

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Health Services Agency *MD*

BOARD AGENDA # *B-7

Urgent Routine

AGENDA DATE December 14, 2010

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Acceptance of the Report of the Annual Inspection/Evaluation of Local Jail/Detention Facilities Pursuant to Section 101045 of the State of California Health and Safety Code

STAFF RECOMMENDATIONS:

Accept the Report of the Annual Inspection/Evaluation of Local Jail/Detention Facilities Pursuant to Section 101045 of the State of California Health and Safety Code.

FISCAL IMPACT:

The cost associated to this Annual Report include the staff time to perform the inspections, evaluate compliance and prepare the written report, and are included in the Health Services Agency and Environmental Services departmental budgets for the Fiscal Year 2010-2011.

BOARD ACTION AS FOLLOWS:

No. 2010-762

On motion of Supervisor Chiesa, Seconded by Supervisor Monteith
and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Monteith, DeMartini, and Chairman Grover

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION: This Item was removed from the consent calendar for discussion and consideration.

ATTEST:

Christine Ferraro
CHRISTINE FERRARO TALLMAN, Clerk

File No.

DISCUSSION:

The California Health and Safety Code, Section 101045, requires and authorizes the annual inspection of local jail/detention facilities and the submission of a written report to the California Standards Authority, which evaluates compliance with the legally mandated minimum standards. The evaluation is coordinated and compiled every other year by the Health Services Agency. The Department of Environmental Resources compiles the evaluations on alternate years. The inspections are conducted using a survey team approach.

The various sections were assigned to the appropriate staff of the Health Services Agency and the Department of Environmental Resources. The criteria for evaluation of detention facilities are contained in Title 15 of the California Code of Regulations. The Standard, contained in Section 101045, also requires that the Sheriff, Jail Administrators, and the Board of Supervisors receive a report. Specific findings were as follows:

ENVIRONMENTAL INSPECTIONS

During 2010 all five facilities (Men's Jail, Public Safety Center, Honor Farm, Juvenile Justice Center, and Turlock Holding Facility) were inspected by representatives of the Department of Environmental Resources. Deficiencies were minimal and were promptly corrected by the custody staff. Note: Two of the four barracks at the Honor Farm were destroyed in a fire in June of this year after the annual environmental health inspection.

NUTRITION INSPECTIONS

Nutrition inspections were conducted by a registered dietician from the Health Services Agency's Nutrition Program. The kitchen at the Public Safety Center is managed by the Sheriff's Department and provides for all three adult facilities. It was compliant with all State requirements. The Juvenile Justice Center has a separate kitchen that is outsourced to a local vendor. The nutrition inspector did not find any deficiencies in the dietary program. The Turlock Holding Facility does not require a kitchen because detention is limited to six hours. If necessary, detainees are provided food from local sources in accordance with the code requirements.

MEDICAL/MENTAL HEALTH INSPECTIONS

The Medical/Mental Health inspection was complex due to the new medical contractor for the jail system. Correct Care Solutions (CCS) is based in Nashville, Tennessee and our county is the first location for them to provide services in California. The major challenge with the transition has been ongoing instability in the medical and administrative leadership for the contractor. During the first 14 months of the contract there have been five different administrators, none of whom have had experience within the California correctional system. The initial medical director was from Stanislaus County and provided laudable services; however, during the spring the medical director

resigned and a series of providers have been in place. In regard to policies and procedures, the contract requires that the contractor, CCS, should pass inspection by the Institute for Medical Quality, a subsidiary of the California Medical Association. The Juvenile Justice Center has done so, however, the three adult facilities have not yet met their standards. Overall mental health services also have been improved, the providers have had local experience, and these medical positions have been stable.

There are also significant operational concerns regarding CCS's services expressed by both the Sheriff's and Probation Department. On September 9, 2010 a meeting was convened by the County Chief Executive Office with representation of CCS executives, Sheriff's and Probation Department leader's, and the Public Health Officer. The outcome was a decision to place the medical contractor on six months of probation to remedy the identified deficiencies in the audit, with re-inspection scheduled for March, 2011.

POLICY ISSUE:

Acceptance of this report ensures the County's compliance with the California Health and Safety Code, which requires that it annually inspect, evaluate and submit a written report to the California Standards Authority, Sheriff, Jail Administrators and Board of Supervisors. This report supports the Board's priorities of A Safe Community, A Healthy Community, and the Efficient Delivery of Public Services as it demonstrates objective and collaborative monitoring and quality improvement activities.

STAFFING IMPACT:

Existing staff perform the inspections and develop the Annual Report. A total of 162 staff hours from the Health Services Agency and the Department of Environmental Services were expended in order to conduct this year's inspections and develop the report.

DEPARTMENT CONTACT:

Dr. John Walker, Public Health Officer, 209-558-8804

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

CSA #: _____

FACILITY NAME: Honor Farm		COUNTY: Stanislaus			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 8224 Grayson Road Modesto, CA 95351 (209) 538-2202					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: X	TYPE III:	TYPE IV: X
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: February 17, 2010 POPULATION: 267		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE) Tom Wolfe, Sr. Environmental Health Specialist, (209) 525-6756					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant Wilkerson and Deputy Junqueiro					
NUTRITIONAL EVALUATION			DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: June 3, 2010		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Renette Bronken, PHN (209) 558-5363 Trudi Prevette, RN (209) 558-5670					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sandra Smith, RN Charge, (209) 541-2901					

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>Approach for Providing Food Service</p> <p><i>, CalCode the California Retail Food Code (HSC Division 104, Part 7, Chapter 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>		X		
1. Food is prepared at another city or county detention facility.	X			
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.		X		
<p>1230 Food Handlers</p> <p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.</p>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, supervision and cleanliness of food handlers in accordance with HSC § 113967, 113952-113961, 113973, 113977.	X			
<p>1243 Food Service Plan</p> <p>There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.</p> <p>The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>				The Nutrition Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			Do not identify compliance with this section here. See comments.	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food Service Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			X	
HSC § 114065 114130-114141, 114163, New or replacement equipment;			X	
HSC § 114099.6, 114107if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 180 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;	X			The facility uses chlorine to disinfect food service utensils. (See comment Section)
HSC § 114149-114149.3, provided there is mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	X			
HSC § 114268-114269 f loors and,	X			
HSC § 114279-114282 Storage area for cleaning equipment and supplies				
1246 Food Serving and Supervision Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Article 13. Inmate Clothing and Personal Hygiene				
1260 Standard Institutional Clothing Issue Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items. There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:	X			
Clean socks and footwear;	X			
Clean outer garments; and,	X			
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	X			All male facility.
Clothing is reasonably fitted, durable, easily laundered and repaired.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1261 Special Clothing Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	X			ADPM §4.4 Task specific clothing provided.
1262 Clothing Exchange There are policies and procedures for the scheduled exchange of clothing.	X			
Unless work, climatic conditions, illness, or the CalCode necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	X			
1263 Clothing Supply There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	X			Clothing and bedding storage area inspected.
There are policies and procedures for the special handling of laundry that is known or suspected to be contaminated with infectious material.	X			
1264 Control of Vermin in Inmates Personal Clothing There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	X			All laundry is washed off-site at the Public Safety Center.
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
1265 Issue of Personal Care Items There are policies and procedures for issuing personal hygiene items.	X			ADPM §4.3 Welfare kit issued to each inmate at booking.
Each female inmate is issued sanitary napkins and/or tampons as needed.			X	All male population.
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	X			ADPM §4.3
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	X			No items shared.
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1266 Personal Hygiene				
There are policies and procedures for showering-bathing.	X			
Inmates are permitted to shower-bathe upon assignment to a housing unit and, thereafter, at least every other day and more often if possible.	X			
1267 Hair Care Services				ADPM §4.3
Hair care services are available.	X			
Except for those inmates who may not shave for court identification reasons, or, those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected before use, by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	X			
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue				ADPM §4.4
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:	X			
One serviceable mattress which meets the requirements of § 1272 of these regulations;	X			
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket, or more, depending upon climatic conditions.	X			Two blankets available.
1271 Bedding and Linen Exchange				Lines exchanged on Saturday; towels exchanged with clothing on Sunday.
There are policies and procedures for the scheduled exchange of laundered bedding and linen issued to each inmate housed.	X			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement, at least once each week.	X			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	X			
1272 Mattresses				Some ticking observed ripped in storage area.
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard 121, 129 or most recent			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				ADPM §6.1
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				Two showerheads missing in barracks #1 and #3.
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.		X		
Title 24, Uniform Building Code – Cleanliness and Repair				Some floor tile damage at shower in barracks #3.
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				Climate in all barracks was satisfactory at the time of inspection.
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			
Title 24, Uniform Plumbing Code – Floor Drains				ADPM §6.1
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>			X	Contracted prior to 1980.
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>			X	Constructed prior to 1980
CA Safe Drinking Water Act				On-site Community water system meets quality standards.
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Local Ordinances				Twice weekly trash removal by permitted hauler Stericycle removes biohazard.
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC § 1803				Monthly maintenance pest control services.
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
General Industry Safety Order, Title 8-3362				Unknown
The facility is free of structural and other safety hazards.				

Summary of environmental health evaluation:

1. Title 24, Uniform Plumbing Code-Plumbing: Barracks #1 & #3 observed with two shower heads missing; a hole in shower wall and damaged floor tile in shower at barracks #3.
2. Ceiling of inmate clothing storage area found wet from above water leak.

Sergeant Wilkerson was to contact building maintenance and arrange for these repairs. A follow-up inspection was scheduled for March 3, 2010.

Note

#1 At the time of inspection, new shower facilities were being installed in work out room.

#2 Routine kitchen facility inspection to occur in March 2010.

The scheduled follow-up inspection was performed on March 3, 2010, and the above item had been corrected. Note that upon removal of the ceiling area (identified in #2 above), it was found that water was not leaking, but some oil had spilled.

The food service inspector occurred separately on March 17, 2010 by Stanislaus County environmental health staff following Cal Code requirements. A repeat violation from 2009 was observed. The chemical dishwasher lacked sanitizer and a testing method to detect sanitizer. An alternative method of sanitizing was to be implemented.

