

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

DEPT: Environmental Resources

BOARD AGENDA #: \*B-6

AGENDA DATE: November 21, 2017

**SUBJECT:**

Acceptance of the Annual Local Detention Facilities Health Inspection Report Pursuant to Health and Safety Code Section 101045

**BOARD ACTION AS FOLLOWS:**

No. 2017-657

On motion of Supervisor Olsen, Seconded by Supervisor DeMartini  
and approved by the following vote,

Ayes: Supervisors: Olsen, Monteith, DeMartini, and Chairman Chiesa

Noes: Supervisors: None

Excused or Absent: Supervisors: Withrow

Abstaining: Supervisor: None

1)  Approved as recommended


2)  Denied

3)  Approved as amended

4)  Other:

MOTION:

ATTEST:

  
ELIZABETH A. KING, Clerk of the Board of Supervisors

File No.

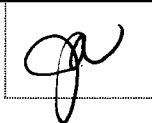
**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
AGENDA ITEM**

DEPT: Environmental Resources  
Urgent  Routine

BOARD AGENDA #: \*B-6

AGENDA DATE: November 21, 2017

CEO CONCURRENCE: *pht*



4/5 Vote Required: Yes  No

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**SUBJECT:**

Acceptance of the Annual Local Detention Facilities Health Inspection Report Pursuant to Health and Safety Code Section 101045

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**STAFF RECOMMENDATIONS:**

1. Accept the Annual Local Detention Facilities Health Inspection Report pursuant to Health and Safety Code Section 101045.

**DISCUSSION:**

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

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 the Sheriff, Probation Chief, Jail Administrators, and the Board of Supervisors to receive a report. The annual inspections/evaluations are enclosed as Attachment A. Summarized findings and comments are as follows:

ENVIRONMENTAL HEALTH INSPECTIONS

During 2017, representatives from the Department of Environmental Resources inspected four facilities consisting of the Men's Jail, Public Safety Center, Juvenile Justice Center, and the Turlock Public Safety Facility. No deficiencies were noted.

NUTRITION INSPECTIONS

Nutritional inspections were conducted by a registered dietician from the Health Services Agency's Nutrition Program. The Juvenile Justice Center has a kitchen facility on site and provides staffing. The kitchen at the Public Safety Center is managed by the Sheriff's

Department and provides food service for the two county facilities (Men's Jail and the Public Safety Center). In addition, the dietician inspector evaluated compliance with nutritional guidelines for inmates in the holding cells for the courts. Since 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. The summary of nutritional evaluations indicates all documents are in order and no outstanding issues were noted.

### MEDICAL/MENTAL HEALTH INSPECTIONS

The quarterly Medical Quality Assurance meetings continued to occur. The onsite inspections included random audits of 25 electronic health records, review of the Policy and Procedure Manuals, meetings with facility management, and interviews with key medical and mental health staff. No deficiencies were identified, and the facility managers commended the current medical/mental health contractor for the services provided to inmates and detainees.

### INSTITUTE FOR MEDICAL QUALITY (IMQ) BI-ANNUAL AUDIT AND RE-ACCREDITATION

During May 2016 the medical/mental health services of California Forensic Medical Group (CFMG/Stanislaus) successfully completed the bi-annual re-accreditation audit by the IMQ, a non-profit subsidiary of the California Medical Association. This is a noteworthy achievement because the IMQ standards exceeded the state's Title 15 requirements.

### **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.

### **FISCAL IMPACT:**

Approximately 65 hours of combined Department of Environmental Resources and Health Services Agency staff time was expended to comply with Section 101045 of the California Health and Safety Code. These costs, including the staff time to perform inspections, evaluate compliance, and prepare the written report, are covered in the two departments' existing budgets for Fiscal Year 2017-2018.

### **BOARD OF SUPERVISORS' PRIORITY:**

This report supports the Board's priorities of A Safe Community, A Healthy Community, and the Efficient Delivery of Public services by ensuring that local Jail/Detention Facilities are meeting the requirements of the State of California's Health and Safety Code.

### **STAFFING IMPACT:**

Existing staff from the Department of Environmental Resources and Health Services Agency conducted the inspections/evaluations.

Acceptance of the Annual Local Detention Facilities Health Inspection Report Pursuant to Health and Safety Code Section 101045

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**CONTACT PERSON:**

Jami Aggers, Director of Environmental Resources

Telephone: 209-525-6770

**ATTACHMENT(S):**

A. Local Detention Facility Health Inspection Report

**ATTACHMENT A**

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

BSCC #: \_\_\_\_\_

FACILITY NAME: Stanislaus County Men's Jail		COUNTY: Stanislaus		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  1115 H Street Modesto, CA 95354 (209) 525-6427				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: March 15, 2017 POPULATION: MALE 380		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  Wallace Low, R.E.H.S. Senior Environmental Health Specialist, (209) 525-6741 Jennie Ramirez, E.H.S. Environmental Health Specialist, (209) 525-6731 Alex Fontana, E.H.S. Environmental Health Specialist, (209) 525-6762 Mary-Kate Cook, R.E.H.S. III. Registered Environmental Health Specialist, (209) 525-6713				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Sergeant Chad Blake - (209) 491-8784				
NUTRITIONAL EVALUATION		DATE INSPECTED: March 23, 2017		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):  Phoebe Leung, RD, Temporary Assistant Director, Public Health Services, Stanislaus County Health Services Agency, (209) 272-4176				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Cris McNally, Food Service Supervisor, Adult Detention, Stanislaus County Sheriff's Office, (209) 652-2297				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  N/A				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  N/A				

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<p><b>Approach for Providing Food Service</b></p> <p><i>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.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>		X		
1. Food is prepared at another city or county detention facility.	X			Food is prepared at the Stanislaus County Public Safety Center.
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.		X		
<p><b>1230 Food Handlers</b></p> <p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>Policy and procedures have been developed and implemented for medical screening of inmate food handlers prior to working in the facility.</p>	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
There are procedures for education, ongoing monitoring, and cleanliness of food handlers in accordance with CalCode.	X			
<p><b>1243 Food Service Plan</b></p> <p>There is a food services plan that complies with applicable California Retail Food Code (CalCode). Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan.</p> <p>The plan includes: planning menus; purchasing food; storage and inventory control; food preparation; food serving; transporting food; orientation and ongoing training; personnel supervision; budgets and food cost accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>		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
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>				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.
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	X			
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			X	
HSC §114130-114141.	X			
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			X	This facility does not prepare any food. All food is prepared at the Public Safety Center.
HSC § 114149-114149.3, except that, 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;			X	This facility does not prepare any food. All food is prepared at the Public Safety Center.
HSC § 114268-114269	X			
HSC § 114279-114282	X			
<b>1246 Food Serving and Supervision</b>				The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	X			
<b>Article 13. Inmate Clothing and Personal Hygiene</b>				
<b>1260 Standard Institutional Clothing Issue</b>				
<i>Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items.</i>	X			
There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:				
Clean socks and footwear;	X			
Clean outer garments; and,	X			
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	X			Men's only facility



