tank and drainfield (O.K.).

Garbage - private collectors.  
Trash - taken to county landfill.

This facility is well maintained. The one sanitation item which should be emphasized is extermination of rodents and rat proofing the food storage area.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

QUINCY VOCATIONAL CENTER #39

QUINCY, FLORIDA

PREAMBLE

This institution is classified as a Vocational Center, just for food service training. It has been open only since January 1973. It is a close security institution.

On the day of service there were 46 inmates, of whom 39 were on the training program which started this month, 6 inmates were on permanent duty and 1 was in detention.

MEDICAL FACILITIES

The institution is serviced for medical purposes by Dr. I. Bruce. He does not hold a definite sick call, but comes when called. Usually, however, the sick inmate is taken to his office or if need be to the local hospital. Every inmate in training has an up-to-date food handler card and they just finished having their yearly x-rays.

The detention cell is visited every two hours by custody personnel. The physician visits when called.

There is a good system of checking drugs, beside the drug closet. As an example, if an inmate asks for even an aspirin it is noted on the daily administrative log. If given the aspirin or any medication, it is entered on the inmate's medical chart, which record had been sent with him when assigned to this institution.

There is a combined AA and drug abuse program meeting once a week. The occasional inmate is sent in to talk at some of the local civic meetings.

## ENVIRONMENT AND SANITATION

This institution is still housecleaning and expanding. There is much to be done before it can be labeled accepted. It is not the fault of personnel, but of inability to get materials and supplies.

1. The dormitory floor needs covering (on order).
2. New mattresses are here but not the new beds. New mattresses must not be used on the old beds as they will be torn.
3. The dormitory is very crowded as to floor space, with bunks along the wall and in the center aisle.
4. The tank supplying the dishwasher with hot water also supplies the lavatories and showers. It is impossible to get the dishwasher water up to the desired temperature. The dishwasher should be on its own supply tank. It is a sad commentary for this to be a vocational school for cooks and food service when something rudimentary like dishwashing temperatures cannot be attained. This should be corrected immediately.
5. The men badly need lockers. It is hoped they will be part of the new beds.

I was accompanied on my tour by Mr. M. L. Hill, Chief Counselor, and also helped by Mr. C. F. Keel, Correctional Officer.

September 11, 1973

On the above date a general sanitation inspection was made of the following facility:

Quincy Vocational Center  
204 South Adams  
Quincy, Florida 32351

### SECURITY:

Close custody.

### CAPACITY:

Normal 48 Inmates  
Today 46 Inmates

This facility is located in downtown Quincy by the county jail. It was built for maximum security; however, it is being utilized as a training school for cooks.

### HOUSING:

The building was constructed with concrete blocks. This facility is centrally heated and air conditioned. Rooms #1 and #2 contain 16 bunks each and are 21.5' X 17' which allow each man 25 square feet of sleeping space. Room #3 is 18' X 12' and contains eight bunks which gives each man 27 square feet of sleeping space. Room #4 is 15' X 15' and contains eight bunks which gives each man 28 square feet of sleeping space. The total bathroom facilities consist of:

6 toilets  
7 lavatories  
2 urinals  
7 shower heads

Segregation facility: Two cells 7' X 8', central heat and air conditioning.

### FOOD SERVICE:

This is a training facility for cooks, however, all the necessary equipment had not been installed at time of inspection. Some discrepancies were noted:

- (1) Enamelware should not be used.
- (2) Plywood paddle should not be used to stir steam kettle; use smooth, non-porous type wood.
- (3) Thermometers should be in cooler and freezer.
- (4) Food should be stored off the floor in storeroom.
- (5) Intermittent Pyrethrin dispensers should be 12' away from food preparation and service areas. (Insecticides should not be stored on ice machine.)
- (6) Dishwasher final rinse should be 180° F. to sanitize dishes and utensils.

Quincy Vocational Center Inspection  
September 11, 1973  
Page 2

- (7) Need hand towels in rest room.
- (8) Need 20-foot candles of light at pot and pan sink.
- (9) Storeroom should be ventilated.

WATER SUPPLY:

City of Quincy.

SEWAGE DISPOSAL:

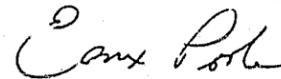
City of Quincy.

