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

DEPT: Health Services Agency	BOARD AGENDA #*B-5
Urgent Routine	AGENDA DATE December 18, 2012
Urgent Routine CEO Concurs with Recommendation YES NO	4/5 Vote Required YES 🔄 NO 🔳
(Information Attached)	

SUBJECT:

Acceptance of the Report of the Annual Inspections/Evaluation of the 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:

Approximately 128 hours of combined Health Services Agency (HSA) and the Department of Environmental Resources (DER) staff time was expended to comply with Section 101045 of the California Health and Safety Code. These costs included the staff time to perform the inspections, evaluate compliance, and prepare the written report and were covered in the two departmental budgets for Fiscal Year 2012-2013.

BOARD ACTION AS FOLLOWS:		

No. 2012-626

On motion of SupervisorMonteith and approved by the following vote,	, Seconded by Supervisor _ <u>Withrow</u>
Ayes: Supervisors: Chiesa, Withrow, Monteith, De Martini an	d Chairman O'Brien
Noes: Supervisors: None	
Evenue and an Abasenti Comemice and Name	
1) X Approved as recommended	
2) Denied	
3) Approved as amended	
4) Other:	
MOTION:	

CHRISTINE FERRARO TALLMAN, Clerk

Acceptance of the Report of the Annual Inspection/Evaluation of the Local Jail/Detention Facilities Pursuant to Section 101045 of the State of California Health and Safety Code Page 2

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 Department of Environmental Resources. The Health Services Agency compiles the evaluation on alternate years. The inspections and evaluation of the facilities are conducted using a survey team approach.

The various sections were assigned to the appropriate staff of the Department of Environmental Resources and the Health Services Agency. 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. Summarized findings and comments are as follows:

ENVIRONMENTAL HEALTH INSPECTIONS

During 2012 all five facilities (Men's Jail, Public Safety Center, Honor Farm, Juvenile Justice Center, and Turlock Holding Facility) were inspected by representatives from the Department of Environmental Resources. Deficiencies were minimal and corrected promptly.

NUTRITION INSPECTIONS

Nutritional inspections were conducted by a registered dietician from the Health Services Agency's Nutrition Program. The Juvenile Justice Center has its own kitchen facility on site and hires a vendor to provide meals. The kitchen at the Public Safety Center is managed by the Sheriff's Department and provides food service for the three county facilities (Honor Farm, Men's Downtown Jail and the Hackett Rd. facility). As the City of Turlock Holding Facility only houses detainees for a maximum of six hours it lacks food service facilities. If necessary, food can be obtained from a local permitted food business.

MEDICAL/MENTAL HEALTH INSPECTIONS

Medical Audit Committee

As a preface to this summary of the annual Medical/Mental Health inspections, it is important to note that there is a year-round review of medical and mental health services at the jails. The Medical Audit Committee meets quarterly and is facilitated by the contracted medical vendor. It is attended by representatives of the Sheriff's Department, Probation Department, County Chief Executive Office, and Public Health. This provides collaborative opportunity for continuous quality improvement. Acceptance of the Report of the Annual Inspection/Evaluation of the Local Jail/Detention Facilities Pursuant to Section 101045 of the State of California Health and Safety Code Page 3

Institute for Medical Quality (IMQ) Bi-Annual Audit and Accreditation

In June 2012, the IMQ conducted a re-accreditation visit. All 3 adult facilities (the Public Safety Center, Men's Jail, and Honor Farm) were fully accredited for 2012-2014. It is noteworthy that the standards of the IMQ exceed those of the California Board of State and Community Corrections (BSCC). Both the adult and juvenile facilities were fully compliant with all the requirements in Titles 23 and 15. There was a minor finding at the Juvenile Justice Center (JJC) regarding coordination of electronic health records between the medical and mental health providers. This has been remedied and the County was recently notified that accreditation for 2012-2014 was also granted.

Medical Record and Procedure Manual Audits

A team of Public Health Nurses reviewed randomly selected medical records at the 3 adult facilities. This included 10 records at the Public Safety Center, 20 at the Men's Jail, and 5 at the Honor Farm. All records were compliant with Title 23 standards. Also, the Policy and Procedure Manual was reviewed. The Public Health Officer conducted a focused audit at the Juvenile Justice Center. He reviewed 10 matched, randomly selected medical and mental health records. All were compliant with Title 15 standards and demonstrated integration of electronic medical and mental health records. The JJC was commended for its continued provision of comprehensive services to juvenile detainees.

Within the report, references have been made to operational challenges with the jail medical contractor and a pending change in vendor for Stanislaus County. On November 13, 2012, the Board of Supervisors approved award of the inmate health care services contract to California Forensic Medical Group (CFMG) through a formal Request for Proposal process. The vendor change is expected to take place during the next inspection/evaluation period

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 the Board of Supervisors. This report supports the Board's priorities of A Safe Community, A Health Community, and the Efficient Delivery of Public Service.

STAFFING IMPACT:

Existing staff from the Health Services Agency and the Department of Environmental Resources conducted the inspections/evaluations. Approximately 128 hours of combined staff time from the two departments was necessary in order to perform this year's inspections/evaluations and to produce the required report.

CONTACT PERSON:

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

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

CSA #: _____

FACILITY NAME:			COL	NTV.		
FACILITI NAME:		COUNTY:				
Stanislaus County Public Safety Center		Stanislaus				
FACILITY ADDRESS (STREET, CITY, ZIP CODE, T	ELEPHONE):					
200 East Hackett Road Modesto, CA 95358						
(209) 525-5602						
			_			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X		TYPE III:	TYPE IV:	
		POPU	ATI	ON: Male 557		
ENVIRONMENTAL HEALTH EVALUATION				Female 131		
		DATE	DIOD	Total 688		
ENVIRONMENTAL HEALTH EVALUATORS (NAM			INSP	PECTED: 03/14/12		
ENVIRONMENTAL MEALTH EVALOATORS (INAV	ie, mile, neeem	ione).				
Tom Wolfe, R.E.H.S.						
Sr. Environmental Health Specialist						
(209) 525-6756						
FACILITY STAFF INTERVIEWED (NAME, TITLE,	TELEPHONE):				4184W	
Sergeant John Campbell (209) 525-5602 Deputy S Junqueiro (209) 525-7224						
Deputy S Junqueno (209) 525-7224 Deputy Cameria (209) 525-5630						
		DATE	IN LOID	DOTED 05/12/00	10	
NUTRITIONAL EVALUATION		DATE	INSP	PECTED: 07/13/20	12	
NUTRITIONAL EVALUATORS (NAME, TITLE, TEL	LEPHONE):				<u></u>	
Elaine Emery, R.D., Nutrition Services Manager						
Stanislaus County Health Services Agency						
(209) 558-1214						
FACILITY STAFF INTERVIEWED (NAME, TITLE, Cris McNally	(ELEPHONE):					
Food Services Supervosor, Adult Detention						
(209) 652-2297						
MEDICAL/MENTAL HEALTH EVALUATION	DATE	DATE INSPECTED: 08/21/2012				
MEDICAL/MENTAL HEALTH EVALUATORS (NAM	ME, TITLE, TELEP	HONE):				
Renette Bronken, PHN (209) 558-5363						
Trudi Prevette, RN (209) 558-5670						
FACILITY STAFF INTERVIEWED (NAME, TITLE,	TELEPHONE):	·····				
Natalie Bergman, RN(209) 525-5609						
Sandeep Atwal, RN Violet Ledesma, LVN						
Fran Chavez, RN, Daljip Grewal, RN and Jasbir Dhan	ni RN					
Than Chavez, KN, Daijip Olewai, KN and Jasoff Dhan						

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	Arti	cle 12. F	lood	
Approach for Providing Food Service	X			
California Retail Food Code "CalCode" (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.				
 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. 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 CalCode.				
 1230 Food Handlers (Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.) Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility. 	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, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	Х			
 1243 Food Service Plan 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. 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. 	comp se	not ider liance w ection he e comme	ith this re.	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.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food	X			The Environmental Health Inspector retains
Service				primary responsibility to determine compliance
				with Section 1245. Compliance should be assessed
Kitchen facilities, sanitation, and food preparation,				in consultation with the Nutrition Inspector so that
service and storage comply with standards set forth				the findings on the Environmental Health
in CalCode.				Evaluation reflect the observations, expertise and
			}	consensus of both parties.
In facilities where inmates prepare meals for self-				No sections of the CalCode are waived.
consumption, or where frozen meals or prepared				
food from other facilities permitted pursuant to HSC				
§114381 is (re)heated and served, the following			1	
CalCode standards may be waived by the local				
health officer. (Note: while the regulation uses the				
word "waived," the intent is that the inspector		j		
exercises professional latitude to approve			[
alternative methods that that provide for food safety				
and sanitation in these situations.)				
HSC §114130-114141.			<u> </u>	
	<u> </u>			No sections of the CalCode are waived.
HSC § 114099.6, 114095-114099.5,114101-				No sections of the CalCode are waived.
114109, 114123 and 114125 if a domestic or				
commercial dishwasher, capable of providing heat to the surface of utensils of at least 165			1	
degrees Fahrenheit, is used to clean and sanitize				
multi-service utensils and multi-service				
consumer utensils;	<u> </u>		L	
HSC § 114149-114149.3, except that,				No sections of the CalCode are waived.
regardless of such a waiver, the facility shall				
provide mechanical ventilation sufficient to				
remove gases, odors, steam, heat, grease,				
vapors and smoke from the kitchen;				
HSC § 114268-114269				
HSC § 114279-114282			L	
1246 Food Serving and Supervision	X			
Policies and procedures ensure that appropriate				
work assignments are made and food handlers are		ļ		
adequately supervised. Food is prepared and served				
only under the immediate supervision of a staff				
<i>z</i> 1				
member.			l Demo	
1260 Standard Institutional Clothing Issue		otning a	na Perso	Inspected clothing storage area and found to be
1200 Standard Institutional Clothing Issue				
Personal undergarments and footwear may be				satisfactory.
substituted for the institutional undergarments and	1	1	ĺ .	
footwear specified in this regulation; however, the				
facility has the primary responsibility to provide				
facility has the primary responsibility to provide these items.	ļ]	1]
inese tiems.				
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	1	1	1	
limited to:				
Clean socks and footwear;	X			
Clean outergarments; and,	X	<u> </u>	1	
Clean undergarments, including shorts and tee	X			
shirt for males; or, bra and two pairs of panties				
for females.	1	1		
	I	L	<u>ــــــــــــــــــــــــــــــــــــ</u>	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Clothing is reasonably fitted, durable, easily	X			
laundered and repaired.				
1261 Special Clothing	X			Food Service 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).				
1262 Clothing Exchange	X			
There are policies and procedures for the scheduled		1		
exchange of clothing.				
Unless work, climatic conditions, illness, or the	x		1	
CalCode necessitates more frequent exchange, outer		1		
garments, except footwear, are exchanged at least				
once each week. Undergarments and socks are				
exchanged twice each week.			ļ	
1263 Clothing Supply	X	[Linen and clothing storage areas were found to be satisfactory.
There is a quantity of clothing, bedding, and linen				
available for actual use and replacement needs of		j		
the inmate population.				
There are policies and procedures for the handling	X			
of laundry that is known or suspected to be				
contaminated with infectious material.				
1264 Control of Vermin in Inmates Personal	X			No evidence of rodents or vermin found.
Clothing				
There are policies and procedures to control the				
contamination and/or spread of vermin in all inmate				
personal clothing.				
Infested clothing is cleaned, disinfected, or stored in	X	1		
a closed container so as to eradicate or stop the				
spread of the vermin.				
1265 Issue of Personal Care Items	X			
	ſ			
There are policies and procedures for issuing				
personal hygiene items.				
Each female inmate is issued sanitary napkins and/or tampons as needed.	X	{	1	
Each inmate to be held over 24 hours who is unable	<u> </u>		+	
to supply himself/herself with personal care items, is		i -		
issued the following personal care items:	ļ		1	
are renorming become one remain		[1	[
Toothbrush;	X	ļ	ļ	l
Dentifrice;	X		-	
Soap;	X			
Comb; and,	X	 	ļ	
Shaving implements.	X	<u> </u>		
With the possible exception of shaving implements,	ł		1	Inmates do not share shaving implements.
inmates are not required to share any personal care		1		
items listed above.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Inmates do not share disposable razors. Double-	X			
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.				
1266 Personal Hygiene	X			
There are policies and procedures for inmate				
showering/bathing.				
Inmates are permitted to shower/bathe upon	X	· · · · ·		
assignment to a housing unit and, thereafter, at least			-	
every other day or more often if possible.				
1267 Hair Care Services	X			Provided by other inmates.
Hair care services are available.				
Except for those inmates who may not shave for	X			
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.				
Equipment is disinfected after each use by a method	X			Use of barbicide.
approved by the State Board of Barbering and	Λ			
Cosmetology to meet the requirements of Title 16,				
Division 9, § 979 and 980, CCR.				
Ar	ticle 14.	Bedding	and Lin	ens
1270 Standard Bedding and Linen Issue	X			
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:				
One serviceable mattress which meets the	X			
requirements of § 1272 of these regulations;				
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket or more, depending upon climatic				
1	X			
conditions.		 		
	X X			
1271 Bedding and Linen Exchange				
conditions. 1271 Bedding and Linen Exchange There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and				
1271 Bedding and Linen Exchange There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.				
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 1271 Bedding and Linen Exchange There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed. Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week. 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 a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months. 1272 Mattresses 	x			ADPM §4.4F
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 1271 Bedding and Linen Exchange There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed. Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week. 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. 1272 Mattresses Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the 	x x x			ADPM §4.4F
 1271 Bedding and Linen Exchange There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed. Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week. 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 exchanged at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once exert three months. 1272 Mattresses Mattresses are enclosed in an easily cleaned, non- 	x x x			ADPM §4.4F

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Any mattress purchased for issue to an inmate in a	X			
facility which is locked to prevent unimpeded				
access to the outdoors, is certified by the			ļ	
manufacturer as meeting all requirements of the				
State Fire Marshal and Bureau of Home Furnishings				
for penal mattresses at the time of purchase.				
	1 15. Facili	ty Sanit	ation and	d Safety
1280 Facility Sanitation, Safety and	X			
Maintenance				
There are policies and procedures for the				
maintenance of an acceptable level of cleanliness,				
repair and safety throughout the facility.				
The plan provides for a regular schedule of	X			
housekeeping tasks and inspections to identify and			1	
correct unsanitary or unsafe conditions or work				
practices.				
Medical care housing as described in Title 24, Part	X			Medical facilities appeared satisfactory.
2, § 470A.2.14 is cleaned and sanitized according to	Λ			
policies and procedures established by the health				
authority.		_		
	Other A	pplicabl	e Codes	
Title 24, Uniform Building Code – Plumbing	X			
Tailat handa mash having drinking fountains and				
Toilet bowls, wash basins, drinking fountains, and				
showers are clean and in good repair.				
Title 24, Uniform Building Code – Cleanliness	X			
and Repair				
Floors, walls, windows, grillwork and ceilings are				
clean and in good repair.				
Title 24, Part 1, 13-102(c)6 – Heating and				
Cooling	X			
Cooming				
There is provision for a comfortable living			1	
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.				
Title 24, Uniform Plumbing Code – Floor Drains	X			
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	X			
Lighting in housing white downsame and estimic			1	
Lighting in housing units, dayrooms and activity				
areas is sufficient to permit easy reading by a person				
with normal vision.	 		 	The his to determine Desting the still of the
20 foot candles light are provided at desk level and	[1	Unable to determine. Daytime inspection performed
in the grooming area. (Applicable to facilities				
constructed after 1980.)	X		ļ	
Lighting is centrally controlled or occupant				
controlled in housing cells or rooms.			<u> </u>	
Night lighting provides good vision for supervision.			1	Unknown.
(Applicable to facilities constructed after 1980.)		ļ	<u> </u>	
	I		L	l

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.				
Local Ordinances			T	Stericycle removes sharps and infectious waste.
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	x			Bertolotti removes solid waste.
HSC § 1803	x			No evidence of insects and vermin.
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.				
General Industry Safety Order, Title 8-3362	x			Unable to determine if structural hazards are present.
The facility is free of structural and other safety hazards.				No obvious safety hazards observed.

Summary of environmental health evaluation:

The annual Title 15 Environmental Health evaluation was performed on March 20, 2012. Present for the evaluation were Sergeant John Campbell, Deputy Cameria, Deputy Steve Junqueiro and myself. A review of the Adult Detention Policy Manual (ADPM) was made and it was noted that several 2012 updates had been made. The ADPM is accessed on the computer at each work station for immediate access. The Sergeant maintains an updated hardcopy as well. This manual has been streamlined by separating policies and procedures. The inspection progressed to various areas of the facility including, attorney/inmate interview rooms, booking and sobering areas and then to inmate staging area, to name a few.

Several occupied cells (male and female) were checked for basic sanitation and were found in satisfactory condition including F105, B108, B233, A-4 and B-6. All toilet and shower areas inspected were in good condition, stocked with paper and hand soap. Repairs were noted at shower stall areas at the minimum housing area. Several inmates were briefly interviewed to discuss sanitation conditions. One inmate reported the presence of ants in his cell but no ants were observed.

The inmate laundry area was inspected and hot water was noted in the 2 compartment sink at 156 degrees F. Soap and sanitizer is automatically dispensed into the washing machines by a pre-programmed controlling device. Clothing and linen drying times and temperature are similarly controlled automatically in the dryers.

In conclusion, maintenance and sanitation appear to be satisfactory in areas inspected. Lighting and climate were adequate during inspection.