III. MEDICAL/MENTAL HEALTH EVALUATION
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			
1205 Health Care Records <i>(Applicable to facilities with on-site health care staff)</i>				
Individual, complete and dated health records are maintained and include, but are not limited to:				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);				
Medical/mental health evaluation reports;	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Medical/mental health evaluation reports;				
Complaints of illness or injury;				
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;				
Location where treatment is provided; and,	X			
Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least annually.	X			
The health care manual includes, but is not limited to:				
Summoning and application of proper medical aid;	X			
Contact and consultation with private physicians;	X			
Emergency and non-emergency medical and dental services, including transportation;	X			
Provision for medically required dental and medical prostheses and eyeglasses;	X			
Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
Provision for screening and care of pregnant and lactating women, including postpartum care, and other services mandated by statute;			X	No women at this honor farm.
Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			Psych nurse on-site at Public Safety Center.
Implementation of special medical programs;	X			
Management of inmates suspected of or confirmed to have communicable diseases;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			
Use of non-physician personnel in providing medical care;	X			
Provision of medical diets;				
Patient confidentiality and its exceptions;	X			
Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			
1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>				
There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.			X	No females at this honor farm.
1208 Access to Treatment				
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
Health care personnel perform the evaluation.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i>	X			
There are policies and procedures to provide mental health services that include but are not limited to:				
Screening for mental health problems;	X			
Crisis intervention and management of acute psychiatric episodes;	X			
Stabilization and treatment of mental disorders; and,	X			
Medication support services.	X			
Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility.	X			
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
1213 Detoxification Treatment <i>(Not applicable Type IV.)</i>				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications (Not applicable Type IV.)				
There are policies and procedures governing the use of psychotropic medications.	X			
Involuntary administration of psychotropic medication is limited to emergencies. (See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician in written form in the inmate's record or by verbal order in a dosage appropriate to the inmate's need. Verbal orders are entered in the inmate's record and signed by a physician within 72 hours.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. (Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)	X			
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
1219 Suicide Prevention Program				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
1220 First Aid Kits				
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1051 Communicable Diseases				
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.			X	Done at intake. Any inmate suspected of a communicable disease would not be at the honor farm.
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.			X	
The inmate's response is noted on the booking form and/or screening device.			X	
1052 Mentally Disordered Inmates				
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Section 2-470A.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	No safety cells at honor farm. If needed, inmate would be transferred to Men's Jail.
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part 2 § 470A.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.			X	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			X	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			X	
Such inmates are removed from the sobering cell when they are able to continue with processing.			X	
1057 Developmentally Disabled Inmates				
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices				
<i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>				
Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			Inmate would be transferred to Men's Jail.
Restraints are not used as a discipline or as a substitute for treatment.			X	
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.			X	
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.			X	
All inmates in restraints are housed alone or in a specified area for restrained inmates.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Direct visual observation is conducted and logged at least twice every 30 minutes.			X	
Continued retention in such restraints is reviewed every two hours.			X	
A medical opinion on placement and retention is secured as soon as possible but no later than four hours from the time of placement.			X	
Medical review for continued retention in restraint devices occurs at a minimum of every six hours.			X	
A mental health consultation is secured as soon as possible, but no later than eight hours from the time of placement.			X	
1121 HEALTH EDUCATION FOR MINORS IN JAILS				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:			X	
is received from the sending facility;			X	
is reviewed by designated health care staff at the receiving facility; and,			X	
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in <i>Minimum Standards</i> for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1124 PROSTHESES AND ORTHOPEDIC DEVICES				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.			X	
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.			X	
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.			X	
1125 PSYCHOTROPIC MEDICATIONS				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i>				
(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability				
In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Have lockable storage for medical supplies (Applicable to facilities constructed after 2-1-99).	X			
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
Title 24 Part 2 § 470A.2.14.– Medical Care Housing There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:			X	Inmates requiring close medical observation are transferred to the main Men's Jail.
Provide lockable storage space for medical instruments; and,			X	
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living are of either.			X	
If negative pressure isolation rooms are being planned, they are designed to the community standard (Applicable to facilities constructed after 2-1-99).			X	
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			No female inmates at this honor farm.
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
HSC 11222 and 11877 Addicted Arrestee Care Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			Transferred to Doctors Medical Center ER.
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.		X		Current policy is to administer methadone only to pregnant inmates.
PC 4023.6 Female Inmates' Physician Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	No females at this honor farm.
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

ADMINISTRATIVE AUDIT:

The administrative audit focused on the Men's Jail and Public Safety Center. The Honor Farm uses the same Policies and Procedures manual as the other two adult facilities. Please see those summaries for the Public Health Officer's review and comments.

NURSING AND MEDICAL RECORDS AUDIT:

The charge nurse, Sandra Smith, is a quite experienced and has worked collaboratively with Public Health on a variety of quality improvement projects during the past ten years. She was most helpful in assisting the inspecting nurses with the new system of charting and scanning for the electronic medical record. The Public Health nurses reviewed ten (10) randomly selected medical records in accordance with CSA guidelines. No significant issues were identified.

NOTE: The medical audit was completed prior to the decrease in inmate population and nurse staffing related to budgetary issues.

MENTAL HEALTH AUDIT:

Inmates requiring psychiatric services are transferred to the Men's Jail or Public Safety Center.

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

CSA #: _____

FACILITY NAME: Men's Jail		COUNTY: Stanislaus			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1115 H Street Modesto, CA 95354 (209) 525-6427					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: March 24, 2010 POPULATION: 338 Men		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Tom Wolfe, R.E.H.S., (209) 525-6700 Food Facility Inspection: Denny Vang, E.H.S. I, (209) 525-6700 1/28/2010					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant M. White (209) 525-6384					
NUTRITIONAL EVALUATION			DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: 5/20/10; 8/13/10		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Renette Bronken, PHN (209) 558-5363 Trudi Prevette, RN (209) 558-5670 John A. Walker, M.D., Public Health Officer, (209) 558-8804					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lynn Philpott, RN, Regional Manager, Correct Care Solutions (209) 525-5609 Tracee Bowlin, RN, Director of Nursing, Correct Care Solutions, Stanislaus Wendy Montez, RN Veronica Escarcega, LVN Lynette Street, LVN Lisa Melton, Clerical Trish Young, RN, Health Services Administrator					

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Food				
Approach for Providing Food Service <i>Cal Code/California Retail Food Code (HSC Division 104, Part 7, Chapter 4, Articles 1-8, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.		X		Adult Detention Policy Manual (ADPM)
1. Food is prepared at another city or county detention facility.	X			Public Safety Center, Hackett Rd., Modesto, CA
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CURFFL.		X		
1230 Food Handlers <i>(Note: Title 15, § 1230 is in Article 10, MMH, but inspected under Environmental Health due to Cal Code reference.)</i> Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.	X			ADPM 2.3 Pg.71
There are procedures for education, supervision and cleanliness of food handlers in accordance with HSC § 114020	X			ADPM § 7.2 Serv-Safe Certification for Food Supervisor is Darlene Luce
1245 Kitchen Facilities, Sanitation and Food Service Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CURFFL.	X			No significant violations observed during the inspection dated 11/14/2010.
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 113920 (a) through (d) is (re)heated and served, the following CURFFL standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			X	No Cal Code standards waived.
HSC § 114056, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;			X	
HSC § 114065, New or replacement equipment;				
HSC § 114090 Utensil and equipment cleaning and sanitation;			X	
HSC § 114140 Ventilation;			X	
HSC § 114150 (a) Floors; and,			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114165 (b) Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.	X			
1246 Food Serving Food is prepared and served only under the immediate supervision of a staff member.	X			ADPM §7.2
Article 12. Inmate Clothing and Personal Hygiene				
1260 Standard Institutional Clothing Issue Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items. There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:	X			ADPM Pg. 55
Clean socks and footwear;	X			
Clean outer garments; and,	X			
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	X			No female population. Males only at this facility.
Clothing is reasonably fitted, durable, easily laundered and repaired.	X			
1261 Special Clothing Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	X			ADPM §4.4
1262 Clothing Exchange There are policies and procedures for the scheduled exchange of clean clothing.	X			ADPM §4.4 Each housing unit has a designated day for clothing exchange.
Unless work, climatic conditions, illness, or the CURFFL necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	X			Undergarments and socks exchanged twice each week. Coveralls are exchanged once each week.
1263 Clothing Supply There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	X			ADPM § 4.4 Facility stores an additional supply of bedrolls and each type of garment, in each size. Laundry is washed off-site at the Public Safety Center.
There are policies and procedures for the special handling of laundry that is known or suspected to be contaminated with infectious material.	X			ADPM § 6.6 The shift sergeant on duty makes the determination if the laundry is to be cleaned or destroyed.
1264 Control of Vermin in Inmates Personal Clothing There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	X			ADPM § 8.01.02 AAI provides weekly service, or as requested.
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			ADPM § 8.1 & ADPM § 6.6 Suspected or infested clothing is bagged.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1265 Issue of Personal Care Items				ADPM § 4.3
There are policies and procedures for issuing personal hygiene items.	X			
Each female inmate is issued sanitary napkins and/or tampons as needed.			X	Male population only.
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	X			"Fish pack" issued at intake. Replacements can be purchased through commissary. If an inmate cannot afford to purchase items they can apply for additional welfare packs.
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			Disposable razors
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	X			No items are shared.
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			ADPM 4.03.01 Implements are not shared.
1266 Personal Hygiene				ADPM § 4.3 – Showering
There are policies and procedures for showering-bathing.	X			
Inmates are permitted to shower-bathe upon assignment to a housing unit and, thereafter, at least every other day and more often if possible.	X			ADPM § 4.3 Showering is available daily when possible, if not then every other day.
1267 Hair Care Services				ADPM § 4.3
Hair care services are available.	X			By inmate barbers under staff supervision.
Except for those who may not shave for court identification reasons, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected before use, by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Chapter 9, § 979 and 980, CCR.	X			ADPM § 4.3
Article 13. Bedding and Linens				
1270 Standard Bedding and Linen Issue				ADPM § 4.4
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:	X			
One serviceable mattress which meets the requirements of § 1272 of these regulations;	X			One mattress was removed from Room Z2 as it was unserviceable.
One mattress cover or one sheet;	X			Two sheets are issued.
One towel; and,	X			Two towels are provided once a week.
One freshly laundered or dry-cleaned blanket, depending upon climatic conditions.	X			Two blankets are issued in the winter months; one blanket is issued in the summer, or more as medically necessary.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1271 Bedding and Linen Exchange				ADPM § 4.4
There are policies and procedures for the scheduled exchange of freshly laundered bedding and linen issued to each inmate housed.	X			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement, at least once each week.	X			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	X			Top sheet issued, blankets laundered quartley.
1272 Mattresses				Mattresses are contained in a cleanable outer cover.
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses (Technical Information Bulletin Number 121, dated April 1980).	X			
Article 12. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				Repairs are reported immediately to County Maintenance and the Facility Operations Deputy.
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			Operations Sergeant performs an inspection daily. Operations Deputy performs formal inspections once a month. All detention facilities inspected on a quarterly basis by Compliance Deputy and twice a year by the Sheriff's Department Safety Officer.
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			Infirmary was satisfactory.
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				Fixtures and facilities in common areas are adequately clean. Cleaning of cells in housing areas is by resident inmates, cleaning supplies are provided.
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			
Title 24, Uniform Building Code – Cleanliness and Repair				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Part 1, 13-102(c)6 – Heating and Cooling There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			Climate was comfortable.
Title 24, Uniform Plumbing Code – Floor Drains Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>			X	Facility constructed prior to 1980
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			Centrally controlled
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>			X	Facility constructed prior to 1980
CA Safe Drinking Water Act Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			Water is provided by City of Modesto.
Local Ordinances Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			Solid waste disposal contracted through Bertolotti Disposal. A Sharptainer and red biohazard bags are available in the medical department for special handling of toxic or infectious waste. Disposal of these items is provided through Stericycle.
HSC § 1803 The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			ADPM § 6.2
General Industry Safety Order, Title 8-3362 The facility is free of structural and other safety hazards.	X			

Summary of environmental health evaluation:

The Stanislaus County's Men's Jail is in minimal satisfactory condition due to its many years of use since it was constructed and the continual high population contained therein. The deputies on staff report deficiencies when observed and county maintenance personnel respond to facilitate repairs.