Trash: City of Quincy.

Garbage: Private collector.

This facility is in the process of being remodeled for a cook's school. The dormitories appear to be overcrowded.

Respectfully submitted,



Eanix Poole, R. S.  
Sanitation Consultant

EP:mr

MEDICAL FACILITIES SURVEYS  
COMMUNITY CORRECTIONAL CENTERS  
FLORIDA CORRECTIONAL SYSTEM

1973

GENERAL SUMMARY  
MEDICAL-SANITARY FACILITIES  
COMMUNITY CORRECTIONAL CENTERS

PREAMBLE

"The Community Correctional Center concept is founded upon the principle that the trauma of re-entry into society can be lessened by gradual re-entry accompanied by intensive counseling." Florida at present has 15 of these institutions and more are contemplated. The average population at these Centers is between 50 and 60. Of this number about 90% are on work or study release and the rest are support and maintenance personnel.

MEDICAL FACILITIES

Every institution had a first aid kit available. Several of the institutions that had been road prisons still had a drug closet containing aspirin and other over-the-counter or home remedies. Supplies of this nature were very minimal.

The residents (inmates) are allowed to go to the doctor or dentist of their choice in the closest town. The resident, if given a prescription, is allowed to keep it and take as directed. The resident pays for his visits from his own funds through a charge to his savings in the Center.

Those men on support get the same treatment except, in their case, the State pays the bill. Support personnel are not allowed to keep prescription medications but receive them from the custodial personnel as prescribed.

DETENTION CELLS

For the most part there are none. If punishment is necessary, the men are sent to the closest prison or occasionally to a road prison.

SANITATION

Good sanitation is a necessary prerequisite to proper health care. In many of the Centers, good maintenance and cleanliness were found.

There is an institutional monthly inspection. I believe the inspectors should stress cleanliness and when it is not found on successive visits make strong criticism. Repeated infractions should not be countenanced.

It is recommended that at each Center a specific individual be designated as sanitary officer. Kitchens still constitute the greatest area of criticism. The commonest faults are reiterated.

1. Poor mop technique.
2. Dirty screens over stoves.
3. Use of two instead of three sinks.
4. Poor ice technique and faulty scoop technique.
5. Dirty stoves and fryers.
6. Uncovered cooked food.
7. Hose bib vacuum breakers on sink faucets with hose attachments.
8. Storing external poisons (Pyrethrum, etc.) too close to food dispensing.

For the most part, the Centers rate above the Road Prisons for good sanitation and cleanliness.

COMMUNITY CORRECTIONAL CENTER #40

BARTOW, FLORIDA

PREAMBLE

This institution was the first of 15 community correctional centers surveyed by me. For a better understanding of the goals and purposes of the centers, a description in outline is given:

1. "The trauma of re-entry into society can be lessened by gradual re-entry, accompanied by intensive counseling."
2. "Re-entry takes the form of work release, study release and other community programs, coupled with furlough programs."
3. "Acceptance of responsibility to the family, to the community, and to themselves, justifying their freedom and acceptance by society."

Bartow Center, on the day of survey, had 55 residents (inmates), of whom 7 were on housekeeping and maintenance. The other 48 consisted of 39 residents on work release, 2 on study release, 2 awaiting employment, 3 at Lakeland Center, and 2 on construction. The institution has an AA program but no drug program. Detention cells are very seldom used. This is an honor camp, with little disciplinary trouble.

MEDICAL FACILITIES

Frankly, except for a few over-the-counter drugs and bandages, there are none in the institution, and I believe none are necessary.

If any residents on work release gets sick, he is taken to the doctor of his choice in Bartow. He pays for this visit from his own funds, through the

Center. Those men on maintenance and housekeeping get the same treatment, except in their case the State pays the bill. The same is true for dental care.

ENVIRONMENT AND SANITATION

There is very little that can be said about the above because the entire area of offices, dormitory and kitchen were undergoing renovation. The special area for cooks and drivers was under construction, as was about one-half the dormitory. There was extensive painting going on.

The sewage system is the usual septic tank-field drainage, and has been approved.

In spite of the work going on, the buildings and facilities were clean.