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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	X			
<b>1266 Personal Hygiene</b>				
There are policies and procedures for inmate showering/bathing.	X			
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.	X			
<b>1267 Hair Care Services</b>				
Hair care services are available.	X			
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	X			
<b>Article 14. Bedding and Linens</b>				
<b>1270 Standard Bedding and Linen Issue</b>				
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:	X			
One serviceable mattress which meets the requirements of § 1272 of these regulations;	X			Mattresses observed appear to be in satisfactory condition.
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket or more, depending upon climatic conditions.	X			
<b>1271 Bedding and Linen Exchange</b>				
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week.	X			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1272 Mattresses</b> Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.	X			
<b>Article 15. Facility Sanitation and Safety</b>				
<b>1280 Facility Sanitation, Safety and Maintenance</b> There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code – Plumbing</b> Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			All toilets checked during the inspection were operating properly.
<b>Title 24, Uniform Building Code – Cleanliness and Repair</b> Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
<b>Title 24, Part 1, 13-102(c)6 – Heating and Cooling</b> There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			
<b>Title 24, Uniform Plumbing Code – Floor Drains</b> Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>Title 24, Part 2, 470A.3.6 – Lighting</b> Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>			X	Facility constructed prior to 1980.
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>			X	Facility constructed prior to 1980.
<b>CA Safe Drinking Water Act</b>				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			Water is provided by City of Modesto municipal supply.
<b>Local Ordinances</b>				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC § 1803</b>				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
<b>General Industry Safety Order, Title 8-3362</b>				
The facility is free of structural and other safety hazards.			X	Unable to determine if structural hazards are present. No obvious safety hazards observed.

**Summary of Environmental Health Evaluation:**

The annual Title 15 inspection was conducted on March 15, 2017. Representatives present for Stanislaus County Men’s Jail were Sgt. Chad Blake and Deputy Reeves. Representatives present for Stanislaus County Department of Environmental Resources were Alex Fontana, Jennie Ramirez, and Wallace Low. There were 380 male inmates housed in this facility at the time of inspection. Several occupied cells were randomly selected for inspections (first floor, second floor, third floor, IWQ area and the underground corridor) and appeared to be in satisfactory condition. The inspected plumbing was in proper working order. Hot water from shower stalls was capable of producing hot water at 110°F or above. The climate inside the facilities was comfortable.

The facility’s food facility was inspected on March 23, 2017 by Mary-Kate Cook from Stanislaus County Department of Environmental Resources. No significant violation was noted during the time of inspection. The overall sanitation and condition of the facility was good.

**II. NUTRITIONAL HEALTH EVALUATION  
Adult Court and Temporary Holding Facilities**

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>1240 Frequency of Serving</b> <i>(Not applicable for CH.)</i>	X			
Food is served three times in any 24-hour period. At least one meal includes hot food.	X			2 hot meals are being served, at breakfast and dinner. Lunch is cold. Food is prepared at the main kitchen at the Safety Center and transported by refrigerated trucks and being heated at meal times.
If more than 14 hours passes between these meals, supplemental food is served.	X			No snacks are provided since food is served at less than 14 hour intervals.
Supplemental food is served in less than the 14-hour period for inmates on medical diets.	X			For diabetics
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			20 minutes provided for consumption of meals.
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a sandwich or a substitute meal and beverage.	X			They will receive a sack lunch which consists of 2 sandwiches, each with 2 oz of meat, an apple, some vegetables, and 8 oz milk.
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			
<b>1241 Minimum Diet</b> <i>(Not applicable for CH.)</i>				
<i>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.</i>				
<b>1243 Food Service Plan</b> <i>(Not applicable for CH.)</i>				
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:**

There is no food preparation on site at the Men’s Jail and holding facility downtown. The meals are prepared at the kitchen in the Safety Center and transported to this site everyday via refrigerated trucks. Hot meals are being heated via retherm ovens on site. Menus and therapeutic diets are the same as in the Safety Center.

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

CSA #: \_\_\_\_\_

FACILITY NAME: Stanislaus County Public Safety Center		COUNTY: Stanislaus			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE):  200 East Hackett Road Modesto, CA 95351 (209) 525-5600					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: X	TYPE III:	TYPE IV: X
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED: April 20, 2017		
			POPULATION: MALE 711 FEMALES 134 TOTAL 845		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  Wallace Low, R.E.H.S. Senior Environmental Health Specialist, (209)-525-6741 Jennie Ramirez, EHS. Environmental Health Specialist, (209) 525-6731 Robert Miramontes, Code Enforcement Officer, (209) 525-6729 Mary-Kate Cook, R.E.H.S. III. Registered Environmental Health Specialist, (209) 525-6713					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Sergeant Marc Johnson - (209) 525-5602					
NUTRITIONAL EVALUATION			DATE INSPECTED: March 23, 2017		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):  Phoebe Leung, RD, Temporary Assistant Director, Public Health Services, Stanislaus County Health Services Agency, (209) 272-4176					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Cris McNally, Food Service Supervisor, Adult Detention, Stanislaus County Sheriff's Office, (209) 652-2297					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED: 6/28/2017		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):  Barbara Vassell, Communicable Diseases Manager, Health Services Agency, (209) 558-7533 Julie Falkenstein, Community Health Services Manager, Health Services Agency, (209) 558-4436 Connie Lukins, Communicable Diseases Public Health Nurse III, Health Services Agency, (209) 558-5620					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):  Sheriff Adam Christianson, (209) 525-7216 CPT Duncan, (209) 525-5612 Lieutenant Clifton, PSC- East Facility Commander (209) 525-5675					

Sergeant Elliott, PSC- East Operations Sergeant (209) 525-5618  
Jen Diaz, CCHP, Assistant Program Manager (209) 525-5609  
Lisa Larranaga, RN, Program Manager (209) 525-5667  
Holly Schwantz, FNP (209) 525-5672  
Sunny Bassi, FNP (209) 525-5672  
Rocio Barajas, MRC- PSC- West (209) 525-5670  
Grashika Devendra, Psych RN (209) 525-5622