Several holding cells were inspected including the drunk-tank, safety cell and numerous general population cells. All were in satisfactory condition given the age of the facility. One mattress was observed on the third floor that was severally torn and ripped. It was removed by the deputy. The Sheriff's personnel appear to do a good job in taking care of the environmental health and safety of the inmates contained in this facility.

III. MEDICAL/MENTAL HEALTH EVALUATION

Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			
1205 Health Care Records <i>(Applicable to facilities with on-site health care staff)</i>				
Individual, complete and dated health records are maintained and include, but are not limited to:				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);	X			
Medical/mental health evaluation reports;	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Medical/mental health evaluation reports;	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Location where treatment is provided; and,	X			
Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least annually.	X			
The health care manual includes, but is not limited to:				
Summoning and application of proper medical aid;	X			
Contact and consultation with private physicians;	X			
Emergency and non-emergency medical and dental services, including transportation;	X			
Provision for medically required dental and medical prostheses and eyeglasses;	X			
Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
Provision for screening and care of pregnant and lactating women, including postpartum care, and other services mandated by statute;	X			
Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			
Implementation of special medical programs;	X			
Management of inmates suspected of or confirmed to have communicable diseases;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			
Use of non-physician personnel in providing medical care;	X			
Provision of medical diets;				
Patient confidentiality and its exceptions;	X			
Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			Screening questionnaire is completed by custody staff. Medical personnel are notified if indicated.
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			
1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i>				
There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.	X			
1208 Access to Treatment				
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
Health care personnel perform the evaluation.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i>				
There are policies and procedures to provide mental health services that include but are not limited to:	X			
Screening for mental health problems;	X			
Crisis intervention and management of acute psychiatric episodes;	X			
Stabilization and treatment of mental disorders; and,	X			
Medication support services.	X			
Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility.	X			
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
1213 Detoxification Treatment <i>(Not applicable Type IV.)</i>				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications <i>(Not applicable Type IV.)</i>				
There are policies and procedures governing the use of psychotropic medications.	X			
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician in written form in the inmate's record or by verbal order in a dosage appropriate to the inmate's need. Verbal orders are entered in the inmate's record and signed by a physician within 72 hours.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>	X			
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
1219 Suicide Prevention Program				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
1220 First Aid Kits				
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1051 Communicable Diseases				
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates				
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Section 2-470A.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part 2 § 470A.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices				
<i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>				
Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every two hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than four hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every six hours.	X			
A mental health consultation is secured as soon as possible, but no later than eight hours from the time of placement.	X			
1121 HEALTH EDUCATION FOR MINORS IN JAILS				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:			X	
is received from the sending facility;			X	
is reviewed by designated health care staff at the receiving facility; and,			X	
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1124 PROSTHESES AND ORTHOPEDIC DEVICES				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.			X	
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.			X	
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.			X	
1125 PSYCHOTROPIC MEDICATIONS				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i>				
(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;			X	
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability				
In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Have lockable storage for medical supplies (Applicable to facilities constructed after 2-1-99).	X			
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space				
There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
Title 24 Part 2 § 470A.2.14 – Medical Care Housing				
There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard (Applicable to facilities constructed after 2-1-99).	X			
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			No females at jail
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
HSC 11222 and 11877 Addicted Arrestee Care				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			Short-term symptomatic treatment
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.		X		Methadone maintenance is continued only for pregnant inmates. There are no women housed at the Men's Jail.
PC 4023.6 Female Inmates' Physician				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.			X	No females at jail
Procedures allow female inmates to receive needed medical services.			X	
These procedures are posted in at least one conspicuous place in which all female inmates have access.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:			X	
Personal hygiene regarding menstrual cycle; and,			X	
Birth control measures as prescribed by their physician.			X	
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.			X	

Summary of medical/mental health evaluation:

ADMINISTRATIVE AUDIT:

DEFICIENCIES (2009 vs. 2010)

Compared to last year’s review of the previous medical contractor there is clearly a disturbing pattern of unstable medical department leadership.

1. Medical Director Turnover. The Medical Director has not been permanently replaced. In fact, there have been three physicians providing services at the facility since Dr. Raible’s departure. She was a great resource with local experience as a hospitalist at Doctor’s Medical Center. Moreover, she was active in the county’s Communicable Diseases Taskforce. Since her departure it appears that the numbers of hours of onsite medical direction have decreased. This instability presents concerns regarding inconsistency and discontinuity of care.
2. Health Services Administrator Turnover. Since July 1, 2009 CCS has had at least four different administrators for the Stanislaus inmate health system. Moreover, none of the administrators has had prior experience within the California correction system. The Health Officer recommended in the letter to CCS, following the initial audit in May 2010, that they hire an administrator with California experience. They have made an effort, but this recommendation has not yet been achieved.
3. Facility Head Nurse Turnover. This role has also been unstable, with the notable exception of the Juvenile Justice Center. Moreover, the CCS nursing supervisor, Tracee Bowlin, has been performing double duty as head nurse at one of the adult facilities.
4. Lack of Detail in Adult Facilities Medical Policy and Procedure Manual. The Policy and Procedure Manual for the adult facilities is the same at all three facilities – Men’s Jail, Public Safety Center, and Honor Farm. The manual was initially reviewed by the Health Officer on May 6, 2010 at the Public Safety Center. At that time there were multiple deficiencies. The Health Officer identified these and scheduled a secondary review that was conducted on August 13, 2010. Secondary Policy Manual review demonstrated some improvements, but six needed additional work. These were identified and reviewed with the CCS Health Services Administrator, Trish Young.
5. Difficulty Meeting IMQ Standards. The contract with the Sheriff’s and Probation Departments requires CCS to undergo an external medical/mental health audit by the Institute for Medical Quality (IMQ), an arm of the California Medical Society. The IMQ standards exceed those of the California Corrections Standards Authority (CSA). In August 2009 CCS contracted with a consultant for a pre-IMQ audit. The actual IMQ audit was conducted during February 2010. Both the adult and juvenile facilities had identified deficiencies. The juvenile

facility has corrected the deficiencies and is now compliant with IMQ standards. The adult facilities had not yet achieved full IMQ compliance at the time of this report.

IMPROVEMENTS (2009 vs. 2010)

Medical/Dental Facility Improvements at the Men's Jail. The Public Health nurse reviewers had an opportunity to tour the refurbished dental office and multi-use clinic on the second floor of the facility. Their report made note of the upgrades since the prior inspection.

NURSING AND MEDICAL RECORD AUDIT:

The public health nurses reviewed 10 medical records that were randomly selected. No significant issues were identified. They did have some concerns that the electronic medical record was not a real time document. Documents had to be scanned into the system.

MENTAL HEALTH AUDIT:

Adult mental health services are headquartered at the Public Safety Center (PSC). Please see the PSC narrative summary.

ADDENDUM: During September 2010 meetings were held that included executive representatives of CCS, the Sheriff's Department, the Probation Department, the County CEO's Office, and the Public Health Officer. The intent was to fully identify and resolve the concerns identified by the 2010 inspections as well as those of custody staff.

RECOMMENDATION: Six month probationary period, then re-inspection to confirm remediation of identified deficiencies.

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

CSA #: _____

FACILITY NAME: Public Safety Center		COUNTY: Stanislaus County		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 200 East Hackett Road Modesto, CA 95351 (209) 525-5600				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III: X	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: April 7, 2010 Population: 580 (Female: 130 / Male: 441)		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Tom Wolfe, Sr. Environmental Health Specialist Stanislaus County Dept. of Environmental Resources, (209) 525-6700 Food Facility Inspection: Avneet Mahil, E.H.S., (209) 525-6700 Date Inspected: April 29, 2010				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sgt. Dailey (209) 525-5602 Deputy S. Jungueiro (209) 525-7224				
NUTRITIONAL EVALUATION		DATE INSPECTED: 5/19/2010		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Elaine Emery, R.D., Nutrition Services Program Manager Stanislaus County Health Services Agency (209) 525-4804				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Cris McNally, Food Service Supervisor, Adult Detention, (209) 652-2297				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 05/06/10 & 05/20/10		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): John A. Walker, M.D., Public Health Officer, (209) 558-8804 Renette Bronken, PHN, (209) 558-5363 Trudi Prevette, RN, (209) 558-5670				

FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): (209) 525-5609

Lt. Brenda Suarez, Commander, Bureau of Administrative Services
Lyn Raible, MD, Medical Director
Lynn Philpott, RN, Correct Care Solutions, Regional Manager
Tracee Bowlin, RN, Director of Nursing, CCS/Stanslaus
Susana Swain, RN, PSC Coordinator
Joanne Slater, LVN
Sharlene Rafferty, Clerk
Violet Ledesma, LVN
Jeanette "Jay" Carter, FNP
Debbie Mandujano, RN, Psychiatric Nurse

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>Approach for Providing Food Service</p> <p><i>CURFFL, the California Uniform Retail Food Facilities Law (HSC Division 104, Part 7, Chapter 4, Articles 1-8, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>	X			Cal Code has replaced CURFFL
1. Food is prepared at another city or county detention facility.				
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CURFFL.				
<p>1230 Food Handlers</p> <p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CURFFL reference.)</i></p> <p>Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.</p>	X			
There are procedures for education, supervision and cleanliness of food handlers in accordance with HSC § 114020	X			
<p>1243 Food Service Plan</p> <p>There is a food services plan that complies with applicable California Uniform Retail Food Facilities Law (CURFFL). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.</p> <p>The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>				Do not identify compliance with this section here. See comments.
In facilities with less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food Service				The routine inspection on 4/29/10 revealed minor Cal Code violations that could easily be corrected.
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CURFFL.	X			
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 113920 is (re)heated and served, the following CURFFL standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation in these situations.)</i>			X	
HSC § 114065;			X	
HSC § 114090(b) and (e) if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;	X			
HSC § 114140, provided there is mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;	X			
HSC § 114150 (a); and,			X	
HSC § 114165 (b).	X			
1246 Food Serving and Supervision				
Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	X			
Article 13. Inmate Clothing and Personal Hygiene				
1260 Standard Institutional Clothing Issue				Adult Detention Policy Manual (ADPM) Section 4.4
<i>Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items.</i>	X			
There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:				
Clean socks and footwear;	X			
Clean outer garments; and,	X			
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	X			
Clothing is reasonably fitted, durable, easily laundered and repaired.	X			Inspected laundry facilities.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1261 Special Clothing Provision is made to issue suitable additional clothing essential for inmates to perform special work assignments (e.g., food service, medical, farm, sanitation, mechanical and other specified work).	X			Denim jackets with liners provided.
1262 Clothing Exchange There are policies and procedures for the scheduled exchange of clothing.	X			
Unless work, climatic conditions, illness, or the CURFFL necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged twice each week.	X			Aprons provided for food service workers.
1263 Clothing Supply There is a quantity of clothing, bedding, and linen available for actual use and replacement needs of the inmate population.	X			ADPM § 4.4 Clothing and bedding supply observed; appeared in fair condition.
There are policies and procedures for the special handling of laundry that is known or suspected to be contaminated with infectious material.	X			
1264 Control of Vermin in Inmates Personal Clothing There are policies and procedures to control the contamination and/or spread of vermin in all inmate personal clothing.	X			No evidence of insects or vermin observed.
Infested clothing is cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			ADPM § 6.6 Red biohazard bags are available to separate infested clothing.
1265 Issue of Personal Care Items There are policies and procedures for issuing personal hygiene items.	X			
Each female inmate is issued sanitary napkins and/or tampons as needed.	X			
Each inmate to be held over 24 hours who is unable to supply himself/herself with personal care items, is issued the following personal care items:	X			Observed 'Welfare' packs at intake area.
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements, inmates are not required to share any personal care items listed above.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	X			
1266 Personal Hygiene There are policies and procedures for showering-bathing.	X			ADPM § 4.3
Inmates are permitted to shower-bathe upon assignment to a housing unit and, thereafter, at least every other day and more often if possible.	X			Very warm water with adequate pressure observed in showers tested.
1267 Hair Care Services Hair care services are available.	X			
Except for those inmates who may not shave for court identification reasons, or, those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected before use, by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	X			Barbicide is provided in each hair care kit.
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:	X			Blankets and Linen items observed were in satisfactory condition.
One serviceable mattress which meets the requirements of § 1272 of these regulations;	X			Mattresses observed were in satisfactory condition. Several new mattresses observed.
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket, or more, depending upon climatic conditions.	X			
1271 Bedding and Linen Exchange There are policies and procedures for the scheduled exchange of laundered bedding and linen issued to each inmate housed.	X			Supply of blankets appeared in fair condition.
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement, at least once each week.	X			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	X			A top sheet is issued. Blankets cleaned quarterly.
1272 Mattresses Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			ADPM § 4.4F