RECOMMENDATIONS AND COMMENTS

1. Expedite the renovation program.
2. Be sure screens over the stoves are obtained and cleaned regularly.

Mr. C. R. Burton, Chief Correctional Counselor, accompanied me on my survey.

COMMUNITY CORRECTIONAL CENTER #41

COCOA, FLORIDA

PREAMBLE

This is a fairly new institution that was opened in November 1972. On the day of survey there were 50 residents on the rolls. There were 43 on work release and 7 in support.

If there are disciplinary problems the individual is sent to the road prison at Kissimmee. There are no detention cells. There is no active AA or drug abuse program.

MEDICAL FACILITIES

The medical facilities are minimal here and similar to other Community Centers. There is a first aid kit. All individuals on work release have the privilege of calling the doctor of their choice. Any critical illness is taken to Rockledge Hospital, 12 miles away. Dental care likewise is a matter of choice by the resident.

ENVIRONMENT AND SANITATION

This facility has its own sewage plant and is supervised and serviced by Brevard County.

The living facilities were clean and appeared in good maintenance. Toilets and showers were clean.

As in other institutions, good mop technique is not being carried out.

A standardized technique for the whole system would be helpful.

RECOMMENDATIONS AND COMMENTS

1. Check and standardize mop technique.
2. Cover all cooked food in refrigerator.

I was accompanied on my survey by Mr. J. J. Whelan, Counselor III.

COMMUNITY CORRECTIONAL CENTER #47  
JACKSONVILLE, FLORIDA

PREAMBLE

This institution is on property formerly belonging to the National Guard. It has been in existence three years and is the first of the Community Correctional Centers. Its success as such has warranted the formation of 14 more institutions, and more are in the planning. My own opinion is that these institutions are doing an excellent job of rehabilitation and are fulfilling a great need in the Correctional System. On the day of my visit there were 68 residents, of whom 11 were on a support basis and the rest on work release.

MEDICAL FACILITIES

Like all of these Centers, there was only a first aid kit. Residents go to the doctor or dentist of their choice. The doctor/dentist bills the patient to the institution, where it is deducted for his savings.

There is at present no AA program for alcoholics, nor drug abuse program. The men, if given prescription drugs by their doctors, are allowed to keep them and use as prescribed.

ENVIRONMENT AND SANITATION

The sewage system here is hooked up with the Jacksonville sewage system, and there have been no problems.

The dormitories, toilet facilities and kitchens were in good maintenance.

The institution should have a modern dishwashing unit.

RECOMMENDATIONS AND COMMENTS

1. A dishwashing unit is essential to an institution of this size.

I was accompanied on my survey by Mr. W. H. Townsend, Counselor II.

COMMUNITY CORRECTIONAL CENTER #49

LAKE CITY, FLORIDA

PREAMBLE

This institution was originally a road prison and was converted to a Community Correctional Center in July 1972.

On the day of my visit it had 43 men in residence, of whom 21 were on study release, 16 on work release and 6 in support.

MEDICAL FACILITIES

There is the usual drug closet and first aid kit. The residents are allowed to go to the doctor or dentist of their choice in Lake City. The residents, if given a prescription, are allowed to keep it and take as directed. Support personnel medications are given to them as prescribed by custodial personnel. Such medications are charted in a log.

ENVIRONMENT AND SANITATION

The sewage system is by septic tank and field drainage. They have had no trouble whatsoever with it.

The dormitory was clean and the housekeeping appeared good. The wash basins, toilets and showers were clean and in good maintenance.

In the kitchen the screens over the stoves were not too clean. They should be cleaned weekly. The fryer had accumulated grease on it and should be kept clean.

The dishwashing is done in sinks (3), by hand. It is hoped a dishwashing machine can be obtained.

RECOMMENDATIONS AND COMMENTS

1. Tighten up on general kitchen sanitation.
2. Request a dishwasher.

I was accompanied on my survey by Mr. R. E. Stansel, Correctional Counselor II.

COMMUNITY CORRECTIONAL CENTER #51

LANTANA, FLORIDA

PREAMBLE

This institution is housed in the former Men Employees Building of the State Tuberculosis Hospital in Lantana. On the day of survey there were 52 residents, of whom 45 were on work release and 7 on a support basis.