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

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



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>  Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i>			X	
HSC §114130-114141.	X			
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;	X			
HSC § 114149-114149.3, except that, 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;	X			
HSC § 114268-114269	X			
HSC § 114279-114282	X			
<b>1246 Food Serving and Supervision</b>  Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1246. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
<b>Article 13. Inmate Clothing and Personal Hygiene</b>				
<b>1260 Standard Institutional Clothing Issue</b>  <i>Personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation; however, the facility has the primary responsibility to provide these items.</i>  There is a standard issue of climatically suitable clothing for inmates held after arraignment in Type I, II and III facilities, which includes, but is not limited to:	X			Observed the inmate clothing storage area. Clothing was randomly inspected. Clothing appeared satisfactory.
Clean socks and footwear;	X			
Clean outergarments; and,	X			
Clean undergarments, including shorts and tee shirt for males; or, bra and two pairs of panties for females.	X			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Inmates do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Division 9, Title 16, CCR.	X			
<b>1266 Personal Hygiene</b>				
There are policies and procedures for inmate showering/bathing.	X			
Inmates are permitted to shower/bathe upon assignment to a housing unit and, thereafter, at least every other day or more often if possible.	X			
<b>1267 Hair Care Services</b>				
Hair care services are available.	X			
Except for those inmates who may not shave for court identification reasons, or those who have had their shaving privileges suspended by the facility administrator because they are a danger to themselves or others, inmates are allowed to shave daily and receive hair care services at least once a month.	X			
Equipment is disinfected after each use by a method approved by the State Board of Barbering and Cosmetology to meet the requirements of Title 16, Division 9, § 979 and 980, CCR.	X			Clippercide is supplied with the barber kits.
<b>Article 14. Bedding and Linens</b>				
<b>1270 Standard Bedding and Linen Issue</b>				As per the ADPM.
For each inmate entering a living unit and expected to remain overnight, the standard issue of clean suitable bedding and linens includes, but is not limited to:	X			
One serviceable mattress which meets the requirements of § 1272 of these regulations;	X			Randomly selected mattresses appear to be in satisfactory condition.
One mattress cover or one sheet;	X			
One towel; and,	X			
One blanket or more, depending upon climatic conditions.	X			Randomly selected blankets appear to be in satisfactory condition.
<b>1271 Bedding and Linen Exchange</b>				
There are policies and procedures for the scheduled exchange of laundered and/or sanitized bedding and linen issued to each inmate housed.	X			
Washable items such as sheets, mattress covers, and towels are exchanged for clean replacement at least once each week.	X			
Where a top sheet is not issued, blankets are laundered or dry cleaned at least once a month. When a top sheet is issued, blankets are laundered or dry cleaned at least once every three months.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1272 Mattresses</b> Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470A.3.5 Beds (at least 30" wide X 76" long).	X			
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.	X			
<b>Article 15. Facility Sanitation and Safety</b>				
<b>1280 Facility Sanitation, Safety and Maintenance</b> There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
Medical care housing as described in Title 24, Part 2, § 470A.2.14 is cleaned and sanitized according to policies and procedures established by the health authority.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code – Plumbing</b> Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			Cells were randomly selected in PSC West, PSC East, and Unit 1 & Unit 2. These randomly selected cells have operable toilets and showers.
<b>Title 24, Uniform Building Code – Cleanliness and Repair</b> Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
<b>Title 24, Part 1, 13-102(c)6 – Heating and Cooling</b> There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			
<b>Title 24, Uniform Plumbing Code – Floor Drains</b> Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>Title 24, Part 2, 470A.3.6 – Lighting</b> Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
20 foot candles light are provided at desk level and in the grooming area. <i>(Applicable to facilities constructed after 1980.)</i>	X			
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. <i>(Applicable to facilities constructed after 1980.)</i>			X	Unknown
<b>CA Safe Drinking Water Act</b>				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			Water is provided by City of Ceres municipal supply.
<b>Local Ordinances</b>				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC § 1803</b>				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
<b>General Industry Safety Order, Title 8-3362</b>				
The facility is free of structural and other safety hazards.			X	Unable to determine if structural hazards are present. No obvious safety hazards observed.

**Summary of environmental health evaluation:**

The annual Title 15 inspection was conducted on April 20, 2017. Representatives present for Stanislaus County Public Safety Center was Sergeant Marc Johnson, Sergeant Elliot, Deputy McCay, and Deputy Hobeck. Representatives present for Stanislaus County Department of Environmental Resources were Jennie Ramirez, Robert Miramontes, and Wallace Low. There were 711 male inmates and 134 female inmates housed in this facility at the time of inspection. Several occupied holding cells in PSC West, PSC East, and Unit 1 & Unit 2 were randomly selected for inspection and found to be in satisfactory condition. Plumbing was in proper working order. Hot water from shower stalls in these units was capable of providing hot water at 100°F or above. The on-site laundry facility was sanitary. The climate inside all inspected facilities was comfortable.

Several food facilities exist inside Public Safety Center. The inspector of these food facilities is Mary-Kate Cook, from Stanislaus County Department of Environmental Resources. No significant violation was noted during the time of inspections. The overall sanitation and condition of the facility was good.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>1230 Food Handlers</b>  <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i>  Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.  There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1240 Frequency of Serving</b>	X			
Food is served three times in any 24-hour period.	X			Breakfast and dinner are served hot.
At least one meal includes hot food.	X			No snacks are provided since meals are provided in less than 14 hour intervals.
If more than 14 hours passes between these meals, supplemental food is served.	X			Snacks are provided to insulin dependent inmates.
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician..	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			20 minutes provided for consumption of meals.
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	X			Lunch sacks provided, which consists of 2 sandwiches, each with 2 oz meat, an apple, and 8 oz milk.
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			
<b>1241 Minimum Diet</b> <i>(See regulation and guidelines for equivalencies and serving requirements.)</i>  The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.	X			
<b>Protein Group.</b> One serving equals 14 grams or more of protein. The daily requirement is equal to three servings (a total of 42 grams per day or 294 grams per week).	X			
There is an additional, fourth serving of legumes three days per week.	X			
<b>Dairy Group.</b> The daily requirement for milk or milk equivalents is three servings.	X			
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings of milk or milk products.	X			
All milk is fortified with Vitamin A and D.	X			
One serving can be from a fortified food containing at least 250 mg. of calcium.	X			
<b>Vegetable-Fruit Group.</b> The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			
One serving of a fresh fruit or vegetable per day, or seven servings per week.	X			
One serving of a Vitamin C source containing 30 mg. or more per day or seven servings per week.	X			
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			
<b>Grain Group.</b> The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			All breads are whole wheat.
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. <i>(See RDA for recommended caloric intakes.)</i>	X			
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.	X			
<b>1242 Menus</b> <i>(Applicable in Type II and III facilities and in those Type IV facilities where food is served.)</i>	X			Menus are on a 2 week cycle.
Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.	X			
A registered dietitian approves menus before they are used.	X			
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			
A registered dietitian evaluates menus, as planned and including changes, at least annually.	X			
<b>1243 Food Service Plan</b>				The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
There is a food services plan that complies with applicable 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 that includes:	X			
Planning menus;	X			
Purchasing food;	X			
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			
Orientation and ongoing training;	X			
Personnel supervision;	X			
Budgets and food cost accounting;	X			
Documentation and record keeping;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Emergency feeding plan;	X			
Waste management; and,	X			
Maintenance and repair.	X			
In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.				
<p><b>1245 Kitchen Facilities, Sanitation and Food Service</b></p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p> <p>In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to CalCode is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation in these situations.)</i></p> <p>CalCode requirements for new or replacement equipment.</p> <p>CalCode requirements for cleaning and sanitizing consumer utensils.</p> <p>CalCode§ 114149-114149.3, except that, 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.</p> <p>CalCode requirements for floors.</p> <p>CalCode requirements for storage area(s) for cleaning equipment and supplies.</p>			Do not identify compliance with this regulation here. See 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.
<p><b>1246 Food Serving and Supervision</b></p> <p>Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.</p>			Do not identify compliance with this regulation here. See comments.	The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<p><b>1247 Disciplinary Isolation Diet</b></p> <p>No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.</p>	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period.</p> <p>Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Corrections Standards Authority, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.</p>	X			
<p><b>1248 Medical Diets</b></p> <p>Policies identify who is authorized to prescribe medical diets.</p>	X			
<p>Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.</p>	X			
<p>The facility manager complies with providing any medical diet prescribed for an inmate.</p>	X			
<p>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.</p>	X			
<p>A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.</p>	X			
<p>Pregnant women are provided a balanced, nutritious diet approved by a doctor.</p>	X			