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses (Technical Information Bulletin Number 121, dated April 1980).	X			
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance				Floors, walls, and ceiling surfaces appeared to be clean and odor free.
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			Review with onsite medical staff.
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing				Plumbing fixtures checked were clean and operational. Inmates are issued basic cleaning supplies. See additional comments under environmental summary.
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			
Title 24, Uniform Building Code – Cleanliness and Repair				Well maintained and in good repair.
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-102(c)6 – Heating and Cooling				Ventilation in common areas and individual cells were very comfortable. Some verbal complaints received from inmates about it being too cold.
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			
Title 24, Uniform Plumbing Code – Floor Drains			X	Floor drains in sober-cell found blocked with foreign material. This is a repeat violation.
Floor drains are flushed at least weekly.				
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
Title 24, Part 2, 470A.3.6 – Lighting				Adequate lighting noticed in common areas and cells.
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. (Applicable to facilities constructed after 1980.)				Could not determine.
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. (Applicable to facilities constructed after 1980.)				Unknown

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
CA Safe Drinking Water Act Potable water is supplied from an approved source in satisfactory compliance with this Act.				Domestic water supplied by approved municipal source.
Local Ordinances Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			Solid waste is routinely removed by an approved franchise hauler. Stericide removes medical waste.
HSC § 1803 The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			Did not see evidence of Vermin.
General Industry Safety Order, Title 8-3362 The facility is free of structural and other safety hazards.	X			Unable to determine if structural hazards are present. No obvious safety hazards noticed.

Summary of environmental health evaluation:

As per Sergeant Dailey, new flooring has been installed in the main intake processing area; it was observed clean and slip-resistant. A floor drain in the sobering cell was found clogged with debris; this was previously noted on the May 20, 2009 inspection. The Sergeant pointed out several other improvements and upgrades as the inspection progressed to improve safety, sanitation and efficiency.

Many randomly selected occupied and unoccupied cells were inspected in all areas of the facility. Attention was paid towards insect and vermin infestation. Heavy cobweb growth was noted in the upper portion of the wall/ceiling juncture in a female holding area. Also, in most of the shower stalls, particularly in the men's areas, many 'drain flies' were observed. Additional cleaning and disinfecting of shower drains will be necessary. Professional pest control service maybe required for eradication of these small winged insects if traditional cleaning methods do not work.

One shower did not drain in the Women's B shower area and 1 toilet did not flush. A follow up inspection was scheduled for April 21, 2010 to observe corrections.

Water temperature was monitored in the following areas:

Inmate area	Water temperature	Fixture
B10	95	Shower
B3	87	Shower
C	107	Shower

All temperatures are in degrees F.

Overall, holding areas and common area were clean and well maintained. It was strongly recommended to remove bar soap from common hand-wash areas (especially food service areas) and to use single service pump soap dispensers instead.

Follow up inspection (April 21, 2010)

The environmental health deficiencies noted on the annual inspection, April 7, 2010, have been corrected. Note that the Sheriff's Department has a computer database to track maintenance repairs from initiation to completion. This tracking system proved to be an efficient way of monitoring completion of needed repairs.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
1230 Food Handlers <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CURFFL reference.)</i> Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility. There are procedures for education, supervision and cleanliness of food handlers in accordance with HSC § 114020.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
1240 Frequency of Serving				
Food is served three times in any 24-hour period.	x			
At least one meal includes hot food.	x			
If more than 14 hours passes between these meals, supplemental food is served.	x			
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician..	x			2 sandwiches, fruit, veg, 1% milk
A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.	x			
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	x			
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	x			
1241 Minimum Diet <i>(See regulation and guidelines for equivalencies and serving requirements.)</i> The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.				
Protein Group. The daily requirement is equal to three servings, each containing at least 14 grams of protein.	x			
There is an additional, fourth serving of legumes three days per week.	x			
Dairy Group. The daily requirement for milk or milk equivalents is three servings, each of which is equivalent to 8 oz. of fluid milk and providing at least 250 mg. of calcium. The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings.	x			2 - 8 ounce 1% milk 1 - Milk Equivalent (Calcium and Vit C enriched beverage mix)
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	x			
All milk is fortified with Vitamin A and D.	x			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Vegetable-Fruit Group. The daily requirement is at least five servings. At least one serving is from each of the following categories.				
One serving of a fresh fruit or vegetable.	X			
One serving of a Vitamin C source containing 30 mg. or more.	X			
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more.	X			
Grain Group. The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			All bread products are 100% whole wheat
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. (See RDA for recommended caloric intakes.)	X			
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.	X			
1242 Menus (Applicable in Type II and III facilities and in those Type IV facilities where food is served.)				
Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.	X			
A registered dietitian approves menus before they are used.	X			
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			All documentation of changes were present and signed off by RD
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
1243 Food Service Plan				
There is a food services plan that complies with applicable California Uniform Retail Food Facilities Law (CURFFL). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:				The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
Planning menus;	X			
Purchasing food;	X			
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			
Orientation and ongoing training;	X			
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			
Emergency feeding plan;	X			
Waste management; and,	X			
Maintenance and repair.	X			
In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1245 Kitchen Facilities, Sanitation and Food Service</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CURFFL.</p> <p>In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 113920 is (re)heated and served, the following CURFFL standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i></p> <p>HSC § 114065;</p> <p>HSC § 114090(b) and (e) if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;</p> <p>HSC § 114140, provided there is mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;</p> <p>HSC § 114150 (a); and,</p> <p>HSC § 114165 (b).</p>	<p>Do not identify compliance with this regulation here. See comments.</p>			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>1246 Food Serving and Supervision</p> <p>Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.</p>				<p>Do not identify compliance with this regulation here. See comments.</p>
<p>1247 Disciplinary Isolation Diet</p> <p>No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.</p>	<p>x</p>			
<p><i>The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period.</i></p> <p>Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Corrections Standards Authority, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.</p>	<p>x</p>			
<p>1248 Medical Diets</p> <p>Policies identify who is authorized to prescribe medical diets.</p>	<p>x</p>			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			All documentation is available for review.
The facility manager complies with providing any medical diet prescribed for an inmate.	X			
There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.	X			
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			

Summary of Nutritional Evaluation:

- Two week cycle – all meals are analyzed for nutrient content to ensure compliance of guidelines.
- Changes to menus and special diets are reviewed by RD in a timely manner
- No significant changes to menus were made this year.
- Staff does a great job in looking at ways to decrease costs, yet meet dietary guidelines.

III. MEDICAL/MENTAL HEALTH EVALUATION
Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
1202 Health Service Audits (Applicable to facilities with on-site health care staff)				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications (Applicable to facilities with on-site health care staff)				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			
1204 Health Care Procedures (Applicable to facilities with on-site health care staff)				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			
1205 Health Care Records (Applicable to facilities with on-site health care staff)				
Individual, complete and dated health records are maintained and include, but are not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);				
Medical/mental health evaluation reports;	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Medical/mental health evaluation reports;	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
Location where treatment is provided; and,	X			
Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least annually.	X			
The health care manual includes, but is not limited to:				
Summoning and application of proper medical aid;	X			
Contact and consultation with private physicians;	X			
Emergency and non-emergency medical and dental services, including transportation;	X			
Provision for medically required dental and medical prostheses and eyeglasses;		X		Eyeglasses provided by Friends Outside. No provision for dental prosthesis.
Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
Provision for screening and care of pregnant and lactating women, including postpartum care, and other services mandated by statute;	X			
Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			
Implementation of special medical programs;	X			
Management of inmates suspected of or confirmed to have communicable diseases;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			
Use of non-physician personnel in providing medical care;	X			
Provision of medical diets;	X			
Patient confidentiality and its exceptions;	X			
Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at the time of intake. (See regulation for exception.)	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			Custody staff do screening questionnaire and contact medical staff for evaluation when indicated.
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			
1207.5 Special Mental Disorder Assessment (Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)				
There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.	X			
1208 Access to Treatment				
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
Health care personnel perform the evaluation.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1209 Transfer to a Treatment Facility (Not applicable Type I and IV.)				
There are policies and procedures to provide mental health services that include but are not limited to:				
Screening for mental health problems;	X			
Crisis intervention and management of acute psychiatric episodes;	X			
Stabilization and treatment of mental disorders; and,	X			
Medication support services.	X			
Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility.	X			
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			Plan under S.O.A.P. note for each incident or illness.
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
1212 Vermin Control				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
1213 Detoxification Treatment (Not applicable Type IV.)				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			
1214 Informed Consent				
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
1217 Psychotropic Medications <i>(Not applicable Type IV.)</i>	X			
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician in written form in the inmate's record or by verbal order in a dosage appropriate to the inmate's need. Verbal orders are entered in the inmate's record and signed by a physician within 72 hours.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>	X			
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
1219 Suicide Prevention Program				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
1220 First Aid Kits	X			
One or more first aid kits are available in the facility.				
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1051 Communicable Diseases				
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates				
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Section 2-470A.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1056 Use of Sobering Cell				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part 2 § 470A.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices				
(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)	X			
Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.				
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every two hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than four hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every six hours.	X			
A mental health consultation is secured as soon as possible, but no later than eight hours from the time of placement.	X			
<u>1121 HEALTH EDUCATION FOR MINORS IN JAILS</u>				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
<u>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</u>				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
<u>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</u>				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:				
is received from the sending facility;			X	
is reviewed by designated health care staff at the receiving facility; and,			X	
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><u>1124 PROSTHESES AND ORTHOPEDIC DEVICES</u></p> <p>There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.			X	
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.			X	
<p><u>1125 PSYCHOTROPIC MEDICATIONS</u></p> <p><i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i></p> <p>(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,			X	
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.			X	
Other Applicable Codes				
<p>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</p> <p>In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:</p>				
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,	X			
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
Title 24 Part 2 § 470A.2.14 – Medical Care Housing There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
HSC 11222 and 11877 Addicted Arrestee Care Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			Short term symptomatic treatment is provided. Inmate is monitored by nursing and/or medical personnel.
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.		X		No methadone given or continued.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
PC 4023.6 Female Inmates' Physician				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
PC 4023.5 Female Inmate – Personal Care				
At their request, female inmates are allowed to continue use of materials for:				
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.			X	
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.			X	
PC 4028 Abortions				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.		X		Abortions are not offered to female inmates.