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

ARTICLE/SECTION	YES NO N/A		N/A	COMMENTS		
	Article 12. Food					
1230 Food Handlers (Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CURFFL reference.)	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		
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				consensus of both parties. The text of the regulation is provided here for reference only.		
cleanliness of food handlers in accordance with HSC § 114020.						
1240 Frequency of Serving	x					
Food is served three times in any 24-hour period.						
At least one meal includes hot food.	X	ļ				
If more than 14 hours passes between these meals, supplemental food is served.	x					
Supplemental food is served in less than the 14-hour			_	2 sandwiches, fruit, veg, 1% milk		
period for inmates on medical diets, if prescribed by	x					
the responsible physician A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those	x					
inmates on therapeutic diets where the responsible physician has prescribed additional time. 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 (See regulation and guidelines for equivalencies and serving requirements.)						
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						
the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.						
<u>Protein Group</u> . The daily requirement is equal to three servings, each containing at least 14 grams of protein.	×					
There is an additional, fourth serving of legumes three days per week.	х					
<u>Dairy Group</u> . 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.	х					

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	ł			
of the following categories.				
One serving of a fresh fruit or vegetable.	x			
One serving of a Vitamin C source containing 30	x		[
mg. or more.		L		
One serving of a Vitamin A source containing	ł			
200 micrograms Retinol Equivalents (RE) or	X			
more.				
Grain Group. The daily requirement is at least six			ł	All bread products are 100% whole wheat
servings. At least three servings from this group are	X			
made with some whole grain products.	ļ		ļ	
Additional servings from the dairy, vegetable-fruit,				
and grain groups are provided in amounts to assure	x			
caloric supply is at the required levels. (See RDA for		}	}	
recommended caloric intakes.)				
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.	<u> </u>			
1242 Menus (Applicable in Type II and III facilities]		
and in those Type IV facilities where food is served.)			1	
	x			
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.		<u> </u>		······································
A registered dietitian approves menus before they are used.	×			
If any meal served varies from the planned menu, the			+	
change is noted in writing on the menu and/or			1	All documentation of changes were present and signed off by RD
production sheet.	(×			signed on by KD
A registered dietitian evaluates menus, as planned	<u>+</u>		+	
and including changes, at least annually.	X			
1243 Food Service Plan	<u>├</u> ───			The Nutrition Health Inspector retains primary
				responsibility to determine compliance with
There is a food services plan that complies with		[1	Section 1243. Compliance should be assessed in
applicable California Uniform Retail Food Facilities				consultation with the Environmental Health
Law (CURFFL). Facilities with an average daily]	ļ	1	Inspector so that the findings on the Nutritional
population of 100 or more have a trained and				Health Evaluation reflect the observations.
experienced food service manager to prepare and				expertise and consensus of both parties.
implement a food services plan that includes:			1	
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;	×			
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	† <u> </u>	1	1	
that do not employ or have access to a food services	1]	}]
manager, the facility administrator has prepared a				
food services plan that addresses the applicable	ļ			
elements listed above.	1		1	
ADULT TYPES COVER;11/1/12		4		CSA FORM 358 (Rev.8/05)

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE/SECTION1245 Kitchen Facilities, Sanitation and Food ServiceKitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CURFFL.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. (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.)HSC § 114065; 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; HSC § 114140, provided there is mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen; HSC § 114165 (b).1246 Food Serving and Supervision	Do comp reg	not iden liance wi ulation h e comme	tify th this ere.	COMMENTS 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. The Environmental Health Inspector retains primary responsibility to determine compliance The Environmental Health Inspector retains primary responsibility to determine compliance
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.	Do not identify compliance with this regulation here. See comments.			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.
1247 Disciplinary Isolation Diet				
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.	×			
The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period.				
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.	x			
1248 Medical Diets Policies identify who is authorized to prescribe medical diets.	x			

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.

II. NUTRITIONAL HEALTH EVALUATION Adult Court and Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	Artic	le 12. F	ood	
1240 Frequency of Serving (Not applicable for CH.)	x			
Food is served three times in any 24-hour period.				
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.	x			
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 sandwich or a substitute meal and beverage.	x			
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	x			
1241 Minimum Diet (Not applicable for CH.)				
Temporary holding facilities are required to provide the full RDA; however, determining what constitutes a full RDA presents a problem. Most prisoners in these facilities are in custody for a few hours with time for only one or two meals. The problem is determining an acceptable nutritional value for any one meal. In this instance the intent of the regulation is best described as requiring the arresting agency to provide reasonably nutritious meals in their feeding program. The inspector must take the facility operation into account and use good judgment when analyzing the food service. Typically these facilities have frozen dinners in stock or obtain food from a local restaurant when needed. Both these options are reasonable.				
1243 Food Service Plan (Not applicable for CH.)				
This regulation requires Temporary Holding facilities to have a food service plan; however, the intent is that policies and procedures only address those areas that apply to the facility operation.				

Summary of nutritional health evaluation: All food prepared in main 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	X			
ensure provision of emergency and basic health care				
services to all inmates.	╄────┤			
Clinical judgments are the sole province of the	v			
responsible physician, dentist, and psychiatrist or	X			
_psychologist, respectively.				
Security regulations are applicable to facility staff	X			
and health care personnel.				
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	X			
emergencies. (When Type IV facilities provide health services within the facility, they must meet applicable				
regulations, as do other facilities.)				
1202 Health Service Audits (Applicable to facilities	+			
with on-site health care staff)				
with on-site health cure stajj)				
There is a written plan for annual statistical	x			
summaries of health care and pharmaceutical services				
that are provided.				
There is a mechanism to assure that the quality and				
adequacy of health care services are assessed	x			
annually.				
There is a process for correcting identified				
deficiencies in the health care and pharmaceutical	X			
services delivered.				
Based on information from these audits, the health				
authority provides the facility administrator with an	x			
annual written report on health care and				
pharmaceutical services delivered.				
1203 Health Care Staff Qualifications (Applicable				
to facilities with on-site health care staff)				
There are policies and procedures to assure that state	X	1		
licensing, certification, or registration requirements			Í Í	
and restrictions that apply in the community, also				
apply to health care personnel in the facility. Health care staff credentials are on file at the facility	+			
or another central location where they are available	x			
for review.	Λ			
1204 Health Care Procedures (Applicable to	t			
facilities with on-site health care staff)				
juctions will on she noutly cure stagg				
Medical care performed by personnel other than a	x			
physician, is performed pursuant to written protocol				
or order of the responsible physician.		1		
1205 Health Care Records (Applicable to facilities				
with on-site health care staff)		1		
	X			
Individual, complete and dated health records are		1		
maintained and include, but are not limited to:				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Receiving screening form/history (Note: The intake			ł	
receiving screening form may also be included in the				
custody file. See Guidelines for discussion.);				
Medical/mental health evaluation reports;	X			· · · · · · · · · · · · · · · · · · ·
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or	x			
administer/deliver prescription medication;	^			
Medical/mental health evaluation reports;	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or	N/			
administer/deliver prescription medication;	X			
Location where treatment is provided; and,	X			
Medication records in conformance with Title 15				
§ 1216.	X		1	
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.				
	l			
The responsible physician or designee communicates	x			
information obtained in the course of medical-mental				
health screening and care to jail authorities when			ļ	
necessary for the protection of the welfare of the				
inmate or others, management of the jail, or				
maintenance of jail security and order.				
The inmate's written authorization is necessary for				
transfer of health record information unless otherwise	X			
provided by law or regulation.				
Inmates are not used for medical record keeping.	X			
1206 Health Care Procedures Manual (Applicable				
to facilities with on-site health care staff)				
There is a health services manual, with policies and	ł		1	
procedures that conform to applicable state and	X			
federal law. The manual is reviewed and updated at				
least annually.				
	[[ſ	
The health care manual includes, but is not limited to:				
Summoning and application of proper medical	x			
aid;				
Contact and consultation with private physicians;	X			
Emergency and non-emergency medical and	x			
dental services, including transportation;				
Provision for medically required dental and	Í			Eyeglasses provided by Friends Outside. Only for
medical prostheses and eyeglasses;		X		inmates whose health would be jeopardized without
				them
Notification of next of kin or legal guardian in	x			
case of serious illness which may result in death;	<u> </u>			
Provision for screening and care of pregnant and				
lactating women, including postpartum care, and	X			
other services mandated by statute;		l	ļ	
Screening, referral and care of mentally	1			
disordered and developmentally disabled	X			
inmates;		ļ	ļ	
Implementation of special medical programs;	X			
Management of inmates suspected of or	x			
confirmed to have communicable diseases;		ł		

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The procurement, storage, repackaging, labeling,				
dispensing, administration-delivery to inmates,	X			
and disposal of pharmaceuticals;				
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			1	
authority of another correctional system, medical				
facility or mental health facility at the time each	x			
inmate is transferred and prior to notification to				
HSC Sections 121361 and 121362 for inmates				
with known or suspected active tuberculosis			1	
disease;				
Procedures for notifying facility health care				
staff of a pending transfer allow sufficient	X			
time to prepare the summary.				
The summary information identifies the				
sending facility, is in a consistent format that	1			
includes the need for follow-up care,				
diagnostic tests performed, medications	v			
prescribed, pending appointments,				
significant health problems and other				
information that is necessary to provide for			1	
continuity of health care.				
Necessary inmate medication and health				
care information are provided to the				
transporting staff, together with precautions	x	1		
necessary to protect staff and inmate	^	ļ		
passengers from disease transmission during				
transport.]			
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		Í	1 I	
responsible for providing ongoing health care to				
the inmates				
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	X	ļ		
reflects the current local incidence of communicable			ļ	
diseases which threaten the health of inmates and				
staff and includes:	1			
Intake health screening procedures;	X	[
Identification of relevant symptoms;	X	Γ		
Referral for medical evaluation;	X	[
Treatment responsibilities during incarceration;		1		
and,	X			
Coordination with public and private	1	1		
community-based resources for follow-up	X			
treatment.				
Consistent with the plan, there are policies and			1	
procedures that conform with applicable state and	x			
federal law, which include but are not limited to:	1	1		

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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	[1	
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	x			
any time during incarceration.		<u> </u>	<u> </u>	
Health care personnel perform the evaluation.	X	L	<u> </u>	

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		1		
health services that include but are not limited to:		ľ		
Screening for mental health problems;	x		1	
Crisis intervention and management of acute				
psychiatric episodes;	X			
Stabilization and treatment of mental disorders;			+	· · · · · · · · · · · · · · · · · · ·
	X			
and,	v			
Medication support services.	X			
Provision is made to evaluate or transfer mentally				
disordered inmates to a Lanterman Petris Short	1			
treatment facility for further evaluation as provided in	X			
PC § 4011.6 or 4011.8, unless the jail contains a	}	i i		
designated treatment facility.			ļ	
1210 Individualized Treatment Plans				
Treatment staff develops a written individualized	X			Plan under S.O.A.P. note for each incident or illness.
plan for each inmate treated by the medical and/or				
mental health staff.				
Custody staff is informed of the treatment plan when				
necessary to ensure coordination and cooperation in	X			
the ongoing care of the inmate.				
Where recommended by treatment staff, the plan				
includes referral to treatment after release from the	x			
facility.				
1211 Sick Call	· · · · ·			
There are policies and procedures for daily sick call				
for all inmates.				
Any inmate requesting health care is provided that				
attention.	X			
1212 Vermin Control		t		
There is a written plan for the control and treatment				
of vermin infested inmates, including medical	x			
protocols, for treating persons suspected of being	Λ			
infested or having contact with vermin-infested				
inmates.				
1213 Detoxification Treatment				
(Not applicable Type IV.)				
(Not applicable Type IV.)				
Medical policies on detoxification which a statement				
as to whether detoxification will be provided within	x			
the facility or require transfer to a licensed medical				
facility, and, procedures and symptoms necessitating				
immediate transfer to a hospital or other medical	1		1	
-				
facility. When medically licensed personnel are not in			<u> </u>	
attendance, inmates undergoing withdrawal reactions,	x			
judged or defined as not readily controllable with	_ <u>∧</u>			
available medical treatment, are transferred to an		1		
appropriate medical facility.				
1214 Informed Consent				
	x			
There is a written plan to assure informed consent of				
inmates in a language understood by the inmate.	<u> </u>			L

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ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Except in emergencies, as defined in Business and			1	
Professional Code § 2397 and Title 15 § 1217, all				
examination, treatments and procedures affected by	X			
informed consent standards in the community are				
likewise observed for inmate care.	[Ĺ	[
For minors and conservatees, the informed consent of				
parent, guardian, or legal custodian applies when the				
law requires it. Absent informed consent in non-	x			
emergency situations, a court order is required before				
involuntary treatment is done.				
Any inmate who has not been adjudicated to be		<u> </u>	1	
incompetent may refuse non-emergency health care.	X			
1215 Dental Care		t		
Emergency and medically required dental care is	x			Dental care provided for infection or pain only.
provided to inmates, upon request.		ľ		bentar cure provided for infection of pain only.
1216 Pharmaceutical Management			ļ	
1210 I narmaceutical Management				
Pharmaceutical policies, procedures, space and				
accessories include, but are not limited to:				
		<u> </u>		
Securely lockable cabinets, closets and	X			
refrigeration units:	<u> </u>	 	<u> </u>	
A means for the positive identification of the	x			
recipient of the prescribed medication;				
Administration/delivery of medicines to minors	x			
as prescribed;		L	ļ	
Confirmation that the recipient has ingested the				
medication or accounting for medication under	x			
self-administration procedures outlined in Title				
15, § 1216;				
Documenting that prescribed medications have]		
or have not been administered, by whom, and if	X			
not, for what reason;				
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may	1			
be administered without further medical	X			
evaluation;	1		}	
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	1	<u> </u>		
pharmacist on the status of pharmacy services,				
and provided to the health authority and facility	X			
administrator.	[[
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	<u> </u>	†	1	
legend medications are accessed only by licensed	1			
health care personnel. Supplies of legend				
medications that have been properly dispensed	x		1	
		1	1	
and supplies of over-the-counter medications	1			
may be accessed by both licensed and non-				
licensed staff.		 		·····
Repackaging is done only by a physician, dentist,	x			
pharmacist, or other persons authorized by law.	1	<u> </u>	<u> </u>	

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	X			
delivery to the inmate. Labels are prepared in				
accordance with Business and Professions Code				
§ 4076.				
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	x			
acting on the order of a prescriber.				
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			Ì	
and requires any combination of two of the				
following classifications: physician, dentist,				
pharmacist, or reregistered nurse. Controlled	X			
substances are disposed of in accordance with				
Drug Enforcement Administration disposal				
procedures.				
There are written procedures for managing and				
providing over-the-counter medications, which	v			
include but are not limited to how they are made	x			
available, documentation when delivered by staff and				
precautions against hoarding large quantities.		L		· · · · · · · · · · · · · · · · · · ·
Policy and procedures may allow inmate self-				
administration of prescribed medication under limited				
circumstances (see regulation text). If self-			17	
administration of prescription drugs is not allowed,]	X	
this subsection is "not applicable." When allowed,				
policies and procedures must include but are not				
limited to:		-		
Medications permitted for self-administration are				
limited to those with no recognized abuse				
potential. Medication for treating tuberculosis,	1		v	
psychotropic medication, controlled substances, injectables and any medications for which			X	
documentation of ingestion is essential, are				
excluded from self-administration.				
Inmates with histories of frequent rule violations				
of any type, or those who are found to be in	1			
violation of rules regarding self-administration,			X	
		1		
cannot participate. Prescribing health care staff must document that			1	
each inmate participating in self-administration			x	
is capable of understanding and following the rules of the program and instructions for	1		^	
medication use.				
	╂			
Provisions are made for the secure storage of the			v	
prescribed medication when it is not on the			X	
inmate's person.		┠────	<u> </u>	······
Provisions are made for consistent enforcement				
of self-medication rules by both custody and				
health care staff, with systems of communication	1		X	
among them when either one finds that an inmate				
is in violation of rules regarding the program.	l	1	l	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care staff performs documented				
assessments of inmate compliance with self-				
administration medication regimens.			v	
Compliance evaluations are done with sufficient			x	
frequency to guard against hoarding medication				
and deterioration of the inmate's health.				
1217 Psychotropic Medications				
(Not applicable Type IV.)				
	X			
There are policies and procedures governing the use				
of psychotropic medications.				
Involuntary administration of psychotropic				
medication is limited to emergencies. (See Business				
and Professional Code § 2397 and the text of Title 15	X			
§ 1217 for definition of an emergency.)			}	
If psychotropic medication is administered in an				· · · ·
emergency, such medication is only that which is	x			
required to treat the emergency condition.				
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	x			
orders are entered in the inmate's record and signed	^			
by a physician within 72 hours.				
There is a protocol for supervising and monitoring	x			
inmates who are involuntarily receiving psychotropic	^			
medication.		1		
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	X	1		
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.)			ļ	······································
Policies limit the length of time both voluntary and		}		
involuntary psychotropic medications may be	X			
administered.	ļ		<u> </u>	
There is a plan for monitoring and re-evaluating all				
inmates receiving psychotropic medications,	X			
including a review of all emergency situations.		ļ		
The administration of psychotropic medication is not	x			
allowed for disciplinary reasons.			<u> </u>	
1219 Suicide Prevention Program		1		
There is a written suicide prevention plan designed to	X			
identify, monitor and provide treatment for those	1	ł	1	
inmates who present a suicide risk.	ļ	ļ	ļ	
1220 First Aid Kits				
	X	1		
One or more first aid kits are available in the facility.				
The responsible physician has approved the contents,				
number, location and procedure for periodic	X			
inspection of the kit(s).				