**Summary of nutritional evaluation:**

- All documentation, including diet manual and food services plan are in order and signed.
- Diet manual including therapeutic diets have been reviewed, approved and signed off by Registered Dietitian as well as responsible physician.
- All menus have been reviewed and signed off by Registered Dietitian.
- No outstanding issues/

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 11. Health Services</b>				
<b>1200 Responsibility For Health Care Services</b>				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>	X			
<b>1202 Health Service Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
<b>1203 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>				
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, 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			
<b>1204 Health Care Procedures</b> <i>(Applicable to facilities with on-site health care staff)</i>				
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1205 Health Care Records</b> ( <i>Applicable to facilities with on-site health care staff</i> )				
Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to:	X			
(1) Receiving screening form/history ( <i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i> );	X			
(2) Medical/mental health evaluation reports;	X			
(3) Complaints of illness or injury;	X			
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			
(6) Medication records in conformance with Title 15 § 1216.	X			
<b>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.</b>				
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.				
<b>1206 Health Care Procedures Manual</b> ( <i>Applicable to facilities with on-site health care staff</i> )				
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.	X			
The health care manual includes, but is not limited to:				
a) Summoning and application of proper medical aid;	X			
b) Contact and consultation with private physicians;	X			
c) Emergency and non-emergency medical and dental services, including transportation;	X			
d) Provision for medically required dental and medical prostheses and eyeglasses;	X			
e) Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
f) Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute;	X			
g) Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			
h) Implementation of special medical programs;	X			
i) Management of inmates suspected of or confirmed to have communicable diseases;	X			
j) The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			
k) Use of non-physician personnel in providing medical care;	X			
l) Provision of medical diets;	X			
m) Patient confidentiality and its exceptions;	X			
n) Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			
Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.	X			
o) Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1206.5 Management of Communicable Diseases</b>				
There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			
Intake health screening procedures;	X			
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
<b>1207 Medical Receiving Screening</b>				
A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			
The screening is performed by licensed health care staff or by trained facility staff.	X			
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
<b>1207.5 Special Mental Disorder Assessment</b> (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			
<b>1208 Access to Treatment</b>				
A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			
The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207.	X			
Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment.	X			
<b>1209 Transfer to a Treatment Facility</b> (Not applicable Type I and IV.)				
a) There are policies and procedures to provide mental health services that include but are not limited to:	X			
1) Screening for mental health problems;	X			
2) Crisis intervention and management of acute psychiatric episodes;	X			
3) Stabilization and treatment of mental disorders; and,	X			
4) Medication support services.	X			
b) 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, or has implemented PC § 1369.1.	X			
c) The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1.	X			
<i>(If yes, please complete the following)</i>				
Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Designation of licensed personnel authorized to order and administer involuntary medication.	X			
Designation of appropriate setting for involuntary administration of medication.	X			
Designation of restraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff.	X			
Development of a written plan to monitor the inmate's medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist.	X			
Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing.	X			
If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated.	X			
Documentation of the administration of involuntary medication in the inmate's medical record.	X			
<b>1210 Individualized Treatment Plans</b>				
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			
<b>1211 Sick Call</b>				
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
<b>1212 Vermin Control</b>				
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			
<b>1213 Detoxification Treatment</b> (Not applicable Type IV.)				
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
<b>1214 Informed Consent</b>				
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 Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
<b>1215 Dental Care</b>				A dentist and a hygienist are available to provide routine dental care for the inmates.
Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request.	X			
<b>1216 Pharmaceutical Management</b>				
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:				
Securely lockable cabinets, closets and refrigeration units;	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;	X			
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			



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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.			X	
Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	
Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program.			X	
Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health.			X	
<b>1217 Psychotropic Medications</b> <i>(Not applicable Type IV.)</i>				
There are policies and procedures governing the use of psychotropic medications.	X			
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>	X			
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician following a clinical evaluation.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.	X			
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>	X			
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1219 Suicide Prevention Program</b>				
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
<b>1220 First Aid Kits</b>				
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			
<b>ARTICLE 4, RECORDS AND PUBLIC INFORMATION</b>				
<b>1046 Death in Custody</b>				
Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.			X	
<b>ARTICLE 5, CLASSIFICATION AND SEGREGATION</b>				
<b>1051 Communicable Diseases</b>				
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			
<b>1052 Mentally Disordered Inmates</b>				
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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1055 Use of Safety Cell</b>				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
<b>1056 Use of Sobering Cell</b>				
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. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1057 Developmentally Disabled Inmates</b>				
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
<b>1058 Use of Restraint Devices</b>				
(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)	X			
Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.				
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every <u>two</u> hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			
<b>ARTICLE 8, MINORS IN JAILS</b>				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1121 HEALTH EDUCATION FOR MINORS IN JAILS</b>  Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.			X	
<b>1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS</b>  Written policy and procedures assure that reproductive health services are available to both male and female minors.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.			X	
<b>1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS</b>  For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:				This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
is received from the sending facility;			X	
is reviewed by designated health care staff at the receiving facility; and,			X	
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.			X	
<b>1124 PROSTHESES AND ORTHOPEDIC DEVICES</b>  There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.			X	
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1125 PSYCHOTROPIC MEDICATIONS</b></p> <p><i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i></p> <p>(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;</p>			X	This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection.
<p>(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,</p>			X	
<p>(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.</p>			X	
<b>Other Applicable Codes</b>				
<p><b>Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability</b></p> <p>In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:</p>				
<p>VI. Be suitably equipped;</p>	X			
<p>VII. Be located within the security area and provide for inmate privacy;</p>	X			
<p>VIII. Have at least 100 square feet of floor space with no single dimension less than 7 feet;</p>	X			
<p>IX. Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,</p>	X			
<p>X. Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).</p>	X			
<p><b>Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space</b></p> <p>There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24 Part 2 § 470A.2.14 – Medical Care Housing</b>				
There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard ( <i>Applicable to facilities constructed after 2-1-99</i> ).	X			
<b>Title 24 Part 2 § 470.2.25– Confidential Interview Rooms</b>				
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
<b>HSC 11222 and 11877 Addicted Arrestee Care</b>				
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.		X		
<b>PC 4023.6 Female Inmates’ Physician</b>				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
<b>PC 4023.5 Female Inmate – Personal Care</b>				
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			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
<b>PC 4028 Abortions</b>  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:**

**Nursing Chart Audit & Review of the Electronic medical System:**

The nurse reviewer team reviewed the electronic medical records with the assistance of CFMG program manager and Quality Assurance coordinator. Ten records were randomly selected for the audit. All charts were found to be well organized and in compliance with the 18 components of the BSCC checklist.

**Administrative Medical/Mental Health Audit by the Communicable Disease Manager:**

Barbara Vassell reviewed the policy and procedure manual. There were no additions since the prior inspection in 2016. Public Health representatives continue to attend the quarterly assurance meetings.