Summary of medical/mental health evaluation:

ADMINISTRATIVE AUDIT:

DEFICIENCIES (2009 vs. 2010):

1. Excessive Turnover of Health Services Administrators (HSAs). Since 7/1/09, CCS has had four different HSAs for the Stanislaus facilities. This is an important position for coordination of nursing and medical services within and between the facilities. Moreover, administrator turnover has resulted in the loss of continuity and leadership with the staff, the medical stakeholders in the community, and the Sheriff's Department. NOTE: CCS has not provided services in California previously, and none of the four administrators during the past year has had experience within the California correctional system.
2. Lack of Detail in the Policies and Procedures Manual. In August 2009 CCS hired a consultant in preparation for a contractually-required inspection by the Institute for Medical Quality (IMQ), a certifying subsidiary of the California Medical Association. IMQ standards exceed those of the state Corrections Standard Authority. Despite preparation by the consultant, the CCS Policies and Procedures Manual had multiple deficiencies identified during the IMQ audit of February, 2010. Later, in May 2010, the Public Health Officer made an initial review of the manual. All of the required elements of Title 24 and IMQ standards were addressed; however, a number of policies lacked the necessary detail for consistent implementation. The Health Officer will review the manual again in ninety days. (Please see the Medical/Mental Health Administrative Audit summary at the end of the Men's Jail inspection regarding the ninety day review of the Policy and Procedure Manual. The same manual is used for all three adult facilities.)
3. Separate Standard Operating Procedure Manual for Nursing Personnel. This document should be merged with the Policies and Procedure Manual and would thereby provide a comprehensive, single-source reference for personnel.

4. Labor-Intensive Electronic Medical Record. The ERMA system has value, and allows remote record access for medical review. Currently the system is not real-time, and requires that the documents be scanned in.

IMPROVEMENTS (2009 vs. 2010):

1. Oral contraceptives for female inmates. This is a requirement by the State Corrections Standards Authority, and CCS has instituted, correcting a finding from last year involving the previous medical contractor. (NOTE: Continued voluntary contraception during incarceration is important so that female inmates are not at risk of pregnancy soon after release. This population has a high risk of adverse pregnancy outcomes, including a high infant mortality rate.)
2. Onsite Administrative Assistant for the Medical Department. Previously this position was at the previous contractor's headquarters in Monterey. CCS has provided local, onsite services for improved communication and facilitation.
3. Influenza Pandemic Plan Implementation. CCS and the Sheriff's Department did a masterful job of collaboration to minimize the impact of the Novel H1N1 virus on the inmate population during 2009-10. There were no significant outbreaks within the facilities, and affected inmates were promptly isolated. Dr. Raible, the local Medical Director during the pandemic, maintained close contact with Public Health. The updated CCS Policy and Procedure includes Stanislaus-specific guidelines, good visuals, and a detailed nursing call roster within the document.

NURSING AND MEDICAL RECORDS AUDIT:

Medical Records: The Public Health nurses reviewed 20 randomly-selected medical records in accordance with CSA criteria. This was double the number required in order to have a representative sample of female inmates. No significant record deficiencies were identified. The reviewing PH nurses had concerns about staff familiarity with the new electronic medical record system.

Nursing Pathways Manual: CCS has developed a good set of guidelines; however, it is unclear whether staff members are using it consistently. It would be helpful if there was annotation in the medical records when the Pathways were utilized. In addition, it should also be clear if there is a distinction in clinical practice between the registered nursing staff (RNs) and licensed vocational nurses (LVNs). Last, we recommend a roster documenting the names and dates when licensed nursing personnel were credentialed to use the Nursing Pathways Manual.

MENTAL HEALTH AUDIT:

We are pleased that CCS has hired a local psychiatrist. Psychiatric services are a critical element of inmate health, and the physician hired by CCS has worked with the county's Behavioral Health Department previously. He is familiar with community standards and resources. The Health Officer interviewed the psychiatric nurse. A noted improvement is the augmented use of psychotropic medications. Most common diagnoses were drug-induced psychosis and bipolar disorder.

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

BOC #: _____

FACILITY NAME: Juvenile Justice Center		COUNTY: Stanislaus	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2215 Blue Gum Ave Modesto, CA 95358			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL: X	SPECIAL PURPOSE JUVENILE HALL:	CAMP:
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED: March 16, 2010 Food Facility Inspection May 20, 2010 Population: 144-Total 133-Males 11-Females		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Tom Wolfe, Sr. Environmental Health Specialist (209) 525-6756			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Natascha Roof, Division Director, Institution Services (209) 525-4573			
NUTRITIONAL EVALUATION	DATE INSPECTED: 06/08/10		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Elaine Emery, R.D, Nutrition Services Program Manager, (209) 558-1214			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Kim Anderson, Food Service Manager, (209) 988-6893			
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 4/30/10 & 6/3/10		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): John A. Walker, M.D., Public Health Officer, (209) 558-8804 Renette Bronken, PHN (209) 558-5363 Trudi Prevette, RN (209) 558-5670			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Lyn Raible, MD, Medical Director, (209) 505-2777 Lynn Philpott, RN, Interim Western Regional Manager CCS, (720) 810-7635 Mitzi Whitworth, RN, Facility Coordinator, (209) 840-1393 Keri Rogers, RN, Psychiatric Nurse, Children's System of Care, Behavioral Health and Recovery Services Jill Silva, Assistant Chief Probation Officer, (209) 525-4503 Virginia VanSwoll, Supervising Probation Corrections Officer, (209) 525-4580 Natascha Roof, Juvenile Hall Superintendent, (209) 525-4578 Amanda Stepp ASOO, Juvenile Justice Behavioral Health, (209) 525-5401			

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

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114099.6, 114107 Utensil and equipment cleaning and sanitation;		X		The chemical dishwasher contained an incorrect sanitizer. This was subsequently corrected.
HSC § 114149-114149.3 Ventilation;	X			
HSC § 114268-114269 (a) Floors; and,	X			
HSC § 114279-114282 Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.	X			
1467 Food Serving and Supervision				
There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.	X			
Article 10. Clothing and Personal Hygiene				
1480 Standard Facility Clothing Issue				
<i>Note: Personal clothing and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear.</i>	X			
Clothing provisions ensure that:				
Clothing is clean, reasonably fitted, durable, easily laundered, and in good repair; and,	X			JFPM §5.9.1 Issued at intake.
The standard issue of climatically suitable clothing for minors consists of but not be limited to:	X			
Socks and serviceable footwear;	X			
Outer garments; and,	X			
Undergarments, are freshly laundered and free of stains, including shorts and tee shirt for males; and, bra and panties for females.	X			
1481 Special Clothing				
Provision is made to issue suitable additional clothing essential for minors to perform special work assignments when the issue of regular clothing would be unsanitary or inappropriate.	X			
1482 Clothing Exchange				
There are policies and procedures for the cleaning and scheduled exchange of clothing.	X			
Unless work, climatic conditions or illness necessitates more frequent exchange, outer garments, except footwear, are exchanged at least once each week. Undergarments and socks are exchanged daily.	X			
1483 Clothing, Bedding and Linen Supply				
There is a quantity of clothing, bedding and linen available for actual and replacement needs of the facility population. Written procedures describe the acquisition, handling, storage, transportation and processing of clothing, bedding and linen in a clean and sanitary manner.	X			JFPM §5.8.2 Majority of laundry is handled onsite.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1484 Control of Vermin in Minors' Personal Clothing				
There are policies and procedures to control the contamination and/or spread of vermin in all minors' personal clothing.	X			
Infested clothing is cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			Infested items are separated and sealed in red biohazard bags for special handling.
1485 Issue of Personal Care Items				JFPM § 5.10.01 - § 5.10.04
There are policies and procedures that ensure the availability of personal hygiene items.	X			
Each female minor is provided with sanitary napkins and/or tampons as needed.	X			JFPM § 5.10.1
Each minor to be held over 24 hours is provided with the following personal care items:	X			JFPM § 5.10.1
Toothbrush;				Issued at intake, maintained in detainee possession.
Dentifrice;	X			Available in housing units, distributed as needed.
Soap;	X			Available in housing units, distributed as needed.
Comb; and,	X			Issued at intake, maintained in detainee possession.
Shaving implements.	X			Available upon request, for use under supervision.
With the possible exception of shaving implements (discussed below), minors are not required to share any personal care items listed above.	X			Razors monitored in each unit.
Minors do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among minors are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			JFPM § 5.10.3 (D) No items are shared.
1486 Personal Hygiene				JFPM § 5.10.1
There are policies and procedures for showering/bathing and brushing of teeth.	X			
Minors are permitted to shower/bathe upon assignment to a housing unit and on a daily basis thereafter and given an opportunity to brush their teeth after each meal.	X			JFPM § 5.10.1 Minors shower before reporting to their assigned unit and then on a daily basis thereafter. Minors brush their teeth after each meal.
1487 Shaving				JFPM § 5.10.3D
Minors, except those who may not shave for reasons of identification in court, are allowed to shave daily. The facility administrator may suspend shaving for minors who are considered to be a danger to themselves or others.	X			
1488 Hair Care Services				JFPM § 5.10.1A
Hair care services are available in all juvenile facilities. Minors receive hair care services monthly.	X			Licensed Barber/Cosmetologist onsite weekly, services available upon request.
Equipment is cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			Section 5.10.5 amended to include barbicide as a disinfectant.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Bedding and Linens				
1500 Standard Bedding and Linen Issue				JFPM § 5.8.1
Each minor entering a living area and expected to remain overnight, is provided with laundered, clean and suitable bedding and linens which are in good repair. This includes, but is not limited to:				
One clean and serviceable mattress (or mattress-pillow combination) which meets the requirements of Title 15 § 1502;	X			
One pillow and a pillow case (unless provided in combination with the mattress;	X			Facility provides mattress-pillow combination built-in.
One mattress cover and a sheet or two sheets;	X			Two sheets available.
One towel; and,	X			
One or more blankets, depending upon climatic conditions.	X			Additional blankets issued depending on seasonal or temperature conditions. Two blankets on most beds observed.
1501 Bedding and Linen Exchange				JFPM § 5.8.2.
There are policies and procedures for the scheduled exchange of laundered bedding and linen issued to each minor housed.	X			
Washable items such as sheets, mattress covers, pillowcases and towels are exchanged for a clean replacement at least once each week.	X			
The covering blanket is cleaned or laundered at least once a month.	X			
1502 Mattresses				
Mattresses conform to the size of the bed (Title 24, Section 460A.25) and are enclosed in an easily cleaned, non-absorbent ticking.	X			
Any mattress purchased for issue to a minor in a facility that is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses (Technical Information Bulletin Number 121, April 1980).	X			
Article 12. Facility Sanitation and Safety				
1510 Facility Sanitation, Safety and Maintenance				JFPM § 5.2.2 – General Housecleaning. JFPM § 5.2.3 – Designation of Duties by position.
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks, equipment and physical plant maintenance, and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner.	X			
Medical care housing as described in Title 24, Part 1 § 13-201(c)6 is cleaned and sanitized according to policies and procedures established by the health administrator.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1511 Smoke Free Environment There are policies and procedures to assure that State laws prohibiting minors from smoking are enforced in all juvenile facilities, related work details, and other programs. Policies and procedures assure that minors are not exposed to second-hand smoke while in the facility or in the custody of staff.	X			JFPM § 2.8.16 No smoking allowed. Notices were posted at the entrance regarding the County policy of no – smoking within twenty feet of the building. Designated smoking areas are provided for staff, which is kept out of view and presence of minors at all times.
Other Applicable Codes				
Title 24, Uniform Building Code Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			Mold growth in caulk and grout of both downstairs showers in unit number 6. (See environmental health summary page.)
Title 24, Uniform Building Code Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
Title 24, Part 1, 13-201(c)6 There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements, of Part 6, Title 24, CCR.	X			
Title 24, Uniform Plumbing Code Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
CA Safe Drinking Water Act Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
Local Ordinances Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			Solid waste service provided by Bertolotti Disposal. Toxic and infectious waste is handled by medical staff and disposed of by Stericycle Medical Waste Systems.
HSC and CCR Titles 22 and 24 Relating to Public Pools Swimming pools are designed, constructed, operated, and maintained in accordance with state and local laws and regulations			X	
Health and Safety Code, § 1803 and 2271 (Farms, petting zoos, etc.) All animal operations are removed from the immediate living area, designed, constructed, and maintained to minimize odor, vermin, and physical hazards.			X	
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			Problem Solved Pest Defense provides Pest Control, monthly as needed. No evidence of infestation.
General Industry Safety Order, Title 8-3362 The facility is free of structural and other safety hazards.				Unknown