In a first floor wing of the hospital are housed 18 female residents, of whom 17 were on work release and 1 in support.

There are 40 prisoners on the fourth floor of the hospital. Medically they are treated by and hospitalized under hospital personnel. Most of them are bed patients whose diagnoses vary from hepatitis, diabetes with ulcers, myocardial infarcts to hemiplegics.

MEDICAL FACILITIES

In Center #51 (male) and Center #52 (female) the only medical facility is first aid kits. Residents go to the doctor or dentist of their choice. There are no medical charts on these residents. Medications given to them are logged.

In the hospital all the prisoner patients are treated by personnel of the Division of Health. Here I examined hospital patient charts, laboratory and x-ray reports and nurses' notes. They are outstanding and far better and more comprehensive than at any institution I have visited in the system. The hospital and staff are highly commended.

ENVIRONMENT AND SANITATION

The entire complex of buildings and hospital has its own independent sewer and water supply.

Both the male and female residents eat in the hospital. For this reason I surveyed the hospital's mess hall, kitchens and walk-in refrigerators. They are clean and spotless, and receive a high grade.

The residents' dormitory is made up of two and four bedrooms with toilet facilities. It is in good maintenance. I did not go through the womens' quarters.

RECOMMENDATIONS AND COMMENTS

1. I have no suggestions for medical improvement in the two Community Centers.
2. In the hospital, because of the diminishing number of T.B. patients, the institution should be studied to see if, with renovations, it could be adapted to some other usage. Without any study, several possibilities come to mind, such as moving the sick at Avon Park over here; develop it as a hospital for narcotic addicts; or a hospital for the criminal insane. With the building of dormitories, it could be made into a reception medical center for southern Florida.

I was accompanied on my visit by Mr. D. K. Peerson, Counselor II.

I likewise talked with Chief Counselor Mr. C. W. Sprouse.

COMMUNITY CORRECTIONAL CENTER #53

LARGO, FLORIDA

PREAMBLE

This institution is coeducational with 48 male residents and 7 females; 38 males and 7 females are on work release and there are 10 inmates on the hill in maintenance and kitchen duties. The women have only been present here since July 1973.

There is a group therapy AA clinic in town to which the men go. There is no drug problem.

MEDICAL FACILITIES

The medical facilities are extremely minimal and consist of a few over-the-counter pills, and bandages. All individuals on work release have the privilege of going to the doctor in town of their choice.

As a matter of statistics, it was stated the women average a call a month to the doctor, while the men average a call every two or three months. This statistic does not appear unusual and is comparable to similar findings in civilian practice.

Dental care is obtained locally, also. These individuals pay for their own medical-dental expenses.

The detention cells were brighter and cleaner than most and are used only occasionally.

ENVIRONMENT AND SANITATION

Male: The mens' dormitory is presently undergoing complete renovation and

painting. In spite of this it appeared that the general housekeeping could be improved. The sewage system is the usual septic tank-field drainage. There have been minor troubles with it. I was told that any day now the institution will be hooked up with city sewage system. There were posted food-handler cards with the county health system.

Female: This unit is two mobile homes combined together to make quarters for the residents. It can almost be classified as plush, with carpeting throughout and two people to a room, with pleasant furnishings. There is a small kitchen for snacking; otherwise, meals are taken in the institution's mess hall. I have surveyed college dormitories and nurses' homes and the facilities here are as nice or nicer than in those institutions.

RECOMMENDATIONS AND COMMENTS

1. Pick up general housekeeping.
2. Put refrigeration food on platforms off the floor.
3. Cover food in refrigerator.
4. Expedite renovation work.
5. Like all these institutions, a dishwasher would be helpful.

I was accompanied on my survey by Mr. Wm. B. Zolman, Correction Counselor.

COMMUNITY CORRECTIONAL CENTER #55

LAWTEY, FLORIDA

PREAMBLE

This is a minimal security institution that had 44 residents on the day of my visit. There were 31 on work release, 1 on study release and 12 men in the support function.

The chief counselor stated he had no alcohol or drug problem among his residents. Any disciplinary cases are returned to U.C.I. They are minimal.