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

BSCC #: \_\_\_\_\_

FACILITY NAME: Stanislaus County Probation Department Juvenile Justice Center		COUNTY: Stanislaus	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2215 Blue Gum Avenue Modesto, CA 95358 (209) 525-4578			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL: X	SPECIAL PURPOSE JUVENILE HALL:	CAMP:
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED: May 25, 2017 MALE 61 FEMALE 7 TOTAL 68		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Wallace Low, R.E.H.S. Senior Environmental Health Specialist, (209) 525-6741 Jennie Ramirez, EHS. Environmental Health Specialist, (209) 525-6731 David Lindsey, R.E.H.S. III. Registered Environmental Health Specialist, (209) 525-6787			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Steve Jackson, Probation Manager, (209) 567-4126, <a href="mailto:jacksons@stancounty.com">jacksons@stancounty.com</a> Rhonda Hott, Juvenile Commitment Facility, (209) 525-4580, <a href="mailto:hottr@stancounty.com">hottr@stancounty.com</a> Chris Griffin, Juvenile Hall, (209) 567-4722, <a href="mailto:griffinc@stancounty.com">griffinc@stancounty.com</a>			
NUTRITIONAL EVALUATION	DATE INSPECTED: March 22, 2017 DEFICIENCIES OR NON-COMPLIANCES ISSUES NOTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phoebe Leung, RD, Temporary Assistant Director, Public Health Services, Stanislaus County Health Services Agency, (209) 272-4176			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Carrie La Londe, Custodial Cook, Juvenile Commitment Facility, Probation Department, (209) 567-4723			
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 4/12/2017 DEFICIENCIES OR NON-COMPLIANCES ISSUES NOTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Karina Cornejo, Medical Investigator, (209) 558-8052 Dana Fagen, Medical Investigator, (209) 558-8292 Barbara Vassell, Communicable Disease Manager, (209) 558-7533			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Andrea Pires, Staff Nurse- Facility Coordinator, (209) 525-5480			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 9. Food</b>				
<p><b>1464 Food Services Plan</b></p> <p>There is a written food services plan that complies with the applicable sections of California Retail food Code (CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan.</p> <p>The plan includes, but is not limited to the following policies and procedures: menu planning; purchasing; storage and inventory control; food preparation; food serving; transporting food; orientation and on-going training; personnel supervision; budgets and food costs accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>	<p>Do not identify compliance with this section here. See comments.</p>			<p>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.</p>
<p><b>1465 Food Handlers Education and Monitoring</b></p> <p>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.</p> <p>There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967, 113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.</p>	<p>X</p>			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</p>
<p><b>1466 Kitchen Facilities, Sanitation, and Food Storage</b></p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p> <p>In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 114381) is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation.)</i></p>	<p>X</p>			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</p>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
HSC § 114419-114423, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;	X			
HSC § 114130-114141, 114163, New or replacement equipment;	X			
HSC § 114099.6, 114107 Utensil and 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 mop bucket and wastes and other liquid wastes.	X			
<b>1467 Food Serving and Supervision</b>  There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.	X			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.
<b>Article 10. Clothing and Personal Hygiene</b>				
<b>1480 Standard Facility Clothing Issue</b>  <i>Note: Personal clothing and footwear may be substituted for the institutional clothing and footwear specified in this regulation. The facility has the primary responsibility to provide clothing and footwear.</i>  Clothing provisions ensure that:	X			Laundry room is in sanitary condition. Randomly inspected garments are clean and in good condition.
Clothing is clean, reasonably fitted, durable, easily laundered, and in good repair; and,	X			
The standard issue of climatically suitable clothing for minors consists of but not be limited to:	X			
Socks and serviceable footwear;	X			
Outer garments; and,	X			
Undergarments, are freshly laundered and free of stains, including shorts and tee shirt for males; and, bra and panties for females.	X			
<b>1481 Special Clothing</b>  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			
<b>1482 Clothing Exchange</b>  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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1483 Clothing, Bedding and Linen Supply</b>  There is a quantity of clothing, bedding and linen available for actual and replacement needs of the facility population. Written procedures describe the acquisition, handling, storage, transportation and processing of clothing, bedding and linen in a clean and sanitary manner.	X			
<b>1484 Control of Vermin in Minors' Personal Clothing</b>  There are policies and procedures to control the contamination and/or spread of vermin in all minors' personal clothing.	X			
Infested clothing is cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
<b>1485 Issue of Personal Care Items</b>  There are policies and procedures that ensure the availability of personal hygiene items.	X			
Each female minor is provided with sanitary napkins and/or tampons as needed.	X			
Each minor to be held over 24 hours is provided with the following personal care items:	X			
Toothbrush;				
Dentifrice;	X			
Soap;	X			
Comb; and,	X			
Shaving implements.	X			
With the possible exception of shaving implements (discussed below), minors are not required to share any personal care items listed above.	X			
Minors do not share disposable razors. Double-edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among minors are disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			No items are shared.
<b>1486 Personal Hygiene</b>  There are policies and procedures for showering/bathing and brushing of teeth.	X			
Minors are permitted to shower/bathe upon assignment to a housing unit and on a daily basis thereafter and given an opportunity to brush their teeth after each meal.	X			
<b>1487 Shaving</b>  Minors, except those who may not shave for reasons of identification in court, are allowed to shave daily. The facility administrator may suspend shaving for minors who are considered to be a danger to themselves or others.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1488 Hair Care Services</b>				
Hair care services are available in all juvenile facilities. Minors receive hair care services monthly.	X			
Equipment is cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology in § 979 and 980, Chapter 9, Title 16, CCR.	X			Barber kits are available with disinfectant.
<b>Article 11. Bedding and Linens</b>				
<b>1500 Standard Bedding and Linen Issue</b>				
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			Bedding and linens were inspected in randomly selected rooms in unit 5, unit 6, unit 8, unit 7, unit 3, unit a, unit b, and unit c. Bedding and linens appear acceptable and in good condition.
One clean and serviceable mattress (or mattress-pillow combination) which meets the requirements of Title 15 § 1502;	X			
One pillow and a pillow case (unless provided in combination with the mattress;	X			
One mattress cover and a sheet or two sheets;	X			
One towel; and,	X			
One or more blankets, depending upon climatic conditions.	X			
<b>1501 Bedding and Linen Exchange</b>				
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			
<b>1502 Mattresses</b>				
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			
<b>Article 12. Facility Sanitation and Safety</b>				
<b>1510 Facility Sanitation, Safety and Maintenance</b>				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
<b>1511 Smoke Free Environment</b>				
There are policies and procedures to assure that State laws prohibiting minors from smoking are enforced in all juvenile facilities, related work details, and other programs. Policies and procedures assure that minors are not exposed to second-hand smoke while in the facility or in the custody of staff.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code</b>				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			All toilets that were inspected in randomly selected rooms in unit 5, unit 6, unit 8, unit 7, unit 3, unit a, unit b, and unit c were in operation.
<b>Title 24, Uniform Building Code</b>				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			
<b>Title 24, Part 1, 13-201(c)6</b>				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements, of Part 6, Title 24, CCR.	X			
<b>Title 24, Uniform Plumbing Code</b>				
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>CA Safe Drinking Water Act</b>				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			Water provided by City of Modesto municipal supply.
<b>Local Ordinances</b>				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC and CCR Titles 22 and 24 Relating to Public Pools</b>				
Swimming pools are designed, constructed, operated, and maintained in accordance with state and local laws and regulations			X	There is no swimming pool at this facility.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Health and Safety Code, § 1803 and 2271</b>  (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	There are no animal operations at this facility.
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
<b>General Industry Safety Order, Title 8-3362</b>  The facility is free of structural and other safety hazards.			X	Unknown.