Summary of environmental health evaluation:

The staff is knowledgeable, professional and proactive. The facility is well maintained. There were no major deficiencies noted. The overall physical condition of these facilities is satisfactory.

As noted on the inspection report, mold was found in the caulk and grout downstairs shower of Unit 6. When this was brought to attention of the facility management, they immediately attempted to facilitate correction. A follow-up inspection was schedule to observe compliance.

On March 30, 2010 a follow-up inspection was conducted; the moldy caulk had been replaced.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1460 Frequency of Serving				
Food is served three times in any 24-hour period.	x			
At least one meal includes hot food.	x			
If more than 14 hours passes between these meals, supplemental food is served.	x			
Supplemental food is offered at initial intake.	x			
Food is served to minors on medical diets as prescribed by the attending physician.	x			
A minimum of twenty minutes is allowed for the actual consumption of each meal except for those minors on medical diets where the responsible physician has prescribed additional time.	x			
Minors who miss a regularly scheduled facility meal, are provided with a beverage and a substitute meal.	x			
Minors on therapeutic diets are provided with their prescribed meal.	x			
1461 Minimum Diet <i>Note: See regulations for equivalencies and serving requirements. Snacks may be included as part of the minimum diet. A wide variety of foods should be served and spices should be used to improve the taste and eye appeal of food that is served.</i>				
The minimum diet that is provided in the facility is based on the nutritional and caloric requirements found in the 1989 Recommended Dietary Allowances (RDA) of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; 2001 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 1990 California Daily Food Guide; and, the 2000 Dietary Guidelines for Americans.				
Religious and vegetarian diets conform to these nutritional standards.	x			
Protein Group. There are two servings each day and an additional third serving from the legumes three days a week.	x			
One serving equals 14 or more grams of protein.				
Milk Group. There are four daily servings of milk or milk equivalents for persons 9-18 years of age, including pregnant and lactating women.	x			
A serving is equivalent to eight ounces of fluid milk and provides at least 250 mg. of calcium.	x			
All milk products are pasteurized and fortified with vitamins A and D.	x			
Vegetable-Fruit Group. There are at least six servings each day, including the specified type and frequency in each of the following categories:				
One serving of a fresh fruit or vegetable.	x			
One serving of a Vitamin C source containing 30 mg. or more.	x			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
One serving of a Vitamin A source fruit or vegetable containing at least 200 micrograms Retinol Equivalents (RE).	x			
<u>Grain Group.</u> There are at least six servings each day, at least three of which are made with some whole grain products.	x			
<u>Calories.</u> <i>Note: Providing only the minimum serving is not sufficient to meet the minor's caloric requirements. Based on activity levels, additional servings from dairy, vegetable-fruit, and bread-cereal (grain) groups must be provided to meet caloric requirements. Pregnant minors must receive a supplemental snack if medically indicated. The RDA allows for a plus or minus 20% of the recommended caloric intake.</i> The average daily caloric allowance for female minors between 11-18 years of age is 2200 calories and for males in that age category, 2500-3000 calories each day.				
Total dietary fat does not exceed 30% of total calories on a weekly basis.	x			
1462 Therapeutic Diets				
Only the attending physician prescribes a therapeutic diet.	x			
Therapeutic diets that are utilized by a facility are planned, prepared and served in consultation with a registered dietitian.	x			
The facility manager provides any therapeutic diet prescribed for a minor.	x			
Diet orders are maintained on file for at least one year.	x			
There is a therapeutic diet manual that includes sample menus. It is available in the medical and food service offices.	x			
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	x			
1463 Menus				
Menus are planned at least one month in advance of their use. Menus provide a variety of foods considering the cultural and ethnic makeup of the facility thus preventing repetitive meals.	x			
A registered dietitian approves menus before they are used.	x			
Changes are noted on the menu and/or production worksheet when any meal that is served varies from the planned menu.	x			
Menus, as planned and including changes, are retained for one year and evaluated by a registered dietitian at least annually.	x			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1464 Food Services Plan</p> <p>There is a written food services plan that complies with the applicable sections of California Uniform Retail Food Facilities Law (CURFFL). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan.</p> <p>The plan includes, but is not limited to the following policies and procedures;</p>	x			<p>The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.</p>
menu planning;				
purchasing;				
storage and inventory control;				
food preparation;				
food serving;				
transporting food;				
orientation and on-going training;				
personnel supervision;				
budgets and food costs accounting;				
documentation and record keeping;				
emergency feeding plan;				
waste management; and,				County maintained
maintenance and repair.				County maintained
<p>1465 Food Handlers Education and Monitoring</p> <p><i>CURFFL, the California Uniform retail food Facilities Law (HSC Division 104, Part 7, Chapter 4, Articles 1-8, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC §114020. Compliance with food handling and hygiene requirements is monitored.</p>			<p>Do not identify compliance with this regulation here. See comments.</p>	<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>1466 Kitchen Facilities, Sanitation, and Food Storage</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CURFFL. In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 113920) is (re)heated and served, the following CURFFL standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation.)</i></p>			<p>Do not identify compliance with this regulation here. See comments.</p>	<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114056, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;				
HSC § 114065, New or replacement equipment;				
HSC § 114090 Utensil and equipment cleaning and sanitation;				
HSC § 114140 Ventilation;				
HSC § 114150 (a) Floors; and,				
HSC § 114165 (b) Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.				
<p>1467 Food Serving and Supervision</p> <p>There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.</p>		<p>Do not identify compliance with this regulation here. See comments.</p>		<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>

Summary of nutritional evaluation:

- New Diet Manual has been purchased, reviewed and signed off by RD and MD.
- Food Service Manager has stated that a nutrient analysis program has been purchased so menus can be analyzed.
- All changes have been made as recommended by RD to meet minimum guidelines.