MEDICAL FACILITIES

They are almost nonexistent. There is only a first aid kit containing band aids, bandages and an antiseptic. Any medical or dental care is given by a physician or dentist of the resident's choice. Acute care is taken to the local hospital or U.C.I., or R.M.C. some 15 miles away.

ENVIRONMENT AND SANITATION

The institution has its own sewage plant and has had no trouble with it. The dormitories, toilet facilities and kitchens were clean and showed good maintenance.

RECOMMENDATIONS AND COMMENTS

I have no recommendations. I consider this one of the better institutions.

I was accompanied on my survey by Mr. James T. Wainwright, Chief Counselor.

COMMUNITY CORRECTIONAL CENTER #56

MARIANNA, FLORIDA

PREAMBLE

This institution was opened as a Community Correctional Center in August, 1972. It was formerly a prison road camp. On the day of survey there were 39 residents (inmates), of whom 31 were on duty release, 4 on work release, and 4 on permanent party. The study release group utilize the services of Chipola Jr. College.

There are no detention cells. If necessary inmates are confined to the county jail down the road a short distance. There is no AA or drug abuse program. The men state frankly they are too tired to attend.

MEDICAL FACILITIES

There is the usual drug closet. The residents are allowed to go or call the doctor of their choice when ill. There is no sick call. Here also there is a daily administrative log for drugs or doctors' call and a notation made on the resident's medical record as to what was done or what medication he received. The dentist in the nearby Boys School is usually used for any dental work. It is unfortunate that one of the residents had a recurrence of his old hepatitis. All residents and personnel received preventive shots (gamma globulin). The patient is presently in the local hospital and will have to remain there until released by his physician.

ENVIRONMENT AND SANITATION

1. The biggest problem here is the malfunctioning sewage system (pump). It has never functioned properly and a short time ago it was hit by lightning, rendering the pump even more inefficient. It has been reported several times, with no action as yet. It should be fixed as soon as possible. If the hepatitis case had not given a prior history, this faulty system could well have been blamed.
2. The kitchen and refrigerators were clean.
3. In the lavatories there were several badly stained bowls. There is no excuse for yellow bowls.

I was accompanied on my survey by Mr. Garland Keenan, Chief Counselor.

COMMUNITY CORRECTIONAL CENTER #58 (60)

OPA LOCKA AIRPORT  
OPA LOCKA, FLORIDA

PREAMBLE

The Center is housed in two barracks buildings on the grounds of the Opa Locke Airport. The buildings were used in World War II by the Marines. From 1961 to 197 it housed and processed Cuban refugee families. It was turned over to the Correctional Division and opened by them in April 1973 as a Community Center. The capacity of the unit is 100 residents. On the day of my survey they numbered 93, of whom 83 were on work release, 1 on study release and 9 in a support capacity. There are 14 counselors.

MEDICAL FACILITIES

Practically, there are none. The institution has the usual first aid kit. If residents get sick or need a dentist they are taken to the doctor or dentist of their choice. If hospitalization is needed there is one just a few miles away.

ENVIRONMENT AND SANITATION

This institution was in a disreputable state when turned over to Corrections, and still shows it. Most every room, every facility has had to be repaired, renovated and painted. My estimate is that the job has been a little better than 50% accomplished to date.

It is not fair to criticize it except to criticize the system which has dragged its feet in providing materials and help. However, the plumbing now is installed and repaired, and the remaining jobs are carpentry and painting. The men are

sleeping in half-finished rooms, and the whole place gives a general sense of untidiness. By this I mean mops are stashed in corners rather than washed and properly hung when not in use. There is paper and debris in the hallways.

The sewer and water system is part of the airport's system.

In the kitchen the stoves and fryer have no hood over them. This is an old building and could be quite a fire source. There should be a dishwasher.

#### RECOMMENDATIONS AND COMMENTS

1. Pick up the general housekeeping.
2. Expedite getting hood over stove.
3. Get a standardized routine for my care.
4. Try and expedite the entire renovation process.
5. Apply for a dishwasher.

I was accompanied on my survey by Mr. Ron White, Councilor II.

#### COMMUNITY CORRECTIONAL CENTER #63

PANAMA CITY, FLORIDA

#### PREAMBLE

This institution is a community correctional center. On the day of survey there were 38 residents, of whom 26 were on work release, 7 on permanent party, 4 on construction, and 1 in confinement. It is an honor camp. It was formerly a road camp.