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.	х			
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			

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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	X			
females. Intermittent direct visual observation of inmates in	x		_	
sobering cells conducted no less than every half hour. 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. (Note: Appropriate housing is based on T-15 § 1050, Classification.)	x			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. (Applicable only in facilities holding inmates in excess of 24 hours.)	х			
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.) 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 polices 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	x			
every <u>two</u> hours.	Λ			
A medical opinion on placement and retention is				
secured as soon as possible but no later than four	X			
hours from the time of placement.				
Medical review for continued retention in restraint	x			
devices occurs at a minimum of every six hours.	^			
A mental health consultation is secured as soon as				
possible, but no later than eight hours from the time	x			
of placement.				
1121 HEALTH EDUCATION FOR				This section only applies to Type II facilities that
MINORS IN JAILS				held adjudicated minors during the 12 months prior
				to the date of this inspection.
Written policy and procedures accure that are and			x	
Written policy and procedures assure that age- and sex-appropriate health education and disease				
prevention programs are offered to minors.				
The health education programs are updated as				
necessary to reflect current health priorities and meet			x	
the needs of the confined population.				
			1	This section sub-section to Tome II Carilities that
1122 REPRODUCTIVE				This section only applies to Type II facilities that
INFORMATION AND			1	held adjudicated minors during the 12 months prior to the date of this inspection.
SERVICES FOR MINORS IN				to the date of this hispection.
JAILS				
W. M			X	
Written policy and procedures assure that				
reproductive health services are available to both male and female minors.				
			+	
Reproductive services shall include but not be limited				
to those prescribed in WIC § 220, 221 and 222, and			X	
HSC § 123450.				
				This section only applies to Type II facilities that
<u>1123 HEALTH</u>				held adjudicated minors during the 12 months prior
APPRAISALS/MEDICAL				to the date of this inspection.
EXAMINATIONS FOR MINORS				to the date of this hispection.
IN JAILS				
For minors who are transformed to inite mation and				
For minors who are transferred to jails, policy and				
procedures assure that the health appraisal/medical examination:				
			X	
is received from the sending facility; is reviewed by designated health care staff at the	<u> </u>			
receiving facility; and,			X	
absent a previous appraisal/examination or	-		+	
receipt of the record, a health appraisal/medical		1		
examination, as outlined in Minimum Standards			v	
for Juvenile Facilities, Section 1432, is			X	
completed on the minor within 96 hours of				
admission.				1
		1		

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1124 PROSTHESES AND				This section only applies to Type II facilities that
ORTHOPEDIC DEVICES				held adjudicated minors during the 12 months prior
OKTHOTEDIC DEVICES				to the date of this inspection.
			x	
There are written policy and procedures regarding the				
provision, retention and removal of medical and				
dental prostheses, including eyeglasses and hearing				
aids.				
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined			x	
by the responsible physician.			^	
Procedures for the retention and removal of				
prostheses shall comply with the requirements of Penal Code § 2656.			X	
Penal Code § 2030.				
1125 PSYCHOTROPIC	<u> </u>		<u> </u>	This section only applies to Type II facilities that
				held adjudicated minors during the 12 months prior
MEDICATIONS				to the date of this inspection.
				·····
The impact for Type II facilities is that, in addition to				
being in compliance with Title 15, Section 1214				
(Consent) and Section 1217 (Psychotropic			ĺ	
Medications). The following additional policies and				
procedures must be implemented for juveniles held in			X	
custody:				
(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;				
(a; 5) provision that the necessity for continuation				
on psychotropic medications is addressed in pre-			x	
release planning and prior to transfer to another				
facility or program; and,	<u> </u>			
(b; 1) minors are informed of the expected				
benefits, potential side effects and alternatives to			x	
psychotropic medications.				
Other Applicable Codes		1		······
Title 24 Part 2 § 470.2.12 – Medical Exam Room	1		1	
Availability				
In facilities constructed after 2-1-99, a medical		1		
examination room is available in every facility that		1		
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:		[1	
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			
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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.	х			
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			

Summary of medical/mental health evaluation:

PUBLIC HEALTH OFFICER COMMENTS:

I have attended the quarterly Medical Audit Conferences and conferred, as needed, with the administrators. In my opinion, the most noteworthy improvement is the addition of a second nurse practitioner to manage the increased number of chronically ill inmates. This is due, in part, to the increased inmate census related to AB109.

The local 2012 Medical/Mental Health evaluation at the three adult inmate facilities were delayed until after the Institute for Medical Quality (IMQ) inspections were completed. It is noteworthy that there were no significant findings at the three adult facilities and they were re-certified for two years. The B Unit at the Public Safety Center houses inmates with psychiatric disorders. It merits special recognition for its good performance on the IMQ re-certification. Operationally, however, there have been significant challenges that have not been rectified. The medical contractor, CorrectCare Solutions (CCS), has had continued turnover in both the Medical Director and Health Services Administrator positions. CCS has notified Stanislaus County that they will exit the current contract when a new vendor is identified. John Walker, MD

NURSING AND MEDICAL RECORDS AUDIT:

• We each audited 5 charts at random. I focused on diabetic charts and TB. We found all charts to be in good order and complete. The management and staff are all very approachable and helpful and we have enjoyed our professional relationship with this company.

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

CSA #: _____

FACILITY NAME:		COU	NTY:				
Men's Jail	Stan	Stanislaus					
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPI	IONE):	1	* <u></u>				
1115 H Street Modesto, CA 95354 (209) 525-6427							
CHECK THE FACILITY TYPE AS DEFINED IN TYPE TITLE 15, SECTION 1006:	I: TYP	EII: X	TYPE III:	TYPE IV:			
ENVIRONMENTAL HEALTH EVALUATION							
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TIT	LE, TELEPHONE)):					
Tom Wolfe, R.E.H.S. Sr. Environmental Health Specialist (209) 525-6756							
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEP	HONE):						
Sergeant M. White (209) 525-6384 Deputy S. Juanquaro (209) 525-7224							
NUTRITIONAL EVALUATION - N/A - Meals prepared at F Center's Kitchen	ublic Safety	DATE INSP	ECTED:				
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHO	NE):		<u></u>				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEP	HONE):						
MEDICAL/MENTAL HEALTH EVALUATION	·	DATE INSP	ECTED: 8/8/20	12			
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TI	<u>LE, TELEPHONE</u>):					
Renette Bronken, PHN (209) 558-5363 Trudi Prevette, RN (209) 558-5670							
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEP	HONE):						
Sharlene Rafety, Secretary Adrian Rivera, LVN Judy Naval, RN Lannette Dunn, LVN							
Sharlene Rafety, Secretary Adrian Rivera, LVN Judy Naval, RN							

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	Arti	cle 12. I	Food	
Approach for Providing Food Service		X		Adult Detention Policy Manual (ADPM)
California Retail Food Code "CalCode" (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.				
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.				
1. Food is prepared at another city or county detention facility.	X			Stanislaus County Public Safety Center 200 E. Hackett Road, Modesto, CA 95358
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.		Х		
 1230 Food Handlers (Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.) Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility. 	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, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	Х			Serv-Safe Certification for Food Supervisor is Chris McNally.
 1243 Food Service Plan 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. 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. 	comp se	not ider liance w ection he e comme	ith this re.	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.	1			

YES	NO	N/A	COMMENTS
			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.
			No California Retail Food Codes waived.
[[
1			
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			The Design of the left have store and inc
			The Environmental Health Inspector retains
			primary responsibility to determine compliance
			with Section 1246. Compliance should be assessed
1	1	ſ	in consultation with the Nutrition Inspector so that
			the findings on the Environmental Health
			Evaluation reflect the observations, expertise and
			consensus of both parties.
<u>nmate Cl</u> I	lothing a	nd Perso	nal Hygiene
1	ļ	1	
	1		
		1	
X		T T	
X	İ	1	
1			Male only facility.
X			Male only facility.
	X X	X X	X A A A A A A A A A A A A A A A A A A A

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Clothing is reasonably fitted, durable, easily	X			
laundered and repaired.				
1261 Special Clothing	X			
Provision is made to issue suitable additional			1	
clothing essential for inmates to perform special				
work assignments (e.g., food service, medical, farm,				
sanitation, mechanical and other specified work).				
1262 Clothing Exchange	X			
There are policies and procedures for the scheduled				
exchange of clothing.				
Unless work, climatic conditions, illness, or the	X			
CalCode necessitates more frequent exchange, outer		ļ	}	
garments, except footwear, are exchanged at least				
once each week. Undergarments and socks are				
exchanged twice each week.				
1263 Clothing Supply	X			Storage areas were in satisfactory condition.
There is a quantity of clothing, bedding, and linen				
available for actual use and replacement needs of				
the inmate population.				
There are policies and procedures for the handling	X	· · · ·	<u> </u>	
of laundry that is known or suspected to be				
contaminated with infectious material.]		
1264 Control of Vermin in Inmates Personal	X	1		New contract pending with Pest Masters.
Clothing				
There are policies and procedures to control the				
contamination and/or spread of vermin in all inmate				
personal clothing.				
Infested clothing is cleaned, disinfected, or stored in	X			ADPM §8.1 and §6.6.
a closed container so as to eradicate or stop the				Suspected an infested clothing is bagged.
spread of the vermin.				
1265 Issue of Personal Care Items	X			
There are policies and procedures for issuing				
personal hygiene items.				
Each female inmate is issued sanitary napkins			+	
and/or tampons as needed.			X	
Each inmate to be held over 24 hours who is unable			<u> </u>	
to supply himself/herself with personal care items, is				
issued the following personal care items:				
issued the following personal care items.				
Toothbrush;		ļ		
Dentifrice;			+	
Soap;				
Comb; and,		<u> </u>	1	
Shaving implements.		Į	<u> </u>	
With the possible exception of shaving implements,	X			No items are shared.
inmates are not required to share any personal care				
items listed above.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Inmates do not share disposable razors. Double-	X	<u>-</u>		ADPM §4.03.01
edged safety razors, electric razors, and other				Implements are not shared.
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.				
1266 Personal Hygiene	X	[
	[
There are policies and procedures for inmate				
showering/bathing.				
Inmates are permitted to shower/bathe upon	X			
assignment to a housing unit and, thereafter, at least				
every other day or more often if possible.				
1267 Hair Care Services	X			Inmate barbers under Deputy supervision.
Hair care services are available.				
Except for those inmates who may not shave for	X			
court identification reasons, or those who have had	1	ļ]
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.				
Equipment is disinfected after each use by a method	X			
approved by the State Board of Barbering and				
Cosmetology to meet the requirements of Title 16,				
Division 9, § 979 and 980, CCR.				
	ticle 14.	Bedding	and Lin	ens
1270 Standard Bedding and Linen Issue	X			
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:			1	
One serviceable mattress which meets the	X			
requirements of § 1272 of these regulations;				
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket or more, depending upon climatic	X			
conditions.	 	<u> </u>	<u> </u>	······································
1271 Bedding and Linen Exchange	X			
There are policies and procedures for the scheduled				
exchange of laundered and/or sanitized bedding and				
linen issued to each inmate housed.			1	
Washable items such as sheets, mattress covers, and	X	1		
towels are exchanged for clean replacement at least		1		
once each week.				
Where a top sheet is not issued, blankets are	X	1		
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.				
		 		
1777 Mattrassas	1 V	1	1	
1272 Mattresses				
Mattresses are enclosed in an easily cleaned, non-				
Mattresses are enclosed in an easily cleaned, non- absorbent ticking and conform to the size of the				
Mattresses are enclosed in an easily cleaned, non-				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Any mattress purchased for issue to an inmate in a	X			
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				
for penal mattresses at the time of purchase.				
Article	1 15. Facili	ty Sanit	ation and	d Safety
1280 Facility Sanitation, Safety and	X			Repair and maintenance requests are made on the
Maintenance				computer.
There are policies and procedures for the				
maintenance of an acceptable level of cleanliness,				
repair and safety throughout the facility.				
The plan provides for a regular schedule of	X			
housekeeping tasks and inspections to identify and				
correct unsanitary or unsafe conditions or work				
practices.				
Medical care housing as described in Title 24, Part	x		1	Medical Staff interviewed and no problems noted
2, § 470A.2.14 is cleaned and sanitized according to				at the time of inspection.
policies and procedures established by the health				r
authority.				
	Other A	pplicab	le Codes	
Title 24, Uniform Building Code – Plumbing]	X		Missing tile in stall of shower #2 on the 2nd floor.
Toilet bowls, wash basins, drinking fountains, and				
showers are clean and in good repair.				
Title 24, Uniform Building Code – Cleanliness		v		Severe water leak from ceiling of entrance to under-
and Repair		X		ground tunnel to court holding area. See summary
F				on last page.
Floors, walls, windows, grillwork and ceilings are				on last page.
clean and in good repair.				
Title 24, Part 1, 13-102(c)6 – Heating and	X			Upgrades to the HVAC were completed recently.
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.				
Title 24, Uniform Plumbing Code – Floor Drains	X			
Floor drains are flushed at least weekly.				
Traps contain water to prevent escape of sewer gas.	X		1	
Grids and grates are present.	X		1	
Title 24, Part 2, 470A.3.6 – Lighting	X		1	
Tinkting in housing with domestic and estimic				
Lighting in housing units, dayrooms and activity				
areas is sufficient to permit easy reading by a person			1	
with normal vision.			-	
20 foot candles light are provided at desk level and			X	Facility constructed prior to 1980.
in the grooming area. (Applicable to facilities				
constructed after 1980.)		ļ		
Lighting is centrally controlled or occupant				
controlled in housing cells or rooms.		ļ	1	
Night lighting provides good vision for supervision.			X	Facility constructed prior to 1980.
(Applicable to facilities constructed after 1980.)	 	<u> </u>	<u> </u>	·····
			L	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
CA Safe Drinking Water Act	X			
Potable water is supplied from an approved source in satisfactory compliance with this Act.				
Local Ordinances Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.				A sharps container and red biohazard bags are available in the medical department. Stericycle is the disposal company.
HSC § 1803	X			
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.				
General Industry Safety Order, Title 8-3362			X	Unable to determine.
The facility is free of structural and other safety hazards.				

Summary of environmental health evaluation:

The inmate population at the time of inspection was at 372. Several occupied cells were inspected and found to be sanitized. Inmates are provided with a cleaning compound and a sponge.

The flushing mechanism on the second safety cell did not appear to be working satisfactory.

Also noted as a deficiency was the water intrusion from the ceiling to the entrance to the underground tunnel leading to the court holding area. Building Maintenance contacted me immediately after the inspection to review the trouble shooting performed to find the source of intrusion. This repair item needs to be assigned a high level of priority to prevent unseen water damage and possible mold growth.

Also, the ceiling area of the inmate waiting quarters lounge area was noted deteriorated in several areas. This consisted of loose ceiling tiles and many areas of peeling paint.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
			h Services	
1200 Responsibility For Health Care Services				· · · · · · · · · · · · · · · · · · ·
The facility administrator has developed a plan to	X			
ensure provision of emergency and basic health care				
services to all inmates.				······································
Clinical judgments are the sole province of the				
responsible physician, dentist, and psychiatrist or	X			
_psychologist, respectively.				
Security regulations are applicable to facility staff	x			
and health care personnel.				
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	x			
emergencies. (When Type IV facilities provide health				
services within the facility, they must meet applicable				
_regulations, as do other facilities.)				
1202 Health Service Audits (Applicable to facilities				
with on-site health care staff)				
	X			
There is a written plan for annual statistical]]	
summaries of health care and pharmaceutical services				
that are provided.				
There is a mechanism to assure that the quality and	x			
adequacy of health care services are assessed annually.				
There is a process for correcting identified				······································
deficiencies in the health care and pharmaceutical	x		í í	
services delivered.	^			
Based on information from these audits, the health		R		
authority provides the facility administrator with an				
annual written report on health care and	X			
pharmaceutical services delivered.			1 1	
1203 Health Care Staff Qualifications (Applicable			1	
to facilities with on-site health care staff)				
There are policies and procedures to assure that state	X			
licensing, certification, or registration requirements				
and restrictions that apply in the community, also				
apply to health care personnel in the facility.				<u></u>
Health care staff credentials are on file at the facility				
or another central location where they are available	X			
for review.				······································
1204 Health Care Procedures (Applicable to				
facilities with on-site health care staff)				
	x			
Medical care performed by personnel other than a				
physician, is performed pursuant to written protocol				
or order of the responsible physician.			┣────┨	· · · · · · · · · · · · · · · · · · · ·
1205 Health Care Records (Applicable to facilities				
with on-site health care staff)				
Individual complete and deted health records are				
Individual, complete and dated health records are				
maintained and include, but are not limited to:	<u> </u>	L	<u> </u>	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Receiving screening form/history (Note: The intake		1		
receiving screening form may also be included in the	x			
custody file. See Guidelines for discussion.);				
Medical/mental health evaluation reports;	X			
Complaints of illness or injury;	X	Ĩ		
Names of personnel who treat prescribe, and/or	x			
administer/deliver prescription medication;	^			
Medical/mental health evaluation reports;	X			
Complaints of illness or injury;	X			
Names of personnel who treat prescribe, and/or	v			
administer/deliver prescription medication;	x			
Location where treatment is provided; and,	X			
Medication records in conformance with Title 15	v		1	
§ 1216.				
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.			1	
The responsible physician or designee communicates	X			
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.				
The inmate's written authorization is necessary for	1			
transfer of health record information unless otherwise	X			
provided by law or regulation.				
Inmates are not used for medical record keeping.	X			
1206 Health Care Procedures Manual (Applicable				
to facilities with on-site health care staff)				
There is a health services manual, with policies and				
procedures that conform to applicable state and	X			
federal law. The manual is reviewed and updated at				
least annually.				
The health and manual includes but is not limited to.				
The health care manual includes, but is not limited to:				
Summoning and application of proper medical	X			
aid;	X			
Contact and consultation with private physicians;	<u>_</u>			
Emergency and non-emergency medical and dental services, including transportation;	X	1		
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	x			
other services mandated by statute;				
Screening, referral and care of mentally			+	
disordered and developmentally disabled	x			
inmates;		1		
	X	1	<u> </u>	
Implementation of special medical programs;	<u> </u>		+	
Management of inmates suspected of or confirmed to have communicable diseases;	X			
communed to have communicable diseases;	1	1		,L

