

**MARIN COUNTY SHERIFF'S DEPARTMENT  
CUSTODY DIVISION POLICY AND PROCEDURE MANUAL**

**CHAPTER 10 - MEDICAL**  
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June 12, 2018

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**INMATES WITH DEVELOPMENTAL DISABILITIES**

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**POLICY**

Upon identification, the facility staff shall segregate all Developmentally Disabled inmates and refer them for evaluation by the Mental Health staff.

**DEFINITION:**

**DEVELOPMENTAL DISABILITY:** A person with mental retardation, cerebral palsy, epilepsy, autism, or a combination of handicaps.

**PROCEDURE**

Inmates identified as Developmentally Disabled shall be separated from other inmates until an evaluation by the Mental Health staff is obtained. If Mental Health staff is not available, the inmate is segregated until the evaluation can be conducted.

The Regional Center shall be contacted by Mental Health staff within 24 hours. If it is not possible to meet the 24 hour deadline, a letter/fax shall be sent to the Regional Center, advising them of the Developmentally Disabled inmate.

The Quick Reference Guide to Development Disabilities and the telephone number and address of the nearest Regional Center shall be posted in the classification/interview rooms. The Bkg. MRD or Nurse may utilize the screening devise that follows this procedure in determining if an inmate is Developmentally Disabled and to locate the closest Regional Center.

**QUICK REFERENCE GUIDE TO DEVELOPMENTAL DISABILITIES**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ JID#: \_\_\_\_\_  
\_\_\_\_\_ PHONE#: \_\_\_\_\_

Custody Staff: Please have the inmate answer the following questions. Indicate inmate's response in the appropriate box.

YES NO

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. I have a reading problem.                                  |
| _____ | _____ | 2. When I went to school, I was in classes for slow learners. |
| _____ | _____ | 3. I have been told I am mentally retarded.                   |
| _____ | _____ | 4. I get seizures. (Epilepsy)                                 |
| _____ | _____ | 5. Do you have a disability?                                  |
| _____ | _____ | 6. How many months in one year?                               |
| _____ | _____ | 7. Count the money (use real coins).                          |
| _____ | _____ | 8. What time is it? (Use clock on wall)                       |

The following items when present may indicate that an individual may have a developmental disability:

1. The person is slow in answering questions.
2. The person has a difficult time following more than one direction at a time.
3. The person has difficulty recalling his full name, address, phone number, etc...
4. The person is unable to read a sign on the wall, the clock, or sign his name to a form.
5. The person is unable to identify or count various coins correctly.
6. The person states that he is a slow learner, was placed in special classes in school, and attends a workshop or job training site for the handicapped.
7. The person has, in his possession, a reduced fare bus pass, or bus card from a Regional Center.
8. The person states he resides in a "group home" or "facility".
9. The person's speech may be unclear.
10. The person's motor coordination is poor.
11. The person has seizures and is on medication for seizure control.

This is a partial list of the most common seizure medication:

1. Dilantin
2. Tagretol

This is a partial list of the most common psychotropic medication:

1. Prolixin
2. Valium
3. Haldol
4. Thorazine

The nearest Regional Center is:

Golden Gate Regional Center  
1355 Market Street  
San Francisco, CA  
Telephone: 415-546-9222

**RELATED STANDARDS:**

Title 15, Article 10, Section 1206  
Chapter 4, Section 1

**DATE REVISED**

8-3-94

By order of

JAMIE SCARDINA

BUREAU COMMANDER