**Summary of Environmental Health Evaluation:**

The annual Title 15 inspection was performed on May 27, 2017. Representatives present for Stanislaus County Probation Department Juvenile Justice Center were Steve Jackson, Rhonda Hott, and Chris Griffin. Representatives present for Stanislaus County Department of Environmental Resources were Jennie Ramirez and Wallace Low. There were 61 male juveniles and 7 female juveniles housed in this facility at the time of inspection. Several occupied cells were randomly selected for inspection (Unit 3, 5, 6, 7, 8, B and C) and were found to be in satisfactory condition. The plumbing was in proper working order. The on-site laundry facilities were sanitary. Storage and washing area was noted in a sanitary condition. Randomly selected garments were in clean and good condition. The climate inside the facilities inspected was comfortable.

The facility's food facility was inspected on May 10, 2017, by David Lindsey from Stanislaus County Department of Environmental Resources. No significant violation was noted during the time of inspection. The overall sanitation and condition of the facility was good.



## NUTRITIONAL HEALTH EVALUATION

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 9. Food</b>				
<b>1460 Frequency of Serving</b> Food shall be served three times in any 24-hour period.	X			3 meals are served with a nighttime snack.
At least one of these meals shall include hot food.	X			2 hot meals a day Dinner is always hot, while breakfast and lunch rotates.
Supplemental food shall be offered to minors at the time of initial intake;	X			An intake lunch is being offered, consisting of sandwich with 2 oz meat and cheese, fresh fruit and 1% milk.
Supplemental food shall be served to minors if more than 14 hours pass between meals;	X			Snack is provided around 8PM, and breakfast served at 7AM.
Supplemental food shall be served to minors on medical diets as prescribed by the attending physician.	X			
A minimum of twenty minutes shall be allowed for the actual consumption of each meal except for those minors on medical diets where the responsible physician has prescribed additional time.	X			20 minutes offered for meal consumption.
Minors who miss a regularly scheduled facility meal, shall be provided with a substitute meal and beverage.	X			They will be served with the meal that they have missed, or a sandwich meal.
Minors on medical diets shall be provided with their prescribed meal.	X			
<b>1461 Minimum Diet</b> <i>Note: See regulations for equivalencies and serving requirements. Snacks may be included as part of the minimum diet. A wide variety of foods should be served and spices should be used to improve the taste and eye appeal of food that is served.</i>	X			
The minimum diet provided shall be based upon the nutritional and caloric requirements found in the 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2008 California Food Guide; and, the 2010 Dietary Guidelines for Americans.				
Facilities electing to provide vegetarian diets, and facilities that provide religious diets, shall also conform to these nutrition standards.	X			
Snacks may be included as part of the minimum diet; a wide variety of foods should be served.	X			
(a) <u>Protein Group</u> . The daily requirement shall equal two servings (one serving equals 14 grams; total of 196 grams per week)	X			
There shall be a requirement to serve a third serving from the legumes three days a week.	X			
(b) <u>Dairy Group</u> . For persons 9-18 years of age, including pregnant and lactating women, the daily requirement is four servings (a serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg of calcium).	X			Milks are 1% and reduced fat chocolate milk.
All milk products shall be pasteurized and fortified with vitamins A and D.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) <u>Vegetable-Fruit Group</u> . The daily requirement shall be at least six servings (one serving equals: ½ cup vegetables or fruit; 6 oz. of 100% juice); at least one serving per day, or seven servings per week, shall be from each of the following three categories:	X			
(1) One serving of a fresh fruit or vegetable.	X			
(2) One serving of a Vitamin C source containing 30 mg. or more.	X			
(3) One serving of a Vitamin A source fruit or vegetable containing at least 200 micrograms Retinol Equivalents (RE).	X			
(d) <u>Grain Group</u> . The daily requirement for youth shall be a minimum of six servings, or 42 servings per week (At least four servings from this group must be made with some whole grains).	X			
(e) <u>Calories</u> . <i>Note: Providing only the minimum serving is not sufficient to meet the youths' caloric requirements. Based on activity levels, additional servings from dairy, vegetable-fruit, and bread-cereal (grain) groups shall be provided to meet caloric requirements. Pregnant youth shall be provided with a diet as approved by a doctor in accordance with Penal Code Section 6030(e) and a supplemental snack, if medically indicated.</i>	X			
The average daily caloric allowances shall be based on the level of physical activities and shall be: 1800-2000 calories for females 11 to 18 years of age; 2000-2800 calories for males 11 to 18 years of age.				
Total dietary fat does not exceed 30% of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable.	X			
(f) <u>Sodium</u> . Facilities shall reduce the sodium content of menus. Herbs and spices may be used to improve the taste and eye appeal of food served.	X			
<b>1462 Medical Diets</b> Only the attending physician shall prescribe a medical diet.	X			
The medical diets utilized by a facility shall be planned, prepared, and served with the consultation of a registered dietitian.	X			
The facility manager shall comply with any medical diet prescribed for a minor.	X			
Diet orders shall be maintained on file for at least one year.	X			
The facility manager and responsible physician shall ensure that the medical diet manual, with sample menus for medical diets, shall be available in both the medical unit and the food service office for reference and information.	X			
A registered dietitian shall review, and the responsible physician shall approve the diet manual on an annual basis.	X			Diet manual is signed off by physician and registered dietitian.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1463 Menus</b> Menus shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods considering the cultural and ethnic makeup of the facility, thus, preventing repetitive meals.	X			5 week rotation.
Menus shall be approved by a registered dietitian before being used.	X			
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production worksheet.	X			
Menus, as planned and including changes, shall be retained for one year and evaluated by a registered dietitian at least annually.	X			
<b>1464 Food Services Plan</b> Facilities shall have a written site specific food service plan that shall comply with the applicable California Retail Food Code (Cal Code). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager to prepare a written food service plan. In facilities of less than an average daily population of 50, that do not employ or have a food services manager available, the facility administrator shall prepare a written food service plan. The plan shall include, but not be limited to the following policies and procedures:	X			
(a) menu planning;	X			
(b) purchasing;	X			
(c) storage and inventory control;	X			
(d) food preparation;	X			
(e) food serving;	X			
(f) transporting food;	X			
(g) orientation and on-going training;	X			
(h) personnel supervision;	X			
(i) budgets and food costs accounting;	X			
(j) documentation and record keeping;	X			
(k) emergency feeding plan;	X			
(l) waste management; and,	X			
(m) maintenance and repair.	X			
<b>1465 Food Handlers Education and Monitoring</b> The facility administrator, in cooperation with the food services manager, shall develop and implement written policies and procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling techniques, including personal hygiene, in accordance with § 113947 of the Health and Safety Code, Cal Code.  The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.	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.	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1466 Kitchen Facilities, Sanitation, and Food Storage</b>  Kitchen facilities, sanitation, and food preparation, service, and storage shall comply with standards set forth in Health and Safety Code, Division 104, Part 7, Chapters 1-13, §113700 et seq. Cal Code.</p> <p>In facilities where youth prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code § 114381) are (re)heated and served, the following applicable Cal Code standards may be waived by the local health officer: <i>(Note: While the regulation uses the word “waived,” the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation.)</i></p>				<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
(a) HSC § 114130-114141;				
(b) HSC § 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125;				
(c) HSC § 114149-114149.3 except that, 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;				
(d) HSC § 114268-114269; and,				
(e) HSC § 114279-114282.				
<p><b>1467 Food Serving and Supervision</b>  Policies and site specific procedures shall be developed and implemented to ensure that appropriate work assignments are made and food handlers are adequately supervised. Food shall be prepared and served only under the immediate supervision of a staff member.</p>				<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflection the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>