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The procurement, storage, repackaging, labeling,				
dispensing, administration-delivery to inmates,	Χ			
and disposal of pharmaceuticals;				
Use of non-physician personnel in providing	v			
medical care;	Х		ĺ	
Provision of medical diets;				
Patient confidentiality and its exceptions;	X		<u> </u>	
Transfer of pertinent individualized health care			1	
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	x			
inmate is transferred and prior to notification to	~			
HSC Sections 121361 and 121362 for inmates				
with known or suspected active tuberculosis				
disease;				
Procedures for notifying facility health care				
staff of a pending transfer allow sufficient	x			
	Л			
time to prepare the summary.			<u> </u>	
The summary information identifies the				
sending facility, is in a consistent format that				
includes the need for follow-up care,				
diagnostic tests performed, medications	x			
prescribed, pending appointments,				
significant health problems and other				
information that is necessary to provide for			}	
continuity of health care.				
Necessary inmate medication and health				
care information are provided to the				
transporting staff, together with precautions	x			
necessary to protect staff and inmate				
passengers from disease transmission during				
transport.				
Forensic medical services, including drawing of		1		
blood alcohol samples, body cavity searches, and				
other functions for the purpose of prosecution	x			
are not be performed by medical personnel	^			
responsible for providing ongoing health care to				
the inmates.		1		
1206.5 Management of Communicable Diseases				
There is a written plan that addresses the				
identification, treatment, control and follow-up	x			
management of communicable diseases. The plan				
reflects the current local incidence of communicable				
diseases which threaten the health of inmates and		1	1	
staff and includes:		L	L	
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration;	x			
and,				
Coordination with public and private				
community-based resources for follow-up	x			
treatment.				
Consistent with the plan, there are policies and		1	1	
procedures that conform with applicable state and	x			
		1	1	

ı.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The types of communicable diseases to be	x			
reported;	<u> </u>			
The persons who must receive the medical	x	1		
reports; Sharing of medical information with inmates and				
custody staff;	x			
Medical procedures required to identify the	1			
presence of disease(s) and lessen the risk of	X			
exposure to others;				
Medical confidentiality requirements;	X	Ļ		
Housing considerations based upon behavior,	v			
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	x			
communicable disease.		L		
1207 Medical Receiving Screening				
A receiving screening is performed on all inmates at	x			Concerning questionneine is completed by queted.
the time of intake. <i>(See regulation for exception.)</i>				Screening questionnaire is completed by custody staff. Medical personnel are notified if indicated.
This screening is completed in accordance with		[Sum. Medical personner ale normed if indicated.
procedures established by the responsible physician	x			
in cooperation with the facility administrator.				
The screening includes, but is not limited to, medical,				
mental health, developmental disabilities, and	x			
communicable diseases, including, TB and other airborne diseases.				
The screening is performed by licensed health care			-	<u></u>
staff or by trained facility staff.	X			
There is a written plan for compliance with PC§		[
2656, which allows prisoners to keep prescribed	x			
orthopedic or prosthetic appliances unless an				
immediate risk to security has been determined.	ļ	 		
There is a written plan to provide medical care for any inmate who appears in the need of or requests		ļ		
medical, mental health or developmental disability	X			
treatment.				
1207.5 Special Mental Disorder Assessment				
(Not applicable Type I & IV. Type I facilities are				
expected to transfer these women to an appropriate	1		}	
facility where the assessment can occur.)				
There are written procedures for the mental health	x			
screening of women who have given birth within the	1			
past year and are charged with murder or attempted				
murder of their infant. Screening occurs at intake	1			
and, if postpartum psychosis is indicated, a referral	1			
for further evaluation is made.		 	<u> </u>	· · · · · · · · · · · · · · · · · · ·
1208 Access to Treatment				
A written plan has been developed and implemented	1			
for identifying, assessing, treating and/or referring	x			1
any inmate who appears to be in need of medical,				
mental health or developmental disability treatment at				
any time during incarceration.		 	<u> </u>	
Health care personnel perform the evaluation.	X	L,	<u> </u>	l

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:	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				
(Not applicable Type IV.) Medical policies on detoxification which a statement as to whether detoxification will be provided within	x			
the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.				
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			

Except in emergencies, as defined in Busines and Professional Code § 2939 and Tile 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for immate care. X Por minors and conservates, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in on- emergency situations, a court order is required before involuntary treatment is done. X Any immate who has not been adjudicated to be incompetent mates, upon request. X Emergency only 1215 Dental Care X Emergency only X Pharmaceutical policies, procedures, space and accessories include, but are not limited to: securely lockable cabinets, closest and recligeration units: X Emergency only A dynimistration/delivery of medicines to minors as prescribed; X Emergency only Confirmation that her recipient has ingested the medication procedures outlined in Title 15, § 1216; X Emergency only Documenting that prescribed medications have or have no bean administrated, by mong, and if not, for what reason; Prohibiting delivery of frage by inmates; X X Emergency only Initiation to be length of time medication may be administrator. X X Emergency only Administration during that prescribed medication may be administrator. X X Emergency only	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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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,	1			
dentist, or pharmacist before administration or	X			
delivery to the inmate. Labels are prepared in				
accordance with Business and Professions Code				
§ 4076.				
Dispensing is only done by a physician, dentist,	v			
pharmacist, or persons authorized by law.	x			
Administration of medication is only done by			· · · · ·	
authorized and licensed health care personnel	x			
acting on the order of a prescriber.				
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	ľ		1	
and requires any combination of two of the				
following classifications: physician, dentist,	X			
pharmacist, or reregistered nurse. Controlled				
substances are disposed of in accordance with	ļ	1		
Drug Enforcement Administration disposal				
procedures.		L		
There are written procedures for managing and				
providing over-the-counter medications, which				
include but are not limited to how they are made	X			
available, documentation when delivered by staff and				
precautions against hoarding large quantities.				
Policy and procedures may allow inmate self-				
administration of prescribed medication under limited				
circumstances (see regulation text). If self-				
administration of prescription drugs is not allowed,			X	No self-administration program
this subsection is "not applicable." When allowed,		[
policies and procedures must include but are not				
limited to:				
Medications permitted for self-administration are				
limited to those with no recognized abuse				
potential. Medication for treating tuberculosis,				
psychotropic medication, controlled substances,			X	
injectables and any medications for which				
documentation of ingestion is essential, are				
excluded from self-administration.		1		
Inmates with histories of frequent rule violations	1	t	1	
of any type, or those who are found to be in		1	1	
violation of rules regarding self-administration,			X	
cannot participate.				
Prescribing health care staff must document that	1	†	<u> </u>	+ <u>····································</u>
each inmate participating in self-administration				
is capable of understanding and following the]		x	
rules of the program and instructions for				
medication use.				
		<u> </u>	<u> </u>	
Provisions are made for the secure storage of the				
prescribed medication when it is not on the			x	
inmate's person.	L	 	 	
Provisions are made for consistent enforcement				
of self-medication rules by both custody and		1		
health care staff, with systems of communication			X	
among them when either one finds that an inmate	I			

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

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ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1051 Communicable Diseases				
Upon identification, all inmates with suspected communicable diseases are segregated until a medical	х			
evaluation can be completed.			ļ	
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	x			
special medical problems identified by the health authority.				
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.	х			
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.	х			
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			

1956 Use of Sobering Cell Pursuant to policies and procedures, a sobering cell, specified in Tic 24, Part 23 4704.24, is used only X 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. Intermittent direct visual observation of inmates in subcring cells conducted no less than every haff hour. X An evaluation by a medical staff person or by catacody staff, pursuant to written medical procedures in accordance with processing. X Such inmates are removed from the sobering cell for more that with processing. X Ues Poleopenetally Diabled Inmates X There are procedures to identify and evaluate all developmentally diabled inmates. <i>Note: Appropriate housing inmate is neares of 124 bours, 1</i> X Accontact to the regional center occurs within 24 bours when minet is subgeted or confirmed to be developmentally diabled. <i>Applicable only in facilitate halding immates in seces of 24 bours, 1</i> X 1058 Use of Retriants. The provisions of his: regulation distoglishes "use of force" from use of resultant. The provisions of his: regulation distoglishes that the distoglishes that the distoglishes that the distoglishes and the distoglishes of the distoglishes and the distoglishes and the distoglishe	ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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All inmates in restraints are housed alone or in a		X	1		
	delegated, a physician.				
specified area for restrained inmates.		v			
	specified area for restrained inmates.	<u> </u>			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Direct visual observation is conducted and logged at	x			
least twice every 30 minutes.	^			
Continued retention in such restraints is reviewed	x			
every two hours.				
A medical opinion on placement and retention is				
secured as soon as possible but no later than four	X			
hours from the time of placement.		<u> </u>		
Medical review for continued retention in restraint	x			
devices occurs at a minimum of every six hours.				
A mental health consultation is secured as soon as				
possible, but no later than <u>eight</u> hours from the time				
of placement.	x	1		
			ļ	
1121 HEALTH EDUCATION FOR MINORS				This section only applies to Type II facilities that
IN JAILS		1	}	held adjudicated minors during the 12 months prior
				to the date of this inspection.
Written policy and procedures assure that age- and			X	
sex-appropriate health education and disease				
prevention programs are offered to minors.	1	ľ		
The health education programs are updated as	T		1	
necessary to reflect current health priorities and meet		1		
the needs of the confined population.			X	
the needs of the common population.			[
1122 REPRODUCTIVE INFORMATION	<u> </u>			This section only applies to Type II facilities that
AND SERVICES FOR MINORS IN				held adjudicated minors during the 12 months prior
JAILS		1	1	to the date of this inspection.
UAILS				
Waitten notion and annother a serve that				
Written policy and procedures assure that			X	
reproductive health services are available to both		ſ	1	
male and female minors.				· · · · · · · · · · · · · · · · · · ·
Reproductive services shall include but not be limited	1			
to those prescribed in WIC § 220, 221 and 222, and]	x	
HSC § 123450.				
1123 HEALTH APPRAISALS/MEDICAL				This section only applies to Type II facilities that
EXAMINATIONS FOR MINORS IN]		held adjudicated minors during the 12 months prior
				to the date of this inspection.
JAILS				to the date of this hispection.
Provide and the sector of the training of the			1	
For minors who are transferred to jails, policy and	1	1	X	
procedures assure that the health appraisal/medical	1			
examination:	<u> </u>	 		· · · · · · · · · · · · · · · · · · ·
is received from the sending facility;	<u> </u>	<u>├──</u> ─	X	
is reviewed by designated health care staff at the			x	
receiving facility; and,		<u> </u>		·····
absent a previous appraisal/examination or				
receipt of the record, a health appraisal/medical	1	}		}
examination, as outlined in Minimum Standards		1		
for Juvenile Facilities, Section 1432, is			X	
completed on the minor within 96 hours of				
admission.	ľ	{		

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
There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing			x	to the date of this inspection.
aids.				
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 The impact for Type II facilities is that, in addition to				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
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:				
(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		<u> </u> -	
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		1	
Provide hot and cold running water (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"); and,	x			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Have lockable storage for medical supplies				
(Applicable to facilities constructed after 2-1-	X			
<u>99).</u>				
Title 24 Part 2, § 470A.2.13 – Pharmaceutical				
Storage Space				
There is lockable storage space for medical supplies	x			
and pharmaceutical preparation as referenced in Title			ļ	
15, § 1216.			1	
Title 24 Part 2 § 470A.2.14 – Medical Care				
Housing				
			1	
There is a means to provide medical care and housing	x			
to ill and/or infirm inmates. If this housing is located in the jail, it must:				
Provide lockable storage space for medical	{			
instruments; and,	X			1
Be located within the security area of the facility,	<u> </u>		<u>+</u> -	
accessible to both female and male inmates, but	x	1	1	
not in the living are of either.				
If negative pressure isolation rooms are being				
planned, they are designed to the community	x]		
standard (Applicable to facilities constructed			1	
after 2-1-99).				
Title 24 Part 2 § 470.2.25– Confidential Interview				
Rooms	ł	1		
In facilities constructed offer 2,1,00, there must be a	1			
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	x			
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:				
Be suitably equipped;	X	ļ	ļ	
Be located within the security area accessible to	x	ľ		No females at jail
both female and male inmates; and,	<u> </u>			
Provide no less than 70 square feet of floor space	X			
with no single dimension less than 6 feet. HSC 11222 and 11877 Addicted Arrestee Care	┢────	}	<u> </u>	
1150 11222 and 11077 Addition Allester Care				
Where there is reasonable cause to believe an arrestee	x			Short-term symptomatic treatment
is addicted to a controlled substance, there is		}		
provision for medical aid to relieve symptoms.		L		
In accordance with statute, persons on methadone				Methadone maintenance is continued only for
maintenance are allowed to continue until conviction,	1	x		pregnant inmates. There are no women housed at the
at the direction of the licensed methadone program			1	Men's Jail.
director.	┨────	<u> </u>		
PC 4023.6 Female Inmates' Physician				
Reasonable procedures are established to allow a		l	x	No females at jail
female prisoner to summon and receive the services				
of any physician of choice to determine pregnancy.		1		
Procedures allow female inmates to receive needed			v	
medical services.			X	
These procedures are posted in at least one				
conspicuous place in which all female inmates have			X	
access.		[1	

c

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:			х	
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:

PUBLIC HEALTH OFFICER COMMENTS:

I have attended the quarterly Medical Audit Conferences and conferred, as needed, with the administrators. In my opinion, the most noteworthy improvement is the addition of a second nurse practitioner to manage the increased number of chronically ill inmates. This is due, in part, to the increased inmate census related to AB109.

The local 2012 Medical/Mental Health evaluation at the three adult inmate facilities were delayed until after the Institute for Medical Quality (IMQ) inspections were completed. It is noteworthy that there were no significant findings at the three adult facilities and they were re-certified for two years. Operationally, however, there have been significant challenges that have not been rectified. The medical contractor, CorrectCare Solutions (CCS), has had continued turnover in both the Medical Director and Health Services Administrator positions. CCS has notified Stanislaus County that they will exit the current contract when a new vendor is identified. John Walker, MD

PUBLIC HEALTH NURSING MEDICAL RECORD AUDIT:

On 8/8/2012 we each reviewed 10 charts at random and found all charts to be in order with no glaring discrepancies. They have mastered the electronic record system and are scanning in documents on a daily basis. The policy and procedure book was reviewed and the signature sheet was signed an updated on 3/29/2012 with several policy revisions. All signatures were in place with Dr. Tammy Kastre, MD, as current medical director.

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

CSA #:_____

FACILITY NAME: Stanislaus County Honor Farm		COUNTY: Stanislaus						
FACILITY ADDRESS (STREET, CITY, ZIP CODE, 8224 W. Grayson Road, Modesto, CA 95358 (209) 538-2202	TELEPHONE):							
CHECK THE FACILITY TYPE AS DEFINED INTYPE I:TYPE II: XTYPE III:TYPE IV:TITLE 15, SECTION 1006:								
ENVIRONMENTAL HEALTH EVALUATION DATE INSPECTED: 03/02/12 Population: 83								
ENVIRONMENTAL HEALTH EVALUATORS (NA	ME, TITLE, TELEI	PHONE						
Tom Wolfe, R.E.H.S. Sr. Environmental Health Specialist (209) 525-6756								
FACILITY STAFF INTERVIEWED (NAME, TITLE,	, TELEPHONE):			<u></u>	- <u></u>			
Richard Hatter Operations Deputy (209) 491-8711								
NUTRITIONAL EVALUATION N/A - Meals prepare Center's Kitch		4	DATE INS	PECTED:				
NUTRITIONAL EVALUATORS (NAME, TITLE, TR	ELEPHONE):			<u></u>	<u></u>			
FACILITY STAFF INTERVIEWED (NAME, TITLE	, TELEPHONE):							
MEDICAL/MENTAL HEALTH EVALUATION DATE INSPECTED: 08/21/2012								
MEDICAL/MENTAL HEALTH EVALUATORS (NA	ME, TITLE, TELE	PHONE	E):					
Renette Bronken, PHN, (209) 558-5363 Trudi Prevette, RN, (209) 558-5670								
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):								
Kim Barker, RN, Honor Farm Nurse (209) 541-2901 Lynn Philpott, RN, Regional Manager, CorrectCare So	luitons - Acting He	alth Serv	vices Admini	strator (209) 525-	5667			