III. MEDICAL/MENTAL HEALTH EVALUATION
Juvenile Halls, Special Purpose Juvenile Halls and Camps

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Policies/procedures and practice require that health records are in a locked area separate from the confinement record.	X			
The health administrator controls access to health records and confidentiality laws related to provider-patient privilege apply. Minors are not used to translate confidential medical information for non-English speaking minors.	X			
Health records are retained in accordance with community standards.	X			
1407 Confidentiality				
Policy and procedures for multi-disciplinary sharing of health information, address providing information to the court, child supervision staff and to probation. Information from minors' (probation) case files is shared with health care staff when relevant.	X			
The nature and extent of information shared is appropriate to: treatment planning; program needs; protecting the minor or others; facility management; security or preservation of safety; and, order.	X			
1408 Transfer of Health Care Summary Records				
Policy and procedures assure that:				
A summary of the health record, in an established format, or documentation that no health record exists in the facility, is transferred to another jurisdiction prior to or at the time of transfer;	X			
Relevant health records are forwarded to the health care staff of the receiving facility;	X			
Advance notification is provided to the local health officer in the sending jurisdiction and the responsible physician of the receiving facility prior to the release or transfer of minors with known or suspected active tuberculosis disease;	X			
Written authorization from the parent and/or legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
Confidentiality of health records is maintained during transfer.	X			
After minors are released to the community, health record information is transmitted to community physicians or health care facilities upon the request and with written authorization of the minor and/or parent or guardian.	X			
In facilities without on-site health care staff, policies and procedures assure that child supervision staff forward non-confidential information on medications and other treatment orders, prior to or at the time of transfer.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1409 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				
There is a facility-specific health services manual for written policies and procedures that, at a minimum, address all health care related standards that are applicable to the facility. (<i>Note: "Facility specific" means that policies and procedures for that facility are included. In multi-facility systems policies and procedures for more than one facility in that system may be included in the same manual.</i>)	X			
The manual is available to all health care staff, the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			
There is a documented annual review of the health care procedures manual, with revisions as necessary.	X			
The facility administrator, the facility manager, the health administrator and the responsible physician have approved and signed the manual.	X			
1410 Management of Communicable Diseases				
Policy and procedures have been developed in cooperation with the local health officer to address the identification, treatment, control and follow-up management of communicable diseases. Policy and procedures include:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during detention;	X			
Coordination with public and private community-based resources for follow-up treatment;	X			
Applicable reporting requirements, and,	X			
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to reflect local disease priorities.	X			
1411 Access to Treatment				
Policy and procedures provide unimpeded access to health care.	X			
1412 First Aid and Emergency Response				
Policy and procedures assure access to first aid and emergency services.	X			
First aid kits are available in designated areas of each juvenile facility.	X			
The responsible physician approved the contents, number, location and procedure for periodic inspection of the first aid kits.	X			
Child supervision and health care staff is trained and there are policies and procedures to respond to emergencies requiring first aid.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1413 Individualized Treatment Plans <i>(Excluding Special Purpose Juvenile Halls)</i>				
Policy and procedures direct that health care treatment plans are developed for minors who receive services for significant health care concerns.	X			No formal treatment plan for individual health conditions. Only plan is under SOAP note. There are few serious conditions found which require a formal treatment plan.
Health care treatment plans are considered in facility program planning.	X			
Health care restrictions do not limit participation in school, work, exercise and other programs beyond what is necessary to protect the health of the minor or others.	X			
Medical and mental health information is shared with supervision staff in accordance with §1407 for purposes of programming, treatment planning and implementation.	X			
Program planning includes pre-release arrangements for continuing health care, together with participation in relevant programs upon release.	X			
Minors who are suspected or confirmed to be developmentally disabled are referred to the local Regional Center for the Developmentally Disabled within 24 hours of identification, excluding holidays and weekends. <i>(See also Title 15 § 1355, Assessment and Plan)</i>	X			
1414 Health Clearance for in-Custody Work and Program Assignments				
There are health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to food handlers. <i>(See also Title 15 § 1465.)</i>	X			
1415 Health Education <i>(Excluding Special Purpose Juvenile Halls)</i>				
Policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	X			
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the offender population.	X			
1416 Reproductive Services				
Policy and procedures assure that reproductive health services are available to both male and female minors.	X			This is a 2010 improvement since some of these services were not available during the 2009 inspection.
Reproductive services include but are not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.	X			
1430 Intake Health Screening				
Policies and procedures define when a health evaluation and/or treatment must be obtained prior to acceptance for booking, and establish a documented intake screening procedure to be conducted immediately upon entry into the facility.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Consistent with facility resources to safely hold a minor, the responsible physician has identified health conditions that would preclude a minor's acceptance into a facility without a documented medical clearance. At a minimum, intake criteria provide that:	X			
Unconscious minors are not accepted;	X			
Minors who are known to have ingested or who appear to be under the influence of intoxicating substances are cleared in accordance with Title 15 § 1431, (<i>Intoxicated and Substance Abusing Minors</i>)	X			
Circumstances and reasons for requiring a medical clearance are documented whenever a minor is not accepted for booking; and,	X			
Written medical clearance is received prior to accepting any minor who was referred for pre-booking treatment and clearance.	X			
An intake screening, consisting of a defined, systematic inquiry and observation of every minor booked into the facility is conducted by health care or trained child supervision staff at the time of entry into the facility.				
Screening procedures address medical, dental and mental health concerns that may pose a hazard to the minor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.	X			
Minors suspected of having a communicable disease are separated from the general population pending the outcome of an evaluation by medical staff.	X			
There is provision for a timely referral for health care commensurate with the nature of any problems or compliant identified during the screening process.	X			
1431 Intoxicated and Substance Abusing Minors				
There are policy and procedures for the identification and management of alcohol and other drug intoxication that address:				
Designated housing, including protective environments for placement of intoxicated minors;	X			
Symptoms or known history of ingestion that should prompt immediate referral for medical evaluation and treatment;	X			
Determining when the minor is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
Medical responses to minors experiencing intoxication or withdrawal reactions;	X			
Management of pregnant minors who use alcohol or other drugs;	X			
Initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community, consistent with Title 15 § 1413 and Title 15 § 1355; and,	X			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Immunizations are verified and, within two weeks of the Health Appraisal/ Medical Examination, a program is started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.	X			
The responsible physician may modify the health examination for minors admitted with an adequate examination done within the previous 12 months, provided there is reason to believe that no substantial change would have occurred since the full evaluation. When this is done, health care staff review the intake health screening form and conduct a face-to-face interview with the minor.	X			
There are policy and procedures for a medical evaluation and clearance for adjudicated minors who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours. When this evaluation and clearance cannot be completed at the facility during the initial stay, it is completed prior to acceptance at the facility and includes screening for tuberculosis.	X			
For minors who are transferred to jails and juvenile facilities outside their detention system, policy and procedures assure that the health appraisal/medical examination:	X			
Is received from the sending facility;	X			
Is reviewed by designated health care staff at the receiving facility; and,	X			
Absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the minor within 96 hours of admission.	X			
Policy and procedures require that minors who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination is reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			
1433 Requests for Health Care Services				
Policy and procedures establish a daily routine for minors to convey requests for emergency and non-emergency health care requests and include the following:	X			
There is opportunity for both written and verbal requests, with provision for minors having language or literacy barriers.	X			
Supervision staff relays requests from the minor, initiate referrals when the need for health care services is observed, and advocate for the minor when the need for services appears urgent.	X			
Designated staff inquires and make observations regarding the health of each minor on a daily basis and in the event of possible injury.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There is 24-hour opportunity for minors and staff to communicate the need for emergency health care services.	X			
There is provision for any minor requesting health care, or observed to need such care, to be given that attention by licensed or certified health care staff.	X			
All health care requests are documented and maintained.	X			
1434 Consent for Health Care				
Policy and procedures require informed consent for health care examinations.	X			
Examinations, treatments, and procedures requiring verbal or written consent in the community also require that consent for confined minors.	X			
There is provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent-guardian or other person standing in loco parentis.	X			
Policy and procedures are consistent with applicable statute in those instances where the minor's consent for testing or treatment is sufficient or specifically required.	X			
Conservators provide consent only within limits of their court authorization.	X			
Minors may refuse non-emergency medical and mental health care, verbally or in writing.	X			
1435 Dental Care				
Policy and procedures require that dental treatment is provided to minors as necessary to respond to acute conditions and to avert adverse effects on the minor's health. Treatment is not limited to extractions.	X			
1436 Prostheses and Orthopedic Devices				
Policy and procedures address the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			
Prostheses are provided when the responsible physician determines that the health of the minor would be adversely affected without them.	X			
Procedures for the retention and removal of prostheses comply with the requirements of Penal Code § 2656. (See guidelines discussion.)	X			
1437 Mental Health Services and Transfer to a Treatment Facility				
Policy and procedures require providing mental health services that include but not limited to:				
Screening for mental health problems at intake;	X			
Crisis intervention and the management of acute psychiatric episodes;	X			
Stabilization of the mentally ill and prevention of psychiatric deterioration in the facility setting;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Elective therapy services and preventive treatment, where resources permit;	X			
Medication support services; and,	X			
Provision for referral and admission to licensed mental health facilities for minors whose psychiatric needs exceed the treatment capability of the facility.	X			
Any minor who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication, is provided a mental status assessment by a licensed mental health clinician, psychologist or psychiatrist.	X			
A mentally disordered minor who appears to be a danger to himself or others or to be gravely disabled, is evaluated pursuant to Penal Code § 4011.6 or Welfare and Institutions Code § 6551. Absent an emergency, unless the facility has been designated as a Lanterman-Petris-Short (LPS) facility, and minors meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code § 5000 et seq., all services are provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code § 4011.8 or Welfare and Institutions Code § 6552,	X			
1438 Pharmaceutical Management				
Pharmaceutical policies, procedures, space and accessories include but not be limited to:				
Securely lockable cabinets, closets and refrigeration units:	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;	X			
Confirmation that the recipient has ingested the medication;	X			
Documenting that prescribed medications have or have not been administered by whom, and if not, for what reason;	X			
Prohibition of the delivery of drugs from one minor to another:	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
The length of time allowable for a physician's signature on verbal orders;	X			
Training for non-licensed personnel includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for confirming ingestion of medication; and, consultation with health care staff for monitoring the minor's response to medication; and,				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
At least annually, a pharmacist prepares a written report on the status of pharmacy services in the facility. The report is provided to the health authority and the facility administrator. (See also Title 15 § 1403.)	X			
Written protocols are consistent with pharmacy laws and regulations and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
Labels are prepared by a physician, dentist, pharmacist or other personnel, either licensed or trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the minor. Labels are prepared in accordance with Business and Professions Code § 4047.5.	X			
Dispensing is only done by a physician, dentist, pharmacist, or other person authorized by law.	X			
Administration of medication is only done by licensed health care personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
There are written procedures for managing and providing over-the-counter medications to minors.	X			
1439 Psychotropic Medications				
Policies and procedures govern the use of voluntary and involuntary medications. These policies and procedures include, but are not limited to:	X			
Protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate for the minor's need;	X			
Requirements that verbal orders be entered in the minor's health record and signed by a physician within 72 hours;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;	X			
Provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;	X			
Provision that the necessity for continuation on psychotropic medication is addressed in pre-release planning and prior to transfer to another facility or program; and,	X			
Provision for regular clinical-administrative review for utilization patterns for all psychotropic medications, including every emergency situation.	X			
Psychotropic medications are not administered to a minor absent an emergency unless informed consent has been given by the legally authorized person or entity.	X			
Minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
Absent an emergency, minors may refuse treatment.	X			
Minors found by a physician to be a danger to themselves or others by reason of a mental disorder, may be involuntarily given psychotropic medication that is immediately necessary for the preservation of life or the prevention of serious bodily harm. This can only be done when there is insufficient time to obtain consent from the parent, guardian or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment.	X			
Assessment and diagnosis supports the administration of psychotropic medications and administration of psychotropic medication is not allowed for disciplinary reasons.	X			
1450 Suicide Prevention Program				
There is a written suicide prevention plan, with policies and procedures to train staff to identify minors who present a suicide risk, appropriately monitor their condition, and provide for the necessary treatment and follow-up.	X			
1452 Collection of Forensic Evidence				
Policy and procedures assure that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the minor.	X			
1453 Sexual Assaults				
There is policy and procedures for treating victims of sexual assaults and for reporting such incidents, when they occur in the facility, to local law enforcement.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The evidentiary examination and initial treatment of victims of sexual assault is conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.	X			
1454 Participation in Research				
Policy and procedures govern biomedical or behavioral research involving minors and require assurances for informed consent and the safety of the minor. Such research occurs only when ethical, medical and legal standards for human research are met.	X			
Participation in research is not a condition for obtaining privileges or other rewards and the court, health administrator, and facility administrator are informed of all proposed actions.	X			
1358 Use of Physical Restraints				
Policies and procedures govern the use of restraint devices. The policies address: known medical conditions that would contraindicate certain restraint devices and/or techniques; acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained minors; provision for hydration and sanitation needs; exercising of extremities.	X			
Physical restraints are utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Restraints are used only for those minors who present an immediate danger to themselves or others, who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			
Minors are placed in restraints only with the approval of the facility manager or the shift supervisor. The facility manager may delegate authority to place a minor in restraints to a physician.	X			
Continued retention in restraints is reviewed a minimum of every hour.	X			
A medical opinion on the safety of placement and retention is secured as soon as possible, but no later than two hours from the time of placement. The minor is medically cleared for continued retention at least every three hours after the initial medical opinion.	X			
A mental health consultation to assess the need for mental health treatment is secured as soon as possible, but in no case longer than four hours from the time of placement.	X			
Continuous direct visual supervision is conducted and documented to ensure that the restraints are properly employed and to ensure the well-being of the minor.	X			
All minors in restraint devices are housed alone or in a specified housing area for restrained minors with provisions to protect the minor from abuse.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Restraints are not used as punishment, discipline, or as a substitution for treatment.	X			
The affixing of hands and feet together behind the back (hog-tying) is prohibited.	X			
1359 Safety Room Procedures				
Policies and procedures govern the use of safety rooms, as described in Title 24, Part 2, Section 460A.1.13.	X			
The safety room is used to hold only those minors who present an immediate danger to themselves or others who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted physical harm.	X			
The safety room is not to be used for punishment, discipline, or as a substitute for treatment. Policies and procedures:	X			
Include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;	X			
Provide for approval of the facility administrator, or designed shift supervisor, before a minor is placed into a safety room;	X			
Provide for continuous direct visual observation;	X			
Provide that the minor is evaluated by the facility administrator, or designee, every four hours;	X			
Provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call;	X			
Provide that a minor is medically cleared for continued retention every 24 hours;	X			
Provide that a mental health opinion is secured within 24 hours; and,	X			
Provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, observations of the minor during confinement, and decisions to continue and end placement.	X			

Summary of medical/mental health evaluation:

NURSING AND MEDICAL RECORDS AUDIT:

The charge nurse at the facility, Mitzi Whitworth, has been there for a number of years and retained a significant number of staff members during the transition to Correct Care Solutions (CCS), the new contractor. The Public Health nurses reviewed 10 randomly selected medical records. All appears to be maintained in accordance with state CSA requirements.