**Summary of nutritional evaluation:**

- All documents are in place, including Food Services Plan and Diet Manual
- Menus and Diet Manual reviewed and signed off by Registered Dietitian. Diet Manual signed off by responsible physician
- Nutrient Analysis program, NutriKids, is being used for nutrient analysis of meals and snacks
- No outstanding issues

## MEDICAL/MENTAL HEALTH EVALUATION

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 8. Health Services</b>				
<b>1400 Responsibility For Health Care Services</b>				
The facility administrator shall ensure that health care services are provided to all minors.	X			
The facility shall have a designated health administrator who, in cooperation with the mental health director and facility administrator and pursuant to a written agreement, contract or job description, is administratively responsible to:	X			
(a) develop policy for health care administration;	X			
(b) identify health care providers for the defined scope of services;	X			
(c) establish written agreements as necessary to provide access to health care;	X			
(d) develop mechanisms to assure that those agreements are properly monitored; and,	X			
(e) establish systems for coordination among health care service providers.	X			
When the health administrator is not a physician, there shall be a designated responsible physician who shall develop policy in health care matters involving clinical judgments.	X			
<b>1401 Patient Treatment Decisions</b>				
Clinical decisions about the treatment of individual youth are the sole province of licensed health care professionals operating within the scope of their license and within facility policy defining health care services.	X			
Security policies and procedures that are applicable to child supervision staff also apply to health care personnel.	X			
<b>1402 Scope of Health Care</b>				
(a) The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to define the extent to which health care shall be provided within the facility and delineate those services that shall be available through community providers. Each facility shall provide:	X			
(1) at least one physician to provide treatment; and,	X			
(2) health care services which meet the minimum requirements of these regulations and be at a level to address acute symptoms and/or conditions and avoid preventable deterioration of health while in confinement.	X			
(b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) Consistent with security requirements and public safety, written policy and procedures for juvenile facilities shall provide for parents, guardians, or other legal custodians, at their own expense, to authorize and arrange for medical, surgical, dental, mental health or other remedial treatment of youth that is permitted under law.	X			
<b>1403 Health Care Monitoring and Audits</b> <i>(Applicable to facilities with on-site health care staff)</i>				
(a) In juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.	X			
(b) The health administrator, in cooperation with the responsible physician and the facility administrator, shall establish policies and procedures to assure that the quality and adequacy of health care services are assessed at least annually.	X			
(1) Policy and procedures shall identify a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.	X			
(2) Based on information from these assessments, the health administrator shall provide the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services. <i>(Inspectors are requested to verify existence of these reports.)</i>	X			
(c) Medical, mental and dental services shall be reviewed at least quarterly, at documented administrative meetings between the health and facility administrators and other staff, as appropriate.	X			
<b>1404 Health Care Staff Qualifications</b> <i>(Applicable to facilities with on-site health care staff)</i>				
(a) The health administrator shall, at the time of recruitment for health care positions, develop education and experience requirements that are consistent with the community standard and the needs of the facility population.	X			
(b) In all juvenile facilities providing on-site health care services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures to assure that State licensure, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel who provide services to minors.	X			
(c) Appropriate credentials shall be on file at the facility, or in another central location where they are available for review. Policy and procedures shall provide that these credentials are periodically reviewed and remain current.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) The health administrator shall assure that position descriptions and health care practices require that health care staff receive the supervision required by their license and operate within their scope of practice.	X			
<b>1405 Health Care Procedures</b> ( <i>Applicable to facilities with on-site health care staff</i> )  The responsible physician for each facility providing on-site health care may determine that a clinical function or service can be safely and legally delegated to health care staff other than a physician. When this is done, the function or service shall be performed by staff operating within their scope of practice pursuant to written protocol, standardized procedures or direct medical order.	X			
<b>1406 Health Care Records</b> ( <i>Applicable to facilities with on-site health care staff</i> )  In juvenile facilities providing on-site health care, the health administrator, in cooperation with the facility administrator, shall maintain complete individual and dated health records that include, but are not limited to:	X			
(a) intake health screening form; ( <i>Note: The intake screening form may also be included in the probation file as a non-confidential document. See guidelines for discussion.</i> );	X			
(b) Health appraisals/medical examinations;	X			
(c) health service reports (e.g., emergency department, dental, psychiatric, and other consultations);	X			
(d) Complaints of illness or injury;	X			
(e) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;	X			
(f) location where treatment is provided;	X			
(g) medication records in conformance with Title 15 § 1438;	X			
(h) progress notes;	X			
(i) consent forms;	X			
(j) authorization for release of information;	X			
(k) copies of previous health records;	X			
(l) immunization records; and,	X			
(m) laboratory reports.	X			
Written policy and procedures shall provide for maintenance of the health record in a locked area separate from the confinement record.	X			
Access to the medical/mental health record shall be controlled by the health administrator and shall assure that all confidentiality laws related to the provider-patient privilege apply to the health record. Minors shall not be used to translate confidential medical information for other non-English speaking minors.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Health care records shall be retained in accordance with community standards.	X			
<b>1407 Confidentiality</b>				
(a) For each juvenile facility that provides on-site health services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures, consistent with applicable laws, for the multi-disciplinary sharing of health information. These policies and procedures shall address the provision for providing information to the court, child supervision staff and to probation. Information in the minor's case file shall be shared with the health care staff when relevant. The nature and extent of information shared shall be appropriate to treatment planning, program needs, protection of the minor or others, management of the facility, maintenance of security, and preservation of safety and order.	X			
(b) Medical and mental health services shall be conducted in a private manner such that information can be communicated confidentially.	X			
<b>1408 Transfer of Health Care Summary Records</b>				
The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to assure that a health care summary and relevant records are forwarded to health care staff in the receiving facility when a minor is transferred to another jurisdiction, and to the local health officer, when applicable. Policies shall include:	X			
(a) a summary of the health record, or documentation that no record exists at the facility, is sent in an established format, prior to or at the time of transfer;	X			
(b) relevant health records are forwarded to the health care staff of the receiving facility;	X			
(c) advance notification is provided to the local health officer in the sending jurisdiction and responsible physician of the receiving facility prior to the release or transfer of minors with known or suspected active tuberculosis disease;	X			
(d) written authorization from the minor and/or parent-legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,	X			
(e) confidentiality of health records is maintained.	X			
After minors are released to the community, health record information shall be transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the minor and/or parent/guardian.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In special purpose juvenile halls and other facilities that do not have on-site health care staff, policy and procedures shall assure that child supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.				N/A