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	Arti	cle 12. H	Food	
Approach for Providing Food Service		X		
California Retail Food Code "CalCode" (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.				
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.				
1. Food is prepared at another city or county detention facility.	X			Stanislaus County Public Safety Center 200 E. Hackett Road, Modesto, CA 95358
 Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode. 		X		
 1230 Food Handlers (Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.) Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility. 	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, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			
 1243 Food Service Plan 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. 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. 	Do not identify compliance with this section here. See comments.			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.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food	X			The Environmental Health Inspector retains
Service				primary responsibility to determine compliance
		ļ		with Section 1245. Compliance should be assessed
Kitchen facilities, sanitation, and food preparation,				in consultation with the Nutrition Inspector so that
service and storage comply with standards set forth				the findings on the Environmental Health
in CalCode.				Evaluation reflect the observations, expertise and
in cureous,				consensus of both parties.
In facilities where inmates prepare meals for self-	+		<u> </u>	consensus of both parties.
consumption, or where frozen meals or prepared				
food from other facilities permitted pursuant to HSC				j
			1	
\$114381 is (re)heated and served, the following				
CalCode standards may be waived by the local	1	(ĺ	
health officer. (Note: while the regulation uses the				
word "waived," the intent is that the inspector			1	
exercises professional latitude to approve				
alternative methods that that provide for food safety	ł	-		
and sanitation in these situations.)			L	
HSC §114130-114141.			X	
HSC § 114099.6, 114095-114099.5,114101-			X	Dishwasher uses chlorine as a sanitizer.
114109, 114123 and 114125 if a domestic or				
commercial dishwasher, capable of providing	ĺ	ĺ		
heat to the surface of utensils of at least 165				
degrees Fahrenheit, is used to clean and sanitize	1			
multi-service utensils and multi-service				
consumer utensils;				
HSC § 114149-114149.3, except that,	X		<u> </u>	
regardless of such a waiver, the facility shall				
provide mechanical ventilation sufficient to				
remove gases, odors, steam, heat, grease,				
vapors and smoke from the kitchen;		[1	
HSC § 114268-114269			X	
HSC § 114209-114282	X			
1246 Food Serving and Supervision	$\frac{\Lambda}{X}$	<u> </u>		The Environmental Health Inspector retains
1240 Food Selving and Supervision	Λ	}	}	primary responsibility to determine compliance
Policies and procedures ensure that appropriate				with Section 1246. Compliance should be assessed
work assignments are made and food handlers are			ļ	
				in consultation with the Nutrition Inspector so that
adequately supervised. Food is prepared and served				the findings on the Environmental Health
only under the immediate supervision of a staff				Evaluation reflect the observations, expertise and
member.			L	consensus of both parties.
1260 Standard Institutional Clothing Issue		lotning a	la rerso	onal Hygiene
1200 Standard Institutional Clothing Issue				
Personal undergarments and footwear may be	[ĺ	1	
substituted for the institutional undergarments and			1	
footwear specified in this regulation; however, the	l	1	1	
facility has the primary responsibility to provide				
these items.		ļ		
inese nems.				
There is a standard issue of climatically suitable		ļ		
clothing for inmates held after arraignment in Type		1	1	
I, II and III facilities, which includes, but is not	ļ	J	1	
limited to:	1			
Clean socks and footwear;			-	· · · · · · · · · · · · · · · · · · ·
	$\begin{array}{c c} X \\ \hline X \end{array}$	<u> </u>	 	<u> </u>
Clean outergarments; and, Clean undergarments, including shorts and tee			+	This is a male only facility.
shirt for males; or, bra and two pairs of panties	X	ł		1 mis is a male only facility.
· · ·			1	
for females.	<u> </u>	1	L	<u> </u>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Clothing is reasonably fitted, durable, easily	X			
laundered and repaired.			ļ	
1261 Special Clothing	X			
Provision is made to issue suitable additional				
clothing essential for inmates to perform special	1		l	
work assignments (e.g., food service, medical, farm,				
sanitation, mechanical and other specified work).				
1262 Clothing Exchange	x			
There are policies and procedures for the scheduled exchange of clothing.				
Unless work, climatic conditions, illness, or the	X	<u> </u>		
CalCode necessitates more frequent exchange, outer				
garments, except footwear, are exchanged at least				
once each week. Undergarments and socks are				
exchanged twice each week.			ĺ	
1263 Clothing Supply	X			
There is a quantity of clothing, bedding, and linen				
available for actual use and replacement needs of				
the inmate population.				
There are policies and procedures for the handling	X		†	
of laundry that is known or suspected to be				
contaminated with infectious material.	į		Į	
1264 Control of Vermin in Inmates Personal	X			Monthly service provided by Pest Masters.
Clothing				
There are policies and procedures to control the				
contamination and/or spread of vermin in all inmate	Í		Í	
personal clothing.				
Infested clothing is cleaned, disinfected, or stored in	X			
a closed container so as to eradicate or stop the				
spread of the vermin.				
1265 Issue of Personal Care Items	X			
There are policies and procedures for issuing				
personal hygiene items.				
Each female inmate is issued sanitary napkins			X	Male only facility.
and/or tampons as needed	L		ļ	
Each inmate to be held over 24 hours who is unable				
to supply himself/herself with personal care items, is	ļ			
issued the following personal care items:				
Toothbrush;	X X			
Dentifrice;		<u> </u>	<u> </u>	
Soap;	X		+	<u> </u>
Comb; and,	X		┟────	<u> </u>
Shaving implements.	X		<u> </u>	
With the possible exception of shaving implements,	X		ł	Inmates do not share shaving implements.
inmates are not required to share any personal care			[
items listed above.	<u> </u>	L	L	L

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Inmates do not share disposable razors. Double-	X			
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.				
1266 Personal Hygiene	Х			
There are policies and procedures for inmate				
showering/bathing.				
Inmates are permitted to shower/bathe upon	X			
assignment to a housing unit and, thereafter, at least	Λ			
every other day or more often if possible.				
267 Hair Care Services	X			Provided by other inmates.
	Λ			_
Hair care services are available.				
Except for those inmates who may not shave for	Х			
court identification reasons, or those who have had				
heir shaving privileges suspended by the facility				
administrator because they are a danger to				
hemselves or others, inmates are allowed to shave				
daily and receive hair care services at least once a				
month.				
Equipment is disinfected after each use by a method	Х			Observed hair care shears and barbicide.
approved by the State Board of Barbering and				
Cosmetology to meet the requirements of Title 16,				
Division 9, § 979 and 980, CCR.				
	icle 14. l	Bedding	and Lin	ens
Art 1270 Standard Bedding and Linen Issue	icle 14. l	Bedding	and Line	ens
1270 Standard Bedding and Linen Issue	icle 14. l	Bedding	and Lin	ens
1270 Standard Bedding and Linen Issue For each inmate entering a living unit and expected	icle 14. I	Bedding	and Line	ens
	icle 14. l	Bedding	and Line	ens
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 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: One serviceable mattress which meets the requirements of § 1272 of these regulations; One mattress cover or one sheet; One towel; and, One blanket or more, depending upon climatic 	X X X X X X	Bedding		Observed several bunks with two blankets. This procedure was observed in the on-line Adult

YES	NO	N/A	COMMENTS
x			Mattress supplier is Bob Barker. Several boxes of
			new mattresses observed.
15. Facili	ty Sanit	l ation and	l d Safety
X			
Х			
X			Met with medical staff on site, no complaints.
	pplicabl	e Codes	I
Λ			
l i			
	X		Mold spots on ceiling and peeling paint in shower
			room in barrack #3.
l i			
X			
X			
\mathbf{v}		<u> </u>	· · · · · · · · · · · · · · · · · · ·
			· · · · · ·
A X			Daytime inspection performed.
		X	Facility built before 1980.
X			
X			
X		X	Facility built before 1980.
	X I.5. Facili X X X Other A X X X X X X X	X I.S. Facility Sanit: X X X X Other Applicabl X X X X X X X X X	X Image: Constraint of the second s

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
CA Safe Drinking Water Act	X			
Potable water is supplied from an approved source in satisfactory compliance with this Act.				
Local Ordinances	X			Sharps (from medical office) are disposed of at the County Public Safety Center.
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.				
HSC § 1803		X		Animal nesting noticed in rafter of mattress storage
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.				room.
General Industry Safety Order, Title 8-3362			X	Unable to determine.
The facility is free of structural and other safety hazards.				

Summary of environmental health evaluation:

At the time of inspection, the population count at this all male detention facility was 83 and the maximum capacity 86. Barracks #3 and #4 remain from a fire in June 2010 which destroyed barracks #1 and #2. When maintenance problems arise, the Operations Deputy contacts the County Building Maintenance Department for repairs.

Two items were noted during the inspection that needed correction:

1. Animal nesting observed in the mattress storage room.

2. Mold and peeling paint noted on the ceiling of the shower room in barracks #3.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	Article 11		Service	
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. (When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)	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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1205 Health Care Records (Applicable to facilities				
with on-site health care staff)				
Individual, complete and dated health records are		ļ		
maintained and include, but are not limited to:		 		
Receiving screening form/history (Note: The intake				
receiving screening form may also be included in the				
custody file. See Guidelines for discussion.);			ļ	
Medical/mental health evaluation reports;	X	L		
Complaints of illness or injury;	X		1	
Names of personnel who treat prescribe, and/or	x			
administer/deliver prescription medication;		L		
Medical/mental health evaluation reports;			1	
Complaints of illness or injury;				
Names of personnel who treat prescribe, and/or	1			
administer/deliver prescription medication;				
Location where treatment is provided; and,	X			
Medication records in conformance with Title 15	x			
§ 1216.				
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	X			
information obtained in the course of medical-mental			1	
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.				
The inmate's written authorization is necessary for				
transfer of health record information unless otherwise	X			
provided by law or regulation.				
Inmates are not used for medical record keeping.	X	L		
1206 Health Care Procedures Manual (Applicable				
to facilities with on-site health care staff)		1		
		1	1	
There is a health services manual, with policies and				
procedures that conform to applicable state and	X			
federal law. The manual is reviewed and updated at		1		
least annually.				
The basish same manual includes but is not limited to	1			
The health care manual includes, but is not limited to:	 			
Summoning and application of proper medical	X			
aid;	X	t	+	·
Contact and consultation with private physicians;		<u> </u>		
Emergency and non-emergency medical and	X	1		}
dental services, including transportation;	<u> </u>	+	╆───	
Provision for medically required dental and	X			
medical prostheses and eyeglasses;	<u> </u>	ł		
Notification of next of kin or legal guardian in	x			
case of serious illness which may result in death;	 	 	+	
Provision for screening and care of pregnant and	{	[
lactating women, including postpartum care, and		1	X	No women at the Honor Farm.
other services mandated by statute;	ļ	╂	<u> </u>	
Screening, referral and care of mentally				
disordered and developmentally disabled	X	1		Psych nurse on-site at Public Safety Center.
inmates;	l	1	<u> </u>	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Implementation of special medical programs;	Х			
Management of inmates suspected of or	77		1	
confirmed to have communicable diseases;	X			
The procurement, storage, repackaging, labeling,				
dispensing, administration-delivery to inmates,	x		[
and disposal of pharmaceuticals;				
Use of non-physician personnel in providing	X			
medical care;	<u>л</u>			
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		1		
authority of another correctional system, medical				
facility or mental health facility at the time each	X	ļ		
inmate is transferred and prior to notification to				
HSC Sections 121361 and 121362 for inmates			2	
with known or suspected active tuberculosis				
disease;				
Procedures for notifying facility health care				
staff of a pending transfer allow sufficient	X	ĺ		
time to prepare the summary.				
The summary information identifies the	1			
sending facility, is in a consistent format that				
includes the need for follow-up care,				
diagnostic tests performed, medications	x			
prescribed, pending appointments,				
significant health problems and other				
information that is necessary to provide for				
continuity of health care.				
Necessary inmate medication and health	ļ			
care information are provided to the		1		
transporting staff, together with precautions	X			
necessary to protect staff and inmate				
passengers from disease transmission during			1	
transport. Forensic medical services, including drawing of		<u> </u>	+	
blood alcohol samples, body cavity searches, and	1			
other functions for the purpose of prosecution				
are not be performed by medical personnel	X			
responsible for providing ongoing health care to				
the inmates.				
1206.5 Management of Communicable Diseases	<u> </u>	t		
12000				
There is a written plan that addresses the				
identification, treatment, control and follow-up	v			
management of communicable diseases. The plan	X			
reflects the current local incidence of communicable		}		
diseases which threaten the health of inmates and				
staff and includes:				
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration;	v			
and,	X			
Coordination with public and private	l .	[
community-based resources for follow-up	X			
treatment.				

•

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Consistent with the plan, there are policies and				
procedures that conform with applicable state and	X			
federal law, which include but are not limited to:				
The types of communicable diseases to be				
reported;	X		l l	
The persons who must receive the medical			1	
reports;	X			
Sharing of medical information with inmates and				
custody staff;	X			
Medical procedures required to identify the	1			
presence of disease(s) and lessen the risk of	x			
exposure to others;				
Medical confidentiality requirements;	x			
Housing considerations based upon behavior,				
medical needs, and safety of the affected	x			
	Λ	l		
inmates;		<u> </u>	<u> </u>	
Provision for inmates consent that address the	X			
limits of confidentiality; and,				· · · · · · · · · · · · · · · · · · ·
Reporting and appropriate action upon the				
possible exposure of custody staff to a	X			
communicable disease.				
1207 Medical Receiving Screening				
	x			
A receiving screening is performed on all inmates at				
the time of intake. (See regulation for exception.)			L	
This screening is completed in accordance with	1		1	
procedures established by the responsible physician	X	1		
in cooperation with the facility administrator.	ļ			· · · · · · · · · · · · · · · · · · ·
The screening includes, but is not limited to, medical,				
mental health, developmental disabilities, and	x			
communicable diseases, including, TB and other		ļ	1]
airborne diseases.				
The screening is performed by licensed health care	x			
staff or by trained facility staff.	^ 			
There is a written plan for compliance with PC§				
2656, which allows prisoners to keep prescribed	x			
orthopedic or prosthetic appliances unless an	Λ	1		
immediate risk to security has been determined.				
There is a written plan to provide medical care for				
any inmate who appears in the need of or requests	v		1	
medical, mental health or developmental disability	x			
treatment.				
1207.5 Special Mental Disorder Assessment				
(Not applicable Type I & IV. Type I facilities are		1		
expected to transfer these women to an appropriate				
facility where the assessment can occur.)	1			
There are written procedures for the mental health	[[X	No females at the Honor Farm.
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.		L		

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1208 Access to Treatment				
A written plan has been developed and implemented				
for identifying, assessing, treating and/or referring	X			
any inmate who appears to be in need of medical,			1	
mental health or developmental disability treatment at				
any time during incarceration.				
Health care personnel perform the evaluation.	X		ļ	
1209 Transfer to a Treatment Facility				
(Not applicable Type I and IV.)			ľ	
and 1. 1. 1	X			
There are policies and procedures to provide mental				
health services that include but are not limited to:				
Screening for mental health problems;	X		ļ	
Crisis intervention and management of acute	x			
psychiatric episodes; Stabilization and treatment of mental disorders;				
· · · · · · · · · · · · · · · · · · ·	X			
and,		L		
Medication support services.	X			
Provision is made to evaluate or transfer mentally			ļ	
disordered inmates to a Lanterman Petris Short	x			
treatment facility for further evaluation as provided in				
PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility.				
1210 Individualized Treatment Plans				
1210 Individualized Treatment Flans				
Treatment staff develops a written individualized	x			
plan for each inmate treated by the medical and/or				
mental health staff.				
Custody staff is informed of the treatment plan when		-		
necessary to ensure coordination and cooperation in	x			
the ongoing care of the inmate.	1			
Where recommended by treatment staff, the plan		-		
includes referral to treatment after release from the	X			
facility.				
1211 Sick Call				
	x			
There are policies and procedures for daily sick call				
for all inmates.			ļ	
Any inmate requesting health care is provided that	x			
attention.		 		
1212 Vermin Control		}		
There is a sumittan alon for the control and traction and				
There is a written plan for the control and treatment of vermin infested inmates, including medical	x	1		
protocols, for treating persons suspected of being				
infested or having contact with vermin-infested				
inmates.	1	1		
1213 Detoxification Treatment				
(Not applicable Type IV.)				
(1			
Medical policies on detoxification which a statement				
as to whether detoxification will be provided within	x]		
the facility or require transfer to a licensed medical			[
facility, and, procedures and symptoms necessitating			1	
immediate transfer to a hospital or other medical				
facility.				
	-	•		

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
When medically licensed personnel are not in		1	1	
attendance, inmates undergoing withdrawal reactions,				
judged or defined as not readily controllable with	x			
available medical treatment, are transferred to an				
appropriate medical facility.	1			
1214 Informed Consent				
1214 Informed Consent				
There is a written plan to assure informed consent of	X			
inmates in a language understood by the inmate.				
Except in emergencies, as defined in Business and		<u> </u>		
Professional Code § 2397 and Title 15 § 1217, all	N N			
examination, treatments and procedures affected by	X			
informed consent standards in the community are				
likewise observed for inmate care.				
For minors and conservatees, the informed consent of				
parent, guardian, or legal custodian applies when the				
law requires it. Absent informed consent in non-			X	
emergency situations, a court order is required before				
involuntary treatment is done.		l		
Any inmate who has not been adjudicated to be				
incompetent may refuse non-emergency health care.	X			
1215 Dental Care				
	1			
Emergency and medically required dental care is	X			
provided to inmates, upon request.				
1216 Pharmaceutical Management	· · ·			
1210 Fharmaceutical Management	[[1	
	X			
Pharmaceutical policies, procedures, space and				
accessories include, but are not limited to:	<u> </u>	ļ	ļ	
Securely lockable cabinets, closets and	x			
refrigeration units:				
A means for the positive identification of the	x			
recipient of the prescribed medication;]
Administration/delivery of medicines to minors			x	No minors at the Honor Farm.
as prescribed;			^	
Confirmation that the recipient has ingested the				
medication or accounting for medication under			1	
self-administration procedures outlined in Title	X			
15, § 1216;				
Documenting that prescribed medications have				
or have not been administered, by whom, and if	x	1	1	1
not, for what reason;				
	x		<u>+</u>	
Prohibiting delivery of drugs by inmates;	<u> </u>	<u>↓</u>	+	<u> </u>
Limitation to the length of time medication may	v	[1	[
be administered without further medical	X			
evaluation;	<u> </u>		 	
Limitation to the length of time allowable for a	x]	1]
physician's signature on verbal orders, and,	<u> </u>	ļ	 	
An annual written report is prepared by a			1	
pharmacist on the status of pharmacy services,	x	1		
and provided to the health authority and facility				
administrator.				
There are written protocols that are consistent with				
pharmacy laws and regulations, and limit the				
following functions to being performed by the	X		1	}
identified personnel:				
Procurement is done only by a physician, dentist,				
pharmacist, or other person authorized by law.	X	ŀ		
pharmaeise, or other person aumorized by law.	l	1	1	