ADMINISTRATIVE AUDIT:

The Public Health Officer's site visit began with a meeting to review the administrative changes instituted by the new medical contractor, CCS. The meeting was well attended and included four administrators with the Probation Department, and three representatives of CCS (Health Services Administrator, charge nurse, the medical director, Dr. Raible). Afterward, the Health Officer reviewed the new policy and procedure manual. A few deficiencies were noted; however, these were subsequently corrected.

NOTE: The facility had undergone inspection by the Institute for Medical Quality (IMQ) in February 2010. The IMQ review team made recommendations for policy revisions. These were completed and the facility is currently compliant with IMQ standards.

MENTAL HEALTH AUDIT:

Juvenile mental health services are provided by the Stanislaus County Behavioral Health and Recovery Services Department, not CCS. Services are provided both within the facility and in a trailer on the campus. Two developments since last year's inspection are noteworthy:

1. New Weekly Wellness Meeting. Each week there is a case conference including the mental health unit, the medical unit, as well as the facility superintendent to facilitate communication and collaborative implementation of treatment plans.
2. Budgetary Constraints. Due to the financial impacts of the recession, county funding for juveniles in custody has decreased. Consequently the psychiatric nurse's caseload has decreased from an average of 37 to 30 cases. For the nurse the hours are reportedly 12 hours less per week, and for the psychiatrist, Dr. Mora, seven (7) hours less per week. The psychiatric nurse for the custody juveniles states that they appear to have more serious illnesses. She also expressed a need for the Mental Health unit to be notified when their prior patients return to custody.

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

CSA #: _____

FACILITY NAME: TURLOCK POLICE SERVICES TEMPORARY DETENTION FACILITY		COUNTY: STANISLAUS
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 900 N PALM STREET TURLOCK, CA 95380 (209) 668-5550		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: March 3, 2010
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Tom Wolfe, Senior Environmental Health Specialist Stanislaus County Dept. of Environmental Resources (209) 525-6756		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant Nino Amirfar, (209) 668-5550 Ext. 6618		
NUTRITIONAL EVALUATION N/A		DATE INSPECTED:
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: Sept. 21, 2010
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): John Walker, M.D., Public Health Officer, (209) 558-8804		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Nino Amirfar, Sergeant, Professional Standards & Training, (209) 668-5550 ext. 6618		

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Food				
<p>Approach for Providing Food Service <i>(Not applicable for CH.)</i></p> <p><i>CURFFL, the California Uniform retail food Facilities Law (HSC Division 104, Part 7, Chapter 4, Articles 1-8, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>		X		Meals are not normally served at this facility. Six-hour maximum holding time for detainees at this location.
1. Food is prepared at another city or county detention facility.		X		
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CURFFL.		X		On occasions when food is provided it is purchased at local fast food facilities and is served immediately with no holding time.
<p>1245 Kitchen Facilities, Sanitation and Food Service <i>(Not applicable for CH.)</i></p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CURFFL.</p>			X	No food service, no kitchen facilities on-site.
<p>In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC § 113920 (a) through (d) is (re)heated and served, the following CURFFL standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation in these situations.)</i></p>			X	
HSC § 114056, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;			X	
HSC § 114065, New or replacement equipment;			X	
HSC § 114090 Utensil and equipment cleaning and sanitation;			X	
HSC § 114140 Ventilation;			X	
HSC § 114150 (a) Floors; and,			X	
HSC § 114165 (b) Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.			X	
<p>1246 Food Serving</p> <p>Food is prepared and served only under the immediate supervision of a staff member.</p>			X	No food service, no kitchen facilities on-site.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 13. Bedding and Linens				
1270 Standard Bedding and Linen Issue <i>(Not applicable for CH.)</i>			X	Six-hour maximum holding time for detainees at this location. No bedding provided.
The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:				
One serviceable mattress which meets the requirements of Title 15 § 1272;			X	
One mattress cover or one sheet;			X	
One freshly laundered or dry-cleaned blanket, depending upon climatic conditions.			X	
1272 Mattresses <i>(Not applicable for CH.)</i>			X	
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).				
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses. Technical Information Bulletin Number 121, dated April 1980.			X	
Article 12. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance	X			Temporary Detention Facility Manual Section 7, Chapter 1, beginning on page 7.
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.				Safety and emergency procedures are covered in Chapter 4.
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			Full-time maintenance person on staff and graveyard officers inspect facility daily. Professional Standards Officer to inspect monthly. Any deficiencies are documented and kept in a binder for follow up.
Other Applicable Codes				
Title 24, Uniform Building Code – Plumbing	X			Well maintained and in good working order.
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.				
Title 24, Uniform Building Code – Cleanliness and Repair	X			Very well maintained and in good working order. West wall at entry way was recently painted.
Floors, walls, windows, grillwork and ceilings are clean and in good repair.				
Title 24, Part 1, 13-102(c)6 – Heating and Cooling	X			HVAC system serviced by Champion twice a year (once at beginning of both summer and winter) and as needed.
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.				Well maintained and in good working order.
Title 24, Uniform Plumbing Code – Floor Drains	X			Well maintained and in good working order.
Floor drains are flushed at least weekly.				
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Part 2, 470A.3.6 – Lighting	X			
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.				
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			Officer controlled.
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>	X			
CA Safe Drinking Water Act	X			City of Turlock Municipal water system.
Potable water is supplied from an approved source in satisfactory compliance with this Act.				
Local Ordinances	X			Solid Waste handled by Turlock Scavenger. Toxic waste handled by City of Turlock Fire Department. Any needles found in possession of detainee at time of booking are disposed of in a Sharptainer biohazard container and disposed of by Stericide. If officers know at time of arrest that detainee is infectious or their clothing is contaminated, they are taken directly to the Stanislaus Men's Jail for processing at their facility.
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.				
HSC § 1803	X			Clark Pest Control provides Pest control service. Routine inspection/maintenance is scheduled by the City of Turlock however Clark can also be called out as needed.
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.				
General Industry Safety Order, Title 8-3362	X			
The facility is free of structural and other safety hazards.				

Summary of environmental health evaluation:

The Turlock Police Services Temporary Detention Facility is a small, short term holding facility, designed to hold a maximum of 8 detainees for a maximum of 6 hours. Despite its relatively infrequent use, the staff does an excellent job of maintaining the facility at required standards. The entire facility is well maintained and clean. Routine inspections by officers and maintenance staff ensure that the facility operates and remains in compliance with regulatory guidelines. There were no defects or deficiencies found during this inspection.

**III. MEDICAL/MENTAL HEALTH EVALUATION
Adult Court and Temporary Holding Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
1207 Medical Receiving Screening <i>(Not applicable for CH.)</i>				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			For confidentiality, medical and mental health screening form maintained separately from the crime report.
This screening is completed in accordance with written procedures established by the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.		X		By arresting officers.
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.			X	Custody is limited to a maximum of six (6) hours.
1209 Transfer to a Treatment Facility <i>Not applicable CH.)</i>				
There are policies and procedures to provide mental health services that include but are not limited to:				
Screening for mental health problems;	X			
Crisis intervention and management of acute psychiatric episodes;		X		Do not detain. Refer for psychiatric evaluation.
Stabilization and treatment of mental disorders; and,		X		Same.
Medication support services.		X		Same.
Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility.	X			Transported to psychiatric facility in Modesto.
1212 Vermin Control <i>(Not applicable for CH.)</i>				
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1213 Detoxification Treatment <i>(Not applicable for CH.)</i>				
Medical policies on detoxification include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	Referred for medical evaluation. Detoxification not done. No detoxification cell.
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.			X	Detention limited to six (6) hours.
1219 Suicide Prevention Program				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			Operations manual includes an excellent section on recognition of depression and precautions.
1220 First Aid Kits				
One or more first aid kits are available in the facility.	X			
The facility administrator has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
1051 Communicable Diseases				
Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates				
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.			X	Not detained.
1055 Use of Safety Cell <i>(Not applicable for CH)</i>				
A safety cell, specified in Title 24, Section 2-470A.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	No safety cells.
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Safety cells are not used for punishment or as a substitute for treatment.			X	
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.			X	
There are procedures that assure necessary nutrition and fluids are administered.			X	
Continued retention of the inmate is reviewed a minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.			X	
Direct visual observation is conducted at least twice every 30 minutes and is documented.			X	
Continued retention of inmate is reviewed a minimum of every eight hours.			X	
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.			X	
A mental health opinion on placement and retention is secured within 24 hours of placement.			X	
1056 Use of Sobering Cell <i>(Not applicable for CH)</i>				
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part 2 § 470A.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. There are policies and procedures for managing the sobering cell, including handling both males and females.			X	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			X	
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.			X	
Such inmates are removed from the sobering cell when they are able to continue with processing.			X	
1057 Developmentally Disabled Inmates				
There are procedures for the identification and evaluation of all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>			X	

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

Summary of medical/mental health evaluation:

The site visit included a review of the policy and procedure manual dated June 2006. Sgt. Amirfar explained that he is currently in the process of updating the manual. He shared several updated forms:

1. Detention facility log (dated 6/01/2009). It has been changed from a continuous log to a daily log.
2. Inmate screening form (revised 12/16/2009).

The Health Officer reviewed the summary of the most recent facility inspection from the State Corrections Standards Authority (CSA). This was conducted on June 1, 2009. The CSA inspector was especially concerned with the detention of minors, but did not find any deficiencies. The only finding was about the required 8-hour Title 15 training. This has been remedied and Sgt. Amirfar is currently providing that training. Overall the facility continues to comply with all standards and requirements.

NOTE: The CSA post-inspection letter dated Nov. 29, 2009 indicated that the most recent medical/ mental health & environmental inspections were in 2007 and were overdue. In fact they were more recent, with environmental inspections conducted 4/10/08 and 3/17/09. The medical/mental health inspections by Public Health were conducted on 7/1/08 and 8/20/09.