#### MEDICAL FACILITIES

There are mental, drug and alcohol clinics sponsored in town, and the men use them. They can be used for evaluation also. The men have to be encouraged to attend, claiming "too tired" after a day's work.

There is a drug closet with the usual innocuous drugs in it. Here the men are allowed to take their medications prescribed by the local doctor. There has been no trouble to date with this practice.

The time here on work release is only about three months before freedom, and continuity of any program is difficult.

#### ENVIRONMENT AND SANITATION

Of all the community correction centers, this institution is in the poorest shape. It is undergoing intensive renovation, with much work yet to be done on the air conditioning, dormitories and laundry.

RECOMMENDATIONS AND COMMENTS

1. One of the biggest troubles here is the water supply. It comes from a shallow well and the pump is too small and inefficient. The water stains the toilets, urinals and showers a dirty yellow. The water has an unpleasant taste. It is hoped that city water can be piped in, but so far there has been no real positive action. The existing conditions are not good. If city water is not obtainable, a deep chemically-treated well should be dug immediately. Both typhoid and hepatitis are possible under present conditions.

2. Because of the painting and renovations going on, cleanliness is hard to maintain.

3. Why the State persists in buying such small dishwashers is hard to understand. It is stated its purpose is sterilizing the dishes after a thorough hand washing. This is nonsense. Here it is not functioning, nor even hooked up.

4. The lavatories need new floor, and the showers badly need retiling.

5. The detention cells need cleaning up.

I was accompanied on my survey by Mr. D. N. Barnett, Chief Counselor.

COMMUNITY CORRECTIONAL CENTER #64

PENSACOLA, FLORIDA

PREAMBLE

This is a brand new Community Correctional Center opened July 20, 1973.

It is clean and modern. Each room has two beds, lockers, and an adjoining toilet shared with another connecting room. There is a pleasant recreational room and all the facilities are in good maintenance.

On the day of visit there were 26 residents, of whom 20 were on work release and 6 on permanent duty. There is no detention facility. Disciplinary cases are sent to the adjoining county jail.

MEDICAL FACILITIES

There is only a first aid kit on the premises. Residents go to the local doctor of their choice. They keep their medicines and administer them to themselves. The only control mechanism is the doctor bills the institution and the institution deducts it from the man's pay savings. On inquiry I was told that as far as is known there has been no abuse of this privilege. No record is kept of medicine. There is no AA or drug abuse program at present.

ENVIRONMENT AND SANITATION

1. The sewage system is part of the city's system. Water likewise is obtained from the city.

2. Everything is new and clean; very little to be done except to do some landscaping, which should keep down the dust.
3. The same small, inefficient dishwasher sterilizer is present here.

I was accompanied on my survey by Mr. A. C. Coursey, Chief Counselor.

COMMUNITY CORRECTIONAL CENTER #66

SANTE FE, FLORIDA

PREAMBLE

This institution, formerly a prison, is in a state of flux at present. It has been a Community Correctional Center only since August 1972. It appears that the exact role of the institution is not known as yet. It was spoken of, by personnel that I talked to, as a standby operation; another spoke of it as a holding operation.

On the day of my visit there were 43 residents, of whom 21 men were on work release, 11 on study release, 4 in industry (farm) and 7 on support.

MEDICAL FACILITIES

There is a first aid kit. The support inmates are taken to Sunland if they report sick. It is about two miles. Here they have full medical facilities and physician coverage. The same applies for dentistry. The other residents may go to Sunland if they wish or to their own doctor or dentist. There is no sick or pill line here.

There are no AA or drug abuse programs. The men are permitted to attend meetings in town if interested.

ENVIRONMENT AND SANITATION

Because of the "standby" status of this institution, it would appear that good upkeep and maintenance have only been minimal.

The beds are old and the mattresses are of the old cotton type. The floors in the dormitory are old and worn badly in areas, and need replacing. The same is true of the toilet and shower area.

In the kitchen area the fryer was not clean and had thick grease on sides. Sewage disposal and water are attached to the city system.