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 X 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	
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.XRepackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.X	
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	
and supplies of over-the-counter medications may be accessed by both licensed and non- licensed staff. Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	
may be accessed by both licensed and non-licensed staff. Image: Comparison of the staff o	
licensed staff. Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.	
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law. X	
pharmacist, or other persons authorized by law.	
pharmacist, or other persons authorized by law.	
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 X	
delivery to the inmate. Labels are prepared in	
accordance with Business and Professions Code	
<u>§ 4076.</u>	
Dispensing is only done by a physician, dentist, X	
pharmacist, or persons authorized by law.	
Administration of medication is only done by	
authorized and licensed health care personnel X	
acting on the order of a prescriber.	
Licensed and non-licensed personnel may deliver X	
medication acting on the order of a prescriber.	
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.	
There are written procedures for managing and providing over-the-counter medications, which	
include but are not limited to how they are made X	
available, documentation when delivered by staff and	
precautions against hoarding large quantities.	
Policy and procedures may allow inmate self-	
administration of prescribed medication under limited	
circumstances (see regulation text). If self-	
administration of prescription drugs is not allowed,	X
this subsection is "not applicable." When allowed,	X
policies and procedures must include but are not	
limited to:	
Medications permitted for self-administration are	
limited to those with no recognized abuse	
potential. Medication for treating tuberculosis,	
psychotropic medication, controlled substances,	X
injectables and any medications for which	
documentation of ingestion is essential, are	
excluded from self-administration.	
Inmates with histories of frequent rule violations	
of any type, or those who are found to be in	
violation of rules regarding self-administration,	X
cannot participate.	
Prescribing health care staff must document that	
each inmate participating in self-administration	
is capable of understanding and following the	X
rules of the program and instructions for	
medication use.	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provisions are made for the secure storage of the				
prescribed medication when it is not on the			x	
inmate's person.				
Provisions are made for consistent enforcement				
of self-medication rules by both custody and			ĺ	
health care staff, with systems of communication			x	
among them when either one finds that an inmate				
is in violation of rules regarding the program.				
Health care staff performs documented				
assessments of inmate compliance with self-				
administration medication regimens.				
Compliance evaluations are done with sufficient			X	
frequency to guard against hoarding medication				
and deterioration of the inmate's health.				
1217 Psychotropic Medications				
(Not applicable Type IV.)			[
There are policies and procedures governing the use	X		i i	
of psychotropic medications.				
Involuntary administration of psychotropic			- ···	
medication is limited to emergencies. (See Business	1			
and Professional Code § 2397 and the text of Title 15	X			
§ 1217 for definition of an emergency.)				
If psychotropic medication is administered in an			1	
emergency, such medication is only that which is	x			
required to treat the emergency condition.			ļ	
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	x			
orders are entered in the inmate's record and signed				
by a physician within 72 hours.				
There is a protocol for supervising and monitoring	1		· · · ·	
inmates who are involuntarily receiving psychotropic	x			
medication.				
Psychotropic medication is not administered to an				
inmate absent an emergency unless: (1) the inmate				
has given his or her informed consent in accordance		1		
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	X			
(LPS) Act for handling capacity determinations and		1		
subsequent reviews. (Note: Inspectors need to be				
aware of differing consent requirements for juveniles	1	[[
held in adult facilities.)				
Policies limit the length of time both voluntary and				
involuntary psychotropic medications may be	X			
administered.				
There is a plan for monitoring and re-evaluating all		1		
inmates receiving psychotropic medications,	X			
including a review of all emergency situations.			Ļ	
The administration of psychotropic medication is not	x	1		
allowed for disciplinary reasons.				
1219 Suicide Prevention Program				
-				
There is a written suicide prevention plan designed to	x			
identify, monitor and provide treatment for those				
inmates who present a suicide risk.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1220 First Aid Kits				
	X			
One or more first aid kits are available in the facility.			ļ	
The responsible physician has approved the contents, number, location and procedure for periodic	x			
inspection of the kit(s).				
1051 Communicable Diseases				······································
Upon identification, all inmates with suspected			X	Done at intake. Any inmate suspected of a
communicable diseases are segregated until a medical	ł			communicable disease would not be at the Honor
evaluation can be completed.				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	1		X	
to tuberculosis or other airborne diseases, or other				
special medical problems identified by the health				
authority.				
The inmate's response is noted on the booking form			x	
and/or screening device.	[l		
1052 Mentally Disordered Inmates				
There are policies and procedures to identify and				· · · · · · · · · · · · · · · · · · ·
evaluate all mentally disordered inmates, with	X			
segregation provided, if necessary to protect the	J			
safety of the inmate of others.				
A physician's opinion is secured within 24 hours of				
identification or at the next daily sick call, whichever	X			
is earliest.	<u> </u>	<u> </u>		
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			x	No safety cells at honor farm. If needed, inmate
behavior that results in the destruction of property or				would be transferred to Men's Jail.
reveals an intent to cause physical harm to self or				
others.				
There are policies and procedures, written by the			v	
facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
Safety cells are not used for punishment or as a			<u> </u>	
substitute for treatment.			X	
Placement requires the approval of the facility				
manager or watch commander, or a physician			X	
delegated by the facility manager.				
There are procedures that assure necessary nutrition and fluids are administered.			x	
Continued retention of the inmate is reviewed a		<u> </u>	<u> </u>	
minimum of every eight hours.			X	
Inmates are allowed to retain sufficient clothing, or	1	t		
are provided with a "safety garment" to provide for			x	
personal privacy unless risks to the inmate's safety or				
facility security are documented.				
Direct visual observation is conducted at least twice	1	1	x	
every 30 minutes and is documented.		 	<u> </u>	
Continued retention of inmate is reviewed a minimum			x	
of every eight hours.	1	L	L	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			X	
continued retention is secured every 24 hours				
thereafter.	í			
A mental health opinion on placement and retention			X	
is secured within 24 hours of placement.				
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			v	
for housing inmates who are a threat to their own			X	
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.				
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,		1	x	
occurs whenever any inmate is retained in a sobering				
cell for more than six hours.				
Such inmates are removed from the sobering cell	1			
when they are able to continue with processing.			X	
1057 Developmentally Disabled Inmates		<u>}</u>		
1057 Developmentary Disubled immates				
There are procedures to identify and evaluate all				
developmentally disabled inmates. (Note:	X			
Appropriate housing is based on T-15 § 1050,				
Classification.)				
A contact to the regional center occurs within 24				
hours when an inmate is suspected or confirmed to be	x			
developmentally disabled. (Applicable only in				
facilities holding inmates in excess of 24 hours.)		ļ		
1058 Use of Restraint Devices				
Motor The negulation distinguishes "was offened"				
(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		1	1	
this discussion in the Medical-Mental Health				
Guidelines and contact their CSA Field	1	ļ		
Representative if there are questions regarding				
applicability to a particular facility.)				
Destroints are used only to hald immetes who display	x			Inmate would be transferred to Men's Jail.
Restraints are used only to hold inmates who display				minate would be transferred to Men's Jan.
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	1	t		
substitute for treatment.		1	X	
substitute for invalident.	.I	I	L	L

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
There are polices 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		j	X	
of CPR equipment; protective housing of restrained				
persons; provisions for hydration and sanitation				
needs; and exercising of extremities.		l		
Inmates are placed in restraints only with approval of				
the facility manager, watch commander, or if			X	
delegated, a physician.	ļ	l	<u> </u>	
All inmates in restraints are housed alone or in a			X	
specified area for restrained inmates.				· · · · · · · · · · · · · · · · · · ·
Direct visual observation is conducted and logged at			X	
least twice every 30 minutes.		 	┟	
Continued retention in such restraints is reviewed			X	
every <u>two</u> hours.				
A medical opinion on placement and retention is		1	v	
secured as soon as possible but no later than <u>four</u>				
hours from the time of placement. Medical review for continued retention in restraint		<u> </u>	<u> </u>	
devices occurs at a minimum of every <u>six</u> hours.	1]	X	
A mental health consultation is secured as soon as		<u> </u>		
possible, but no later than <u>eight</u> hours from the time				1
of placement.			X	
of placement.				
1121 HEALTH EDUCATION FOR MINORS				This section only applies to Type II facilities that
IN JAILS		1		held adjudicated minors during the 12 months prior
IN UAILS				to the date of this inspection.
Written policy and anonadynag accuration and			X	
Written policy and procedures assure that age- and sex-appropriate health education and disease				
prevention programs are offered to minors.				
The health education programs are updated as			· · ·	
necessary to reflect current health priorities and meet				
the needs of the confined population.			X	
the needs of the contined population.				
1122 REPRODUCTIVE INFORMATION			1	This section only applies to Type II facilities that
AND SERVICES FOR MINORS IN				held adjudicated minors during the 12 months prior
JAILS				to the date of this inspection.
			x	
Written policy and procedures assure that	1			
reproductive health services are available to both				
male and female minors.	}	1	1	
Reproductive services shall include but not be limited	1	t	1	
to those prescribed in WIC § 220, 221 and 222, and	1			
HSC § 123450.			X	
1123 HEALTH APPRAISALS/MEDICAL	1	1	1	This section only applies to Type II facilities that
EXAMINATIONS FOR MINORS IN				held adjudicated minors during the 12 months prior
JAILS				to the date of this inspection.
			x	
For minors who are transformed to joils policy and	1			
For minors who are transferred to jails, policy and				
procedures assure that the health appraisal/medical examination:		1	1	
	+	ł	x	
is received from the sending facility; is reviewed by designated health care staff at the		t	<u> </u>	
receiving facility; and,		1	X	
iccorving facility, and,	<u> </u>	4	1	L

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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	
1124 PROSTHESES AND ORTHOPEDIC DEVICES				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior
There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.			x	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	
1125 PSYCHOTROPIC MEDICATIONS 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:				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
(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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	x			
Provide hot and cold running water (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"); and,	x			
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 (<i>Applicable to facilities constructed</i> <i>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:	х			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	x			No female inmates at the Honor Farm.
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet. HSC 11222 and 11877 Addicted Arrestee Care	x			
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	х			Inmate would be ransferred 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.

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ARTICLE/SECTION	YES	NO	N/A	COMMENTS
PC 4023.6 Female Inmates' Physician			1	
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 the 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	
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			1	
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:

MEDICAL RECORDS REVIEW BY PUBLIC HEALTH NURSES:

Inmates with complicated medical problems, such as diabetes, are no longer housed at the Honor Farm. There were currently 87 inmates housed here. We each reviewed 5 charts at random as well as the infection control manual and found no issues of non-compliance. Dental triage requests are reviewed on Thursday and the inmates are seen at the Main Jail by the dentist on Fridays.

PUBLIC HEALTH OFFICER COMMENTS:

I asked the nurses to review only 5 charts at the Honor Farm since the inmate census was so low. They audited extra medical records at the other facilities that have higher census due to AB109. John Walker, MD

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

BOC #: _____

FACILITY NAME:	COUNTY:								
Juvenile Justice Center	Stanislaus								
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2215 Blue Gum Ave Modesto, CA 95358 (209) 525-4578									
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	SPECIAL PURPOSE JUVENILE HALL:	CAMP:							
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 05/23/20 Population: 117 (13 Females/1							
ENVIRONMENTAL HEALTH EVALUATORS (NA Tom Wolfe, R.E.H.S. Sr. Environmental Health Specialist (209) 525-6756	ME, TITLE, TELEPHONE	E):							
FACILITY STAFF INTERVIEWED (NAME, TITLE,	TELEPHONE):		· · · · · · · · · · · · · · · · · · ·						
Chris Griffen, Senior Group Supervisor (209) 525-458	30								
NUTRITIONAL EVALUATIONDATE INSPECTED: 7/13/2012									
NUTRITIONAL EVALUATORS (NAME, TITLE, TR	ELEPHONE):	<u></u>							
Elaine Emery, RD Nutrition Services Program Manager (209) 525-4804	Nutrition Services Program Manager								
FACILITY STAFF INTERVIEWED (NAME, TITLE, Misty Ridenour Food Service Manager (209) 593-5615	TELEPHONE):								
MEDICAL/MENTAL HEALTH EVALUATION	, /#r	DATE INSPECTED: 8/31/12 & 11/16/2012							
MEDICAL/MENTAL HEALTH EVALUATORS (NA	ME, TITLE, TELEPHON	E):							
John Walker, MD, Public Health Officer, (209) 558-8804									
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):									
Mitzi Whitworth, RN Facility Coordinator, Stan. County JH (209) 525-5480 Manuel O. Chua, MD – Psychiatrist – PSC (209) 573-3602 Lynn Philpott, RN Health Services Admin. CCS (209) 525-5667 Jeff Sabean, LMFT, Prog. Coord/Juvenile Justice Behavioral Health (209) 525-5401 Leticia Ruano, JH Superintendent – (209) 525-4573 Mike Hamasaki, Probation Assist Chief PO – (209) 525-4504 Jill Silva, Chief Probation Officer – (209) 525-4503 Natascha Roof, Juvenile Division Director – (209) 525-5400									

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			
 1464 Food Services Plan 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, that do not have a food services manager, the facility manager prepares the plan. 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. 	Article 9. Food Do not identify compliance with this section here. See comments.			The Nutrition 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. The text of the regulation is provided here for reference only.
1465 Food Handlers Education and Monitoring				· · · · · · · · · · · · · · · · · · ·
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. 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.	х			
1466 Kitchen Facilities, Sanitation, and Food StorageKitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.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. (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.)HSC § 114419-114423, Hazard Analysis	x			
HSC § 114419-114423, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing; HSC § 114130-114141, 114163, New or	x			
replacement equipment;	X			<u> </u>

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ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114099.6, 114107 Utensil and			10/11	
equipment cleaning and sanitation;	X			
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	х			
mop bucket and wastes and other liquid wastes.				
1467 Food Serving and Supervision				The Environmental Health Inspector retains
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.	х			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.
Article 10). Clothiı	ng and P	ersonal	Hygiene
1480 Standard Facility Clothing Issue				
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.	X			
Clothing provisions ensure that:				
Clothing is clean, reasonably fitted, durable,	x			
easily laundered, and in good repair; and,				
The standard issue of climatically suitable				
clothing for minors consists of but not be limited	X		1	
to:				
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	х			
and sanitary manner.	L	L	l	l

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1484 Control of Vermin in Minors' Personal	- <u></u>			Pest Masters provides routine service or as needed
Clothing				to this facility. No evidence of vermin observed.
0	х			
There are policies and procedures to control the	Λ			
contamination and/or spread of vermin in all minors'				
personal clothing.				
Infested clothing is cleaned or stored in a closed		_		
container so as to eradicate or stop the spread of the	Х			
vermin.				
1485 Issue of Personal Care Items				
	Х			
There are policies and procedures that ensure the				
availability of personal hygiene items.				
Each female minor is provided with sanitary napkins	х			
and/or tampons as needed.	A			
Each minor to be held over 24 hours is provided with				
the following personal care items:				
	х			
Toothbrush;				
Dentifrice;	<u>X</u>			
Soap;	<u>X</u>		L	
Comb; and,	<u> </u>			
Shaving implements.	X			
With the possible exception of shaving implements				
(discussed below), minors are not required to share	Х			
any personal care items listed above.			L	<u> </u>
Minors do not share disposable razors. Double-				No items are shared.
edged safety razors, electric razors, and other				
shaving instruments capable of breaking the skin,		[ſ	
when shared among minors are disinfected between	Х			
individual uses by the method prescribed by the State		ļ		
1486 Personal Hygiene		1		
	Х			
		[
]	
	Х]	
]	
			<u> </u>	
1467 Shaving				
Minors except those who may not shave for reasons				
	x			
			[
themselves or others.		1		
		1		
1488 Hair Care Services		1		
1488 Hair Care Services		1	1	1
Hair care services are available in all juvenile	х			
	Х			
Hair care services are available in all juvenile facilities. Minors receive hair care services monthly.	X			
Hair care services are available in all juvenile facilities. Minors receive hair care services monthly. Equipment is cleaned and disinfected after each				
Hair care services are available in all juvenile facilities. Minors receive hair care services monthly.	x x			
Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.1486 Personal HygieneThere are policies and procedures for showering/bathing and brushing of teeth.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.1487 ShavingMinors, 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.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Art	icle 11. B	edding a	and Line	ns
1500 Standard Bedding and Linen Issue				
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:	X			
One clean and serviceable mattress (or mattress- pillow combination) which meets the requirements of Title 15 § 1502;				Mattresses observed were clean and serviceable.
One pillow and a pillow case (unless provided in combination with the mattress;	x			
One mattress cover and a sheet or two sheets;	X			
One towel; and,	X			
One or more blankets, depending upon climatic conditions.	x			Observed a minimum of two blankets on beds that were checked.
1501 Bedding and Linen Exchange	_			JFPM Section 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			
	2. Facili	ty Sanita	tion and	l Safety
1510 Facility Sanitation, Safety and Maintenance				JFPM Section 5.2.2.
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			Medical Supervisor was interviewed.

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	х								
in the facility or in the custody of staff.		<u> </u>		l					
	Other Applicable Codes								
Title 24, Uniform Building Code			[
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X								
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				Climate 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.	х								
Title 24, Uniform Plumbing Code			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		L						
CA Safe Drinking Water Act Potable water is supplied from an approved source in satisfactory compliance with this Act.	x								
Local Ordinances			<u> </u>	Stericycle removes medical waste on a regular					
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	x			basis.					
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		1	x	Overall, general housekeeping was satisfactory.					
general housekeeping is satisfactory.	<u> </u>	<u> </u>	<u> </u>	I Induced and the second secon					
General Industry Safety Order, Title 8-3362				Unknown.					
The facility is free of structural and other safety hazards.									

June 8, 2012

The annual Title 15 Environmental Health inspection was performed on May 23, 2012. Present were Natascha Roof, Division Director, Institution Services; Chris Griffin, Senior Group Supervisor and Maria Cunnington, Safety Analyst all from the Stanislaus County Probation Department and myself, Tom Wolfe, Senior Environmental Health Specialist from the Stanislaus County Department of Environmental Resources.

A random review was made of various sections of the Juvenile Hall Policy Manual (JHPM) on-line. Sections of the manual can be 'searched' for quick access and it appears easy to use.

Inspection observations:

- Hot water temperature at the laundry room sink was recorded at 133 degrees F.
- Personal storage, clothing and linen areas were neat and organized.
- Safety cell and negative pressure rooms were inspected for cleanliness and found to be satisfactory.

Room Inspections:

- Maximum Security Unit #5, Rooms 218 and 220: Were found in satisfactory condition.
- Units #8 and #113: Were found in satisfactory condition.

In conclusion, overall sanitation and cleanliness were very good.