<p><b>1409 Health Care Procedures Manual</b> (<i>Applicable to facilities with on-site health care staff</i>)</p> <p>For juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop, implement and maintain a facility-specific health services manual of written policies and procedures that address, at a minimum, all health care related standards that are applicable to the facility. (<i>Note: "Facility specific" means that policies and procedures for that facility are included. In multi-facility systems policies and procedures for more than one facility in that system may be included in the same manual.</i>)</p>	X			
Health care policy and procedure manuals shall be available to all health care staff, to the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.	X			
Each policy and procedure for the health care delivery system shall be reviewed at least every two years and revised as necessary under the direction of the health administrator. The health administrator shall develop a system to document that this review occurs.	X			
The facility administrator, facility manager, health administrator and responsible physician shall designate their approval by signing the manual.	X			
<p><b>1410 Management of Communicable Diseases</b></p> <p>The health administrator/responsible physician, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to address the identification, treatment, control and follow-up management of communicable diseases. The policies and procedures shall address, but not be limited to:</p>	X			
(a) intake health screening procedures;	X			
(b) identification of relevant symptoms;	X			
(c) referral for medical evaluation;	X			
(d) treatment responsibilities during detention;	X			
(e) coordination with public and private community-based resources for follow-up treatment;	X			
(f) applicable reporting requirements, and,	X			
(g) strategies for handling disease outbreaks.	X			
The policies and procedures shall be updated as necessary to reflect communicable disease priorities identified by the local health officer and currently recommended public health interventions.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1411 Access to Treatment</b>				
The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to provide unimpeded access to health care.	X			
<b>1412 First Aid and Emergency Response</b>				
The health administrator/responsible physician, in cooperation with the facility administrator, shall establish facility-specific policies and procedures to assure access to first aid and emergency services.	X			
(a) First aid kits shall be available in designated areas of each juvenile facility.	X			
(b) The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kits.	X			
Child supervision and health care staff shall be trained and written policies and procedures established to respond appropriately to emergencies requiring first aid.	X			
<b>1413 Individualized Treatment Plans</b> ( <i>Excluding Special Purpose Juvenile Halls</i> )				
With the exception of special purpose juvenile halls, the health administrator/responsible physician, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that health care treatment plans are developed for all youth who have received services for significant health care concerns.	X			
(a) Policies and procedures shall assure that health care treatment plans are considered in facility program planning.	X			
(b) Health care restrictions shall not limit participation of a youth in school, work assignments, exercise and other programs, beyond that which is necessary to protect the health of the youth or others.	X			
(c) Medical and mental health information shall be shared with youth supervision staff in accordance with Section 1407 for purposes of programming, treatment planning and implementation.	X			
(d) Program planning shall include pre-release arrangements for continuing medical and mental health care, together with participation in relevant programs upon return into the community.	X			
(d) Program planning shall include pre-release arrangements for continuing medical and mental health care, together with participation in relevant programs upon return into the community.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(e) Policies and procedures shall address accommodations for youth who may have special needs when using showers and toilets and dressing/undressing.	X			
Policy and procedures shall require that any youth who is suspected or confirmed to be developmentally disabled is referred to the local Regional Center for the Developmentally Disabled for purposes of diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends.	X			
<b>1414 Health Clearance for in-Custody Work and Program Assignments</b>  The health administrator/responsible physician, in cooperation with the facility administrator, shall develop health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to, food handlers. (See also Title 15 § 1465.)	X			
<b>1415 Health Education</b> (Excluding Special Purpose Juvenile Halls)  With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	X			
The education program shall be updated as necessary to address current health priorities and meet the needs of the confined population.	X			
<b>1416 Reproductive Services</b>  For all juvenile facilities, the health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure that reproductive health services are available to both male and female minors.	X			
Such services shall include but not be limited to those prescribed by Welfare and Institutions Code Sections 220, 221 and 222 and Health and Safety Code Section 123450.	X			
<b>Section 1417. Pregnant Minors.</b>  With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator, shall develop written policies and procedures pertaining to pregnant minors that address the following: a diet, vitamins and education as required by Penal Code Section 6030(e) and limitations on the use of restraints in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1430 Intake Health Screening</b></p> <p>The health administrator/responsible physician, in cooperation with the facility administrator and mental health director shall establish policies and procedures defining when a health evaluation and/or treatment shall be obtained prior to acceptance for booking. Policies and procedures shall also establish a documented intake health screening procedure to be conducted immediately upon entry to the facility.</p>	X			
<p>(a) The responsible physician shall establish criteria defining the types of apparent health conditions that would preclude acceptance of a minor into the facility without a documented medical clearance. The criteria shall be consistent with the facility's resources to safely hold the minor. At a minimum, such criteria shall provide:</p>	X			
<p>(1) a minor who is unconscious shall not be accepted into a facility;</p>	X			
<p>(2) minors who are known to have ingested or who appear to be under the influence of intoxicating substances shall be cleared in accordance with Section 1431;</p>	X			
<p>(3) written documentation of the circumstances and reasons for requiring a medical clearance whenever a minor is not accepted for booking; and,</p>	X			
<p>(4) written medical clearance shall be received prior to accepting any minor referred for a pre-booking treatment and clearance.</p>	X			
<p>(b) Procedures for an intake health screening shall consist of a defined, systematic inquiry and observation of every minor booked into the juvenile facility. The screening shall be conducted immediately upon entry to the facility and may be performed by either health care personnel or trained child supervision staff.</p>	X			
<p>(1) Screening procedures shall 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.</p>	X			
<p>(2) Any minor suspected to have a communicable disease that could pose a significant risk to others in the facility shall be separated from the general population pending the outcome of an evaluation by health care staff.</p>	X			
<p>(3) Procedures shall require timely referral for health care commensurate with the nature of any problems or complaint identified during the screening process.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1431 Intoxicated and Substance Abusing Minors</b>				
(a) The responsible physician, in cooperation with the health administrator and the facility administrator, shall develop and implement written policy and procedures that address the identification and management of alcohol and other drug intoxication in accordance with Section 1430.	X			
(b) Policy and procedures shall address:	X			
(1) designated housing, including use of any protective environment for placement of intoxicated youth;	X			
(2) symptoms or known history of ingestion that should prompt immediate referral for medical evaluation and treatment;	X			
(3) determining when the youth is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			
(4) medical responses to youth experiencing intoxication or withdrawal reactions;	X			
(5) management of pregnant youth who