RECOMMENDATIONS AND COMMENTS

1. This institution should not be left in limbo. Either fix it up or close it. If kept open -
  - a. Requisition new mattresses and beds.
  - b. Repair floors.
  - c. Improve maintenance.
  - d. Install dishwasher.

I was accompanied on my survey by Captain W. Earl Farnell.

COMMUNITY CORRECTIONAL CENTER #68

TALLAHASSEE, FLORIDA

PREAMBLE

On the day of my visit this institution had 34 residents. Of this group, 24 were on work release, 3 on study release, and 7 on permanent party duty. It is an honor camp. It has been open only since the latter part of February.

MEDICAL FACILITIES

There is the usual drug closet. The residents when sick are taken into town to the doctor of their choice. The same practice is followed for dental care. Services of a psychiatrist, psychologist or optometrist are likewise available if needed. The residents are allowed to go into town on their own for AA meetings.

ENVIRONMENT AND SANITATION

The buildings are new and clean. There are two men to a room, who share a lavatory and shower with two men in an adjoining room. The kitchen, dining rooms and refrigerators were clean. There is a small, inadequate dishwasher. It is family size and totally out of place, and inadequate in an institution of this size.

There are no detention cells. If necessary those of the adjacent road camp are used, or the individual is sent back to the closest prison.

Sewers are part of the city sewage system. Garbage and trash are properly contained and handled.

RECOMMENDATIONS AND COMMENTS

1. Purchase and install an adequate dishwasher.
2. The institution is commended.

I was accompanied on my survey by Mr. David Arthur, Counselor 1, and visited with Mr. J. L. Vaughan, Chief Counselor.

COMMUNITY CORRECTIONAL CENTER #70

TAMPA, FLORIDA

PREAMBLE

This is a fairly new institution, having been opened as a Correctional Community Center in July 1972. It is a coeducational project with 49 male residents at the mens unit and 15 women at the womens unit. The two units are about one-half mile from each other.

Male: On the day of survey the male population was 49. The unit has a capacity for 56 residents. The census showed 42 on work release, 7 in support and 5 in jail.

Female: On the day of survey there were 15 female residents, of whom 14 were on week release and 1 on support.

The men were housed in a modern new building. There are two men to a room with an adjoining toilet used also by a similar room adjoining the toilet. The womens unit is housed on the ground floor of the W. T. Edwards Hospital's nurses home. The quarters were neat and clean.

MEDICAL FACILITIES

There are no facilities per se, only first aid kits. When desiring to see a physician or dentist, the resident has the choice of calling their own. For any major emergency St. Joseph's Hospital, a short distance away, is utilized.

ENVIRONMENT AND SANITATION

Conditions in both units for the most part are excellent.

Again it is hoped a standardized mop technique can be adopted.  
Cooked food in the refrigerators should be covered.

I was accompanied on my survey by Counselor III David Gantt.

COMMUNITY CORRECTIONAL CENTER #73

ZEPHYRHILLS, FLORIDA

PREAMBLE

On the day of visit this institution had 51 residents, of whom 37 were on work release, 6 on study release, and the rest (8) on housekeeping and maintenance.

There is no AA Program or Drug Program. Several men have been invited to speak to local civic groups and have been well accepted.

The detention cells are very seldom used. If punishment is necessary, the group does their own, usually restriction of privileges. There is no academic program here. Residents, after a full day's work, are "too tired."

MEDICAL FACILITIES

There are no facilities except for a Red Cross First Aid Kit.

No drugs whatsoever are issued except on local doctor's prescription.

Patient does not keep medicine. It is issued by the counselor or custodial officer as prescribed.

Dental care is rendered locally, when requested. Men are allowed to make their own appointments.

ENVIRONMENT AND SANITATION

This institution was formerly a road prison and has been a Community Correctional Center just a year. It needs considerable additional renovation.

Sewage disposal has been a problem with some backing-up in the lines. They have been cleaned out and drainage is much improved. However, the whole system should be given thorough study.

RECOMMENDATIONS AND COMMENTS

1. Study possibility of need for new sewage system.
2. Entire kitchen floor needs covering.
3. Kitchen needs painting.
4. Food in refrigerators should be covered.
5. Fly control and trash disposal acceptable.

Mr. V. L. Choate, Chief Correctional Counselor, accompanied me throughout my survey.

**END**