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

ARTICLE/SECTION	YES	NO N/	A COMMENTS
		cle 9. Food	
1460 Frequency of Serving			
	x	:	
Food is served three times in any 24-hour period.			
At least one meal includes hot food.	X		2 - 3
If more than 14 hours passes between these meals,			Sandwich/ yogurt/ fresh fruit/milk
supplemental food is served.	х		
Supplemental food is offered at initial intake.	х		As above
Food is served to minors on medical diets as			
prescribed by the attending physician.	х		
A minimum of twenty minutes is allowed for the			Usually 30 minutes allowed.
actual consumption of each meal except for those			
minors on medical diets where the responsible	х		
physician has prescribed additional time.			
Minors who miss a regularly scheduled facility meal,			
are provided with a beverage and a substitute meal.	х		
Minors on medical diets are provided with their			
prescribed meal.	Х		
1461 Minimum Diet			
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.			
The minimum diet that is provided in the facility is	x		
based on the nutritional and caloric requirements			
found in the 1999-2002 Dietary Reference Intakes			
(DRI) of the Food and Nutrition Board, Institute of			
Medicine of the National Academies; the 2005			
California Daily Food Guide; and, the 2000 Dietary			
Guidelines for Americans.			
Religious and vegetarian diets conform to these	x		
nutritional standards.			
Protein Group. There are two servings each day and			
an additional third serving from the legumes three	х		
days a week.			
One serving equals 14 or more grams of protein.	x		
Milk Group. There are four daily servings of milk or			
milk equivalents for persons 9-18 years of age,	x		
including pregnant and lactating women. 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	1 1	
Vegetable-Fruit Group. There are at least six			
servings each day, including the specified type and	x		
frequency in each of the following categories:			
One serving of a fresh fruit or vegetable.	x		
One serving of a Vitamin C source containing		<u> </u>	······································
30 mg. or more.	x		
One serving of a Vitamin A source fruit or			
vegetable containing at least 200 micrograms	x	1	
Retinol Equivalents (RE).	Î		
	i	1 I	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<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> . 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.	x			
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 Medical Diets				
Only the attending physician prescribes a medical diet.	х			
Medical diets that are utilized by a facility are planned, prepared and served in consultation with a registered dietitian.	x			
The facility manager provides any medical diet prescribed for a minor.	x			
Diet orders are maintained on file for at least one year.	x	:		
There is a medical 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				Use a 5 week cycle menu
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.	х			
A registered dictitian 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
1464 Food Services Plan 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, that do not have a food services manager, the facility manager prepares the plan.	x			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.
The plan includes, but is not limited to the following policies and procedures;				
menu planning;	x			
purchasing;	x			
storage and inventory control;	x			
food preparation;	x	1		
food serving;	x			
transporting food;	x			
orientation and on-going training;	x			
personnel supervision;	x			
budgets and food costs accounting;	x		<u>_</u>	
documentation and record keeping;	x		<u> </u>	
emergency feeding plan;	x			
waste management; and,	x			
maintenance and repair.	x			
1465 Food Handlers Education and Monitoring CalCode, the California retail food Code(HSC Division 104, Part 7, Chapters 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process. 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.	Do not identify compliance with this regulation here. See comments.			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.
1466 Kitchen Facilities, Sanitation, and Food Storage Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode. 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 CalCodestandards may be waived by the local health officer. (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.)	Do not identify compliance with this regulation here. See comments.			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.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114419-114423 Hazard Analysis Critical				
Control Point (HACCP) plans, review, approval,				
suspension, revocation; hearing;				
HSC § 114130-114141,114163, New or				
replacement equipment;				
HSC § 114099.6, 114107 Utensil and equipment				
cleaning and sanitation;				
HSC § 114149-114149.3 Ventilation;				
HSC § 114268-114269 Floors; and,				
HSC § 114185-114185.5 Storage area for				
cleaning equipment and supplies; disposal of				
mop bucket and wastes and other liquid wastes.				
1467 Food Serving and Supervision	-			The Environmental Health Inspector retains
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.	compl reg	not iden liance wi ulation h e comme	th this ere.	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.

- Summary of nutritional evaluation:1. Using Nutrikids computer program to analyze menus2. Diet manual up to date and all signatures are present

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				
	x			
Health care services are provided to all minors.	<u> </u>			
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	X			
judgments				
1401 Patient Treatment Decisions	1	1		
Clinical decisions about the treatment of individual	X			
minors are the sole province of licensed health care				
professionals operating within the scope of their				
license and within facility policy.				
Security policies and procedures apply to both child	x			
supervision and health care personnel.				
1402 Scope of Health Care				
Policy and procedures define which health care	X			
services are provided in the facility and which			[
services are provided through community providers.				
There is at least one physician available to	X			
provide treatment.				
Health care services meet the minimum				
requirements of these regulations and are				
provided at a level to address acute symptoms	X			
and/or conditions and avoid preventable deterioration of the minor's health while in				
confinement.				
Staff, space, equipment, supplies, materials and				
resource manuals are adequate for the level of health	x			
care provided in the facility.				
There is provision for parents, guardians, or other				
legal custodians to arrange for health care that is	x			
permitted by law, at their expense.				
1403 Health Care Monitoring and Audits				
(Applicable to facilities with on-site health care staff)				
(1			
There are policies and procedures to collect	X			
statistical data and submit at least annual summaries				
of health care services to the facility administrator.				
There are policies and procedures requiring that the				
quality and adequacy of health care services are	x			
assessed at least annually.				
There is a process for correcting identified				
deficiencies in the medical, dental, mental health	X			
and pharmaceutical services delivered.				
The health administrator provides the facility				
administrator with an annual written report on				
medical, dental, mental health and	X			
pharmaceutical services. (Inspectors are				
requested to verify existence of these reports.)				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
At least quarterly, there are documented				
administrative meetings between health and facility	x			
administrators to review medical, mental health and	А			
medical services.				
1404 Health Care Staff Qualifications (Applicable				
to facilities with on-site health care staff)				
	x			
Recruitment education and experience requirements	Λ		}	
are consistent with those in the community.				
There are policies and procedures to assure that state				
license, certification, or registration requirements and	x			
restrictions that apply in the community, also apply				
to health care personnel in the facility				
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	X			
these credentials are periodically reviewed and			1	
remain current.				
Position descriptions and actual practice reflect that	ſ			
health care staff receive the supervision required by	X			
their license and operate within the scope of their				
practice.			<u> </u>	
1405 Health Care Procedures (Applicable to				
facilities with on-site health care staff)				
When the responsible physician determines that a				
clinical function can be delegated to health care staff	x			
other than a physician, that function is performed by			1	
staff operating within their scope of practice,				
pursuant to written protocol standardized procedures				
or direct medical order.				
1406 Health Care Records (Applicable to facilities			-	
with on-site health care staff)				
	[(
Complete, individual and dated health records are				
maintained and include, but are not limited to:	<u> </u>			
Intake health screening form (Note: The intake	}			
screening form may also be included in the	x			
probation file as a non-confidential document.				
See guidelines for discussion.);				
Health appraisals/medical examinations;	X			
Heath service reports (e.g., emergency	x			
department, dental, psychiatric and other consultations);	}			
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			
	x			· · · · · · · · · · · · · · · · · · ·
Progress notes; Consent forms;	X			
	X			
Authorization for release of information;				
Copies of previous health records;	X			· · · · · · · · · · · · · · · · · · ·
Immunization records; and,	X			
Laboratory reports.	X	I	l	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Policies/procedures and practice require that health				
records are in a locked area separate from the	Х			
confinement record.				
The health administrator controls access to health				
records and confidentiality laws related to provider-				
patient privilege apply. Minors are not used to	X			
translate confidential medical information for non-				
English speaking minors.				
Health records are retained in accordance with	X		_	
community standards.	Λ			
1407 Confidentiality				
Policy and procedures for multi-disciplinary sharing				
of health information, address providing information	X			
to the court, child supervision staff and to probation.				
Information from minors' (probation) case files is				
shared with health care staff when relevant.				
The nature and extent of information shared is				
appropriate to: treatment planning; program needs;	x			
protecting the minor or others; facility management;				
security or preservation of safety; and, order.				
1408 Transfer of Health Care Summary Records				
Delievendennes denne service (het)				
Policy and procedures assure that:				
A summary of the health record, in an	x			
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;				
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	X			
prior to the release or transfer of minors with				
known or suspected active tuberculosis disease;				
Written authorization from the parent and/or				
legal guardian is obtained prior to transferring				
copies of actual health records, unless otherwise	X			
provided by court order, statute or regulation				
having the force and effect of law; and,				
Confidentiality of health records is maintained	x			
during transfer.				
After minors are released to the community, health				
record information is transmitted to community]	
physicians or health care facilities upon the request	x		1	
and with written authorization of the minor and/or	l	[ĺ	
parent or guardian.				
In facilities without on-site health care staff, policies				
and procedures assure that child supervision staff forward non-confidential information on medications			x	
and other treatment orders, prior to or at the time of			^	
transfer.				
uansıtı	I	I	I	l

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1409 Health Care Procedures Manual (Applicable				
to facilities with on-site health care staff)				
to fuctures with on-site neurin cure stuggy				
There is a facility-specific health services manual for				
written policies and procedures that, at a minimum,			ł	
address all health care related standards that are	х			
applicable to the facility. (Note: "Facility specific"	Λ			
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.)				
The manual is available to all health care staff, the				
· · · · · · · · · · · · · · · · · · ·				
facility administrator, the facility manager, and other	X			
individuals as appropriate to ensure effective service				
delivery.			ļ	
There is a documented annual review of the health	x			
care procedures manual, with revisions as necessary.			_	
The facility administrator, the facility manager, the				
health administrator and the responsible physician	Х			
have approved and signed the manual.				
1410 Management of Communicable Diseases				
Policy and procedures have been developed in				
cooperation with the local health officer to address	X			
the identification, treatment, control and follow-up				
management of communicable diseases. Policy and			ļ	
procedures include:				
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	x			
treatment;				
Applicable reporting requirements, and,	X			······································
Strategies for handling disease outbreaks.	X			
Policies and procedures are updated as necessary to			1	
reflect local disease priorities.	X			
1411 Access to Treatment				
Policy and procedures provide unimpeded access to	X			
health care.				
1412 First Aid and Emergency Response			1	
Policy and procedures assure access to first aid and	x			
emergency services.				
First aid kits are available in designated areas of each			1	
juvenile facility.	x		}	
The responsible physician approved the contents,			t	
number, location and procedure for periodic	x	1		
inspection of the first aid kits.				
Child supervision and health care staff is trained and			1	· · · · · · · · · · · · · · · · · · ·
there are policies and procedures to respond to	x			
	^			
emergencies requiring first aid.	l	1	I	L

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1413 Individualized Treatment Plans (Excluding				
Special Purpose Juvenile Halls)				
	v			
Policy and procedures direct that health care	x			
treatment plans are developed for minors who		[Í	
receive services for significant health care concerns.				
Health care treatment plans are considered in facility				
program planning.	X	1		
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	X			
or others.				
Medical and mental health information is shared with		<u>+</u>	<u> </u>	
supervision staff in accordance with §1407 for				
purposes of programming, treatment planning and	X			
implementation.		ľ	ł	
Program planning includes pre-release arrangements				
for continuing health care, together with participation	x			
in relevant programs upon release.				
Minors who are suspected or confirmed to be	ļ	ļ	ļ	
developmentally disabled are referred to the local				
Regional Center for the Developmentally Disabled	X			
within 24 hours of identification, excluding holidays				
and weekends. (See also Title 15 § 1355, Assessment				
and Plan)		<u> </u>		
1414 Health Clearance for in-Custody Work and		1	1	
Program Assignments				
	v			
There are health screening and monitoring	X			
procedures for work and program assignments that				
have health care implications, including, but not]			
limited to food handlers. (See also Title 15 § 1465.)			 	
1415 Health Education (Excluding Special				
Purpose Juvenile Halls)	ļ			
	X			
Policy and procedures assure that age- and sex-				
appropriate health education and disease prevention	1	1		
_programs are offered to minors.	·	<u> </u>	<u> </u>	
The health education programs are updated as				
necessary to reflect current health priorities and meet	X			
the needs of the offender population.		┢	ļ	
1416 Reproductive Services	ļ	ļ		
Policy and procedures assure that reproductive health	x			
services are available to both male and female				
	<u> </u>			·····
Reproductive services include but are not be limited	37			
to those prescribed in WIC § 220, 221 and 222, and	X	ł	1	
HSC § 123450.		<u> </u>	 	
1430 Intake Health Screening	ļ	1		
	1			
Policies and procedures define when a health				
evaluation and/or treatment must be obtained prior to	X]	Į	
acceptance for booking, and establish a documented				
intake screening procedure to be conducted		1		
immediately upon entry into the facility.	<u>I</u>	L	L	<u></u>

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	x			
clearance. At a minimum, intake criteria provide that: 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, (Intoxicated and Substance Abusing Minors)	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	X			
suspected mental illness.				
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	X			
substance that could result in a medical emergency.				
Supervision of intoxicated minors who are				
cleared to be booked into a facility includes				
monitoring no less often than every 15 minutes	X			
until resolution of the intoxicated state.				
The monitoring observations are documented,	X			
with actual time of occurrence recorded.				
Medical, or child supervision staff operating				
pursuant to medical protocols, conduct a medical			}	
evaluation for all minors whose intoxicated	X			
behavior persists beyond six hours from the time				
of admission.		_		
1432 Health Appraisals/Medical Examinations				
	x		1	
Policy and procedures require a health	Л		ľ	
appraisal/medical examination of minors.				
The health appraisal/medical examination is				
completed within 96 hours of admission, in a				
location that protects the minor's privacy and by a	X			
physician or other licensed or certified health]]		
professional working under direction of a physician.				
This health evaluation includes a health history,				
medical examination, laboratory and diagnostic	x			
testing and necessary immunizations.				
The health history includes: Review of the		· · · · ·	<u> </u>	
intake health screening, history of illnesses,	ł		1	
operations, injuries, medications, allergies,				
immunizations, systems review, exposure to			ļ	
communicable diseases, family health history,				
	x			
habits (e.g., tobacco, alcohol and other drugs),				
developmental history (e.g., school, home, and	ĺ	ĺ	Í	
peer relations), sexual activity, contraceptive			ļ	
methods, reproductive history, physical and				
sexual abuse, neglect, history of mental illness,				
self-injury, and suicidal ideation.	<u> </u>		<u> </u>	·····
The examination includes: Temperature, height,]		1	
weight, pulse, blood pressure, appearance, gait,				
head and neck, a preliminary dental and visual				
acuity screening, gross hearing test, lymph	x			
nodes, chest and cardiovascular, breasts,	1			
abdomen, genital (pelvic and rectal examination,			1	
with consent, if clinically indicated),	1	1	1	
musculoskeletal neurological.		┣────	 	
	1		1	
•	x			
minors. Additional testing is available as		1		
clinically indicated, including pregnancy testing,				1
urinalysis, hemoglobin or hematocrit.		<u> </u>		
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,	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.	х			
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	X			
includes screening for tuberculosis. 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	X			
health care services.				
There is provision for any minor requesting				
health care, or observed to need such care, to be	x			
given that attention by licensed or certified	л			
health care staff.				
All health care requests are documented and	v			
maintained.	x			
1434 Consent for Health Care				
	x			
Policy and procedures require informed consent for				
health care examinations.				
Examinations, treatments, and procedures				
requiring verbal or written consent in the	v			
community also require that consent for	X			
confined minors.				
There is provision for obtaining parental consent				
and obtaining authorization for health care				
services from the court when there is no parent-	x			
guardian or other person standing in loco				
parentis.				
Policy and procedures are consistent with				
applicable statute in those instances where the				
minor's consent for testing or treatment is	X			
sufficient or specifically required.				
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	v			
provided to minors as necessary to respond to acute	x			
conditions and to avert adverse effects on the minor's				
health. Treatment is not limited to extractions.				
1436 Prostheses and Orthopedic Devices			_	
	1			
Policy and procedures address the provision,	X			
retention and removal of medical and dental				
prostheses, including eyeglasses and hearing aids.		_		
Prostheses are provided when the responsible				
physician determines that the health of the minor	X			
would be adversely affected without them.				
Procedures for the retention and removal of				
prostheses comply with the requirements of Penal	X			
Code § 2656. (See guidelines discussion.)			1	
1437 Mental Health Services and Transfer to a	_		1 -	
Treatment Facility				
Policy and procedures require providing mental				
health services that include but not limited to:		L		
Screening for mental heath problems at intake;	X			
Crisis intervention and the management of acute	v			
psychiatric episodes;	X			
	v			
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	v			
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. <i>(See also Title 15 § 1403.)</i>	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			
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ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The length of time voluntary and involuntary				
medications may be ordered and administered	x			
before re-evaluation by a physician;				
Provision that minors who are on psychotropic				
medications prescribed in the community are	1			1
continued on their medications pending re-	x			
evaluation and further determination by a				
physician;				
Provision that the necessity for continuation on	1		<u></u>	
psychotropic medication is addressed in pre-				
release planning and prior to transfer to another	X			
facility or program; and,				
Provision for regular clinical-administrative				
review for utilization patterns for all	1			
psychotropic medications, including every	X			
emergency situation.				
Psychotropic medications are not administered to a				
minor absent an emergency unless informed consent				
has been given by the legally authorized person or	X			
entity.	h			
Minors are informed of the expected benefits,	x			
potential side effects and alternatives to				
psychotropic medications				
Absent an emergency, minors may refuse	X			
treatment.				
Minors found by a physician to be a danger to	1		ĺ	
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	X			
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	1			
necessary for harm to take place or become			1	
unavoidable prior to initiating treatment.				- · · · · · · · · · · · · · · · · · · ·
Assessment and diagnosis supports the	ļ			
administration of psychotropic medications and	X			
administration of psychotropic medication is not				
allowed for disciplinary reasons.				
1450 Suicide Prevention Program				
There is a written eviside provention plan with				
There is a written suicide prevention plan, with	v			
policies and procedures to train staff to identify	X			
minors who present a suicide risk, appropriately monitor their condition, and provide for the				
necessary treatment and follow-up. 1452 Collection of Forensic Evidence				
1752 CONCLION OF FOIGHSIC LANGENCE]	ļ		
Policy and procedures assure that forensic medical			1	
services, including drawing of blood alcohol				
samples, body cavity searches, and other functions	x			
for the purpose of prosecution are collected by				
appropriately trained medical personnel who are not				
responsible for providing ongoing health care to the			1	
minor.	1		1	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1453 Sexual Assaults				
There is policy and procedures for treating victims of	x			
sexual assaults and for reporting such incidents,				
when they occur in the facility, to local law enforcement.				
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	x			
is properly equipped and staffed with personnel				
trained and experienced in such procedures.				
1454 Participation in Research				
Delles and more down according to the				
Policy and procedures govern biomedical or				
behavioral research involving minors and require assurances for informed consent and the safety of the	X			
minor. Such research occurs only when ethical,				
medical and legal standards for human research are				
met.				
Participation in research is not a condition for				
obtaining privileges or other rewards and the court,	x			
health administrator, and facility administrator are				
informed of all proposed actions.				
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	X			
immediate medical/mental health referral;			ł	
availability of cardiopulmonary resuscitation	}			
equipment; protective housing of restrained minors;				
provision for hydration and sanitation needs;				
exercising of extremities.				
Physical restraints are utilized only when it appears				
less restrictive alternatives would be ineffective in	X		}	
controlling the disordered behavior.				
Restraints are used only for those minors who				
present an immediate danger to themselves or others,	v			
who exhibit behavior that results in the destruction of property, or reveals the intent to cause self-inflicted	X			
physical harm.				
Minors are placed in restraints only with the approval				
of the facility manager or the shift supervisor. The	v			
facility manager may delegate authority to place a	X			
minor in restraints to a physician.				
Continued retention in restraints is reviewed a	x		}	
minimum of every hour.		ļ	ļ	
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	x		1	
minor is medically cleared for continued retention at				
least every three hours after the initial medical opinion.				
A mental health consultation to assess the need for				
mental health treatment is secured as soon as	<u>-</u> -			
possible, but in no case longer than four hours from	X			
the time of placement.				
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ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
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: Focused Audit by the Public Health Officer

This focused audit is the consequence of an isolated finding during the bi-annual accreditation renewal conducted by the Institute for Medical Quality (IMQ) on June 1, 2012. The IMQ is a non-profit subsidiary of the California Medical Association. The standards of the IMQ exceed those of the state. It is noteworthy that the JJC medical program was in compliance with all of the requirements within Title 15 of the California Corrections Standards Authority (CSA). The item sited was IMQ Standard J-501(Health Records). The IMQ recommendation was to integrate the electronic health records of the co-providers for juvenile mental health services: Correct Care Solutions (CCS) and the Stanislaus County Behavioral Health and Recovery Services (BHRS).

The IMQ accreditation report was received in August. The Public Health Officer (PHO) then conducted the focused audit in two parts. First, he met with the administrative staff of the Juvenile Justice Center on August 27, 2012. At that time they discussed the IMQ finding and outlined a corrective action plan. On October 31 at the quarterly Jail Medical Audit Committee it was announced that the corrective action had been fully implemented and reported to the IMQ for review.

The second part of the focused audit was then scheduled. This was a site visit to the JJC by Dr. John Walker, the PHO, on November 16, 2012. The audit began with a joint meeting of the management team, including JJC administrators, the medical contractor (CCS), and behavioral health counselors (BHRS). The intricacies of the corrective action process were reviewed. Of particular note is that the intake form of all juvenile bookings are submitted to <u>both</u> the mental health counselors employed by BHRS as well as to the medical office of CCS at the facility. The behavioral health specialists screen all of the new detainees within four days of arrival. At that time they determine whether counseling is necessary. In addition, they assess whether the juveniles requires a higher level of care such as a psychiatrist and/or psychiatric nurse.

Dr. Walker randomly selected and audited electronic health records with the assistance of the records clerk. The intent was to determine if the CCS and BHRS electronic health records had been integrated for ten juveniles currently detained at the facility. Most of the entries for CCS services were hand written or on check lists that had been scanned into the system. All of the records by the BHRS counselors were in an electronic form with a SOAP (subjective/objective/assessment/plan) format as requested by the IMQ evaluators. These electronic records also had been scanned in. All of the records randomly selected were compliance with both IMQ and CSA standards. The focused audit concluded with an out-briefing to the JJC, CCS, & BHRS management team informing them of the audit conclusions and congratulating them for their collaboration to resolve the IMQ finding.

COMMENTS AND COMMENDATION: It has been my experience during the past 12 years that both the medical and behavioral health services at the Juvenal Justice Center have been exemplary. During the current audit I was pleased to learn that the psychiatrists who provide service to the juveniles outside of the facility can also monitor and prescribe for them during their detention. Also, the counseling by BHRS clinicians is likewise available after release and provides a continuum of care for these young people.

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

CSA #:_____

FACILITY NAME:		COUNTY:		
TURLOCK POLICE SERVICES	STANISLAUS			
TEMPORARY DETENTION FACILITY				
FACILITY ADDRESS (STREET, CITY, ZIP CODE,	TELEPHONE):			
900 N PALM STREET				
TURLOCK, CA 95380 (209) 668-5550				
CHECK THE FACILITY TYPE AS DEFINED IN	COURT HOLDING	TEMPORARY HOLDING		
TITLE 15, SECTION 1006:	FACILITY:	FACILITY: X		
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 05/08/2012		
ENVIRONMENTAL HEALTH EVALUATORS (NA				
Tom Wolfe, R.E.H.S	ME, IIILE, IELEFHONE	5).		
Senior Environmental Health Specialist				
(209) 525-6756				
FACILITY STAFF INTERVIEWED (NAME, TITLE	TELEPHONE).			
Sergeant Steve Webb	, TELET HOLLJ.			
(209) 668-5550 ext. 6218				
	······································	······		
NUTRITIONAL EVALUATION N/A		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TI	ELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE	, TELEPHONE):			
MEDICAL/MENTAL HEALTH EVALUATION	<u> </u>	DATE INSPECTED: 06/07/2012		
MEDICAL/MENTAL HEALTH EVALUATION				
MEDICAL/MENTAL HEALTH EVALUATORS (NA	AME, TITLE, TELEPHON	E):		
Renette Bronken, PHN, RN, BSN (209) 558-5363				
· ·				
FACILITY STAFF INTERVIEWED (NAME, TITLE	, TELEPHONE):			
Steve Webb, Sergeant, Professional Standers & Tra	aining			
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	
Approach for Providing Food Service (Not applicable for CH.)		X	
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.			
jacinites inrough the rulemaking process.			
Food served in the facility is prepared in the facility. If "No," answer questions (a) and (b) below prior to continuing with the checklist.			
(a) Food is prepared at another city or county detention facility.			
(b) Food is contracted through a private vendor who had been inspected and complies with provisions of CURFFL.			
1245 Kitchen Facilities, Sanitation and		X	
Food Service (Not applicable for CH.)			
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CURFFL.			
(a) 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 applicable		X	
CURFFL standards may be waived by the local			
health officer:			
(1) HSC § 114065, Equipment Standards;		X	
(2) HSC § 114090 (b) through (e), Dishwashing Equipment. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the		X	
purpose of cleaning and sanitizing multi- service kitchen utensils and multi-service consumer utensils (Note that temperature requirements in CURFFL prevail in the event of conflict with Title 15.);			
 (3) HSC § 114140 Ventilation. Except that, regardless of such a waiver, the facility 		x	
shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen;			
(4) HSC § 114150 (a) Floors; and,		X	
(5) HSC § 114165 (b) Mop Sinks.		X	
1246 Food Serving (Not applicable for CH.)		X	
Food is prepared and served only under the immediate supervision of a staff member.			·····

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	ticle 13. E			
1270 Standard Bedding and Linen Issue			X	
(Not applicable for CH.)				
The standard issue of clean suitable bedding and				
linens, for each inmate held for longer than 12 hours includes:				
(a) one serviceable mattress which meets the	 		x	
requirements of § 1272 of these regulations;			A	
(b) one mattress cover or one sheet;		<u> </u>	x	
(b) one freshly laundered or dry-cleaned blanket,		<u> </u>	X	
depending upon climatic conditions.				
1272 Mattresses (Not applicable for CH.)		f	X	
]
(a) Mattresses are enclosed in an easily cleaned,	1			
non-absorbent ticking.				
(b) Any mattress purchased for issue to an inmate in			X	
a facility which is locked to prevent unimpeded	1		1	
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.				
	12. Facili	ty Sanita	ation and	I Safety
1280 Facility Sanitation, Safety and Maintenance	X	ľ — —		Facility Operations Manual.
(a) There are written policies and procedures for the				
maintenance of an acceptable level of	1		1	
cleanliness, repair and safety throughout the facility.				
(b) The plan provides for a regular schedule of	x			
housekeeping tasks and inspections to identify	^	ļ		
and correct unsanitary or unsafe conditions or			1	
work practices.	1			
	Other A	pplicabl	e Codes	
Title 24, Uniform Building Code – Plumbing		X		Toilet is non-operational in holding cell #3.
Toilet bowls, wash basins, drinking fountains, and				
showers are clean and in good repair.				
Title 24, Uniform Building Code – Cleanliness	x			
and Repair				
Floors, walls, windows, grillwork and ceilings are]
clean and in good repair.				
Title 24, Part 1, 13-102(c)6 – Heating and Cooling	x		-	
, , , , ,	1		1	
There is provision for a comfortable living	1	1		
environment in accordance with the heating,				
ventilating, and air conditioning requirements of	1			
Parts 2 and 4 and energy conservation requirements	1	1		
of Part 6, Title 24, CCR.	v	<u> </u>		
Title 24, Uniform Plumbing Code – Floor	x			
Drains]		
Floor drains are flushed at least weekly.		ļ	ļ	
(a) Traps contain water to prevent escape of sewer	x			
gas.		l		······
(b) Grids and grates are present.	X	L	L	<u> </u>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Title 24, Part 2, 470A.3.6 – Lighting	X			
(a) Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.				
(b) 20 foot candles light are provided at desk level and in the grooming area. (Applicable to facilities constructed after 1980.)				Unknown.
(c) Lighting is centrally controlled or occupant controlled in housing cells or rooms.				
(d) Night lighting provides good vision for supervision. (Applicable to facilities constructed after 1980.)				Unknown.
CA Safe Drinking Water Act	X			
Potable water is supplied from an approved source in satisfactory compliance with this Act.				
Local Ordinances	x			
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.				
HSC § 1803	X			
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.				
General Industry Safety Order, Title 8-3362				Unknown.
The facility is free of structural and other safety hazards.		l		

Summary of environmental health evaluation:

On May 3, 2012, the annual Title 15 inspection was performed. Present were Sergeant Steve Webb from the Turlock Police Services Department and Tom Wolfe, Sr. E.H.S. with Stanislaus County Department of Environmental Resources. A review of the Detention Facilities Operations Manual was made. A copy is maintained by the Sergeant.

As per Sergeant Webb, there have been no major maintenance issues in the past 12 months. The facility was observed in a clean and neat condition. It was observed that the toilet did not flush in holding cell #3. The Sergeant indicated that this holding cell is not used and there is a working toilet in the adjacent area.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
	Article 11	. Health	Service	
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to	X			
ensure provision of emergency and basic health care				
services to all inmates.				
1207 Medical Receiving Screening	1			For confidentiality, medical and mental health
(Not applicable for CH.)	v			screening form maintained separately from the crime
A receiving screening is performed on all inmates at	X			report.
the time of intake. (See regulation for exception.)				
This screening is completed in accordance with				
written procedures established by the facility	x			
administrator.				
The screening includes, but is not limited to, medical,				
mental health, developmental disabilities, and				
communicable diseases, including, TB and other	X			
airborne diseases.				
The screening is performed by licensed health care				By arresting officers
staff or by trained facility staff.		Х		
There is a written plan for compliance with PC§				
2656, which allows prisoners to keep prescribed			x	
orthopedic or prosthetic appliances unless an				
immediate risk to security has been determined.				
There is a written plan to provide medical care for				Custody is limited to a maximum of six (6) hours.
any inmate who appears in the need of or requests	x			
medical, mental health or developmental disability				
treatment.	<u> </u>			
1209 Transfer to a Treatment Facility				
Not applicable CH.)				
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				Do not detain. Refer to Doctor's Medical Center,
psychiatric episodes;		Х		Education
Stabilization and treatment of mental disorders;				Same
and,		Х		
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	X			Transported to Doctor's Medical Center in Modesto.
in PC § 4011.6 or 4011.8, unless the jail contains a				
designated treatment facility.			ļ	
1212 Vermin Control				
(Not applicable for CH.)				
There is a sumittan plan for the control d treatment				
There is a written plan for the control and treatment	X			
of vermin infested inmates, including medical protocols, for treating persons suspected of being				
infested or having contact with vermin-infested				
inmates.			1	
111114003.	I		L	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1213 Detoxification Treatment	[
(Not applicable for CH.)				
	1]	Referred for medical evaluation. Detoxification not
Medical policies on detoxification include a				done. No detoxification cell.
statement as to whether detoxification will be			X	
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.	<u> </u>		ļ	
When medically licensed personnel are not in				
attendance, inmates undergoing withdrawal				
reactions, judged or defined as not readily			X	Detention limited to six (6) hours.
controllable with available medical treatment, are				
transferred to an appropriate medical facility.			<u>-</u>	
1219 Suicide Prevention Program]			
There is a written suicide prevention plan designed to	x			
identify, monitor and provide treatment for those			1	
inmates who present a suicide risk.				
1220 First Aid Kits				
1220 Flist Ald Kils	x			
One or more first aid kits are available in the facility.				
The facility administrator has approved the contents,			1	
number, location and procedure for periodic	x			
inspection of the kit(s).				
1046 Death in Custody				
·				
Written policy and procedures assure that there is a	ł			
review of each in-custody death. The review team				
includes the facility administrator and/or manager;	X			
the health administrator; the responsible physician;	1		ł	
and other health care and supervision staff who are			1	
relevant to the incident.				
When a minor dies in a facility, the administrator of	<u></u>			<u> </u>
the facility provides the Corrections Standards				
Authority with a copy of the death in custody report			}	
that is submitted to the Attorney General under	x			
Government Code Section 12525, within 10 days of				
the death.	ĺ		1	
1051 Communicable Diseases			T	
			1	
Upon identification, all inmates with suspected	X			
communicable diseases are segregated until a	ſ			
medical evaluation can be completed.	<u> </u>			<u> </u>
In absence of medically trained personnel at the time	ł			
of intake into the facility, an inquiry is made to determine if the inmate has or has had any	1			
communicable diseases, or has observable symptoms				
of communicable diseases, including but not limited	X		1	1
to tuberculosis or other airborne diseases, or other	1			
special medical problems identified by the health				
authority.	[1	
The inmate's response is noted on the booking form			1	
and/or screening device.	x			
	·	L	.L	L

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1052 Mentally Disordered Inmates	1	· · · · · · · · · · · · · · · · · · ·		
·				
There are policies and procedures to identify and	x			
evaluate all mentally disordered inmates, with				
segregation provided, if necessary to protect the				
safety of the inmate of others.			ļ	
A physician's opinion is secured within 24 hours of				
identification or at the next daily sick call, whichever			X	Not detained.
is earliest.				······································
1055 Use of Safety Cell (Not applicable for CH)				
A sofety call spacified in Title 24 Dart II Section			1	No Safety Cells.
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display			x	No Salety Cens.
behavior that results in the destruction of property or				
reveals an intent to cause physical harm to self or		ł		
others.				
There are policies and procedures, written by the				
facility administrator in cooperation with the			x	
responsible physician, governing safety cell use.				
Safety cells are not used for punishment or as a		F	37	
substitute for treatment.	1		X	
Placement requires the approval of the facility				
manager or watch commander, or a physician			X	
delegated by the facility manager.				
There are procedures that assure necessary nutrition			x	
and fluids are administered.				
Continued retention of the inmate is reviewed a			x	
minimum of every eight hours.				
Inmates are allowed to retain sufficient clothing, or				
are provided with a "safety garment" to provide for			X	
personal privacy unless risks to the inmate's safety or	1			
facility security are documented.				
Direct visual observation is conducted at least twice			x	
every 30 minutes and is documented.				
Continued retention of inmate is reviewed a			x	
minimum of every eight hours.		L		
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			X	
continued retention is secured every 24 hours				
thereafter.				
A mental health opinion on placement and retention	<u> </u>	<u> </u>	<u> </u>	
is secured within 24 hours of placement.			X	
1056 Use of Sobering Cell (Not applicable for CH)				
G (11) /				
Pursuant to policies and procedures, a sobering cell,				
specified in Title 24, Part II, Section 1231.2.4, 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.		<u> </u>		
Intermittent direct visual observation of inmates in	1	1	x	
sobering cells conducted no less than every half hour.		<u> </u>		
An evaluation by a medical staff person or by				
custody staff, pursuant to written medical procedures			x	
in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering		1		
cell for more than six hours.			1	
con for more than Six nouis.	I	L	L	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Such inmates are removed from the sobering cell		-	x	
when they are able to continue with processing.				
1057 Developmentally Disabled Inmates				
There are procedures for the identification and evaluation of all developmentally disabled inmates. (Note: Appropriate housing is based on T-15 § 1050, Classification.)	х			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. (Applicable only in facilities holding inmates in excess of 24 hours.)			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 discipline or as a substitute for treatment.	x			
There are polices 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.	х			
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	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 minimum of every six 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			

<u>Summary of medical/mental health evaluation</u>: All policy and procedure books were new or totally reviewed and revised, as of January 15, 2012. BOC inspection letter reviewed with no deficiencies. Training requirements required to

meet minimum Jail Standards were all up to date for all staff. Reviewed log with sign in from January 2012 through May 2012.

Toured holding cells and log book; all in order. The Turlock temporary detention facility is a small, short term holding facility, designed to a hold a maximum of 6 detainees for a max of 6 hours.

Even though it is infrequently used, the staff does an excellent job of maintaining the facility at required standards. The operations manual was revised in December of 2011. A paper copy is kept for staff review, but they also have an electronic book that updates new and interim directives.

Overall the facility continues to comply with all the standards and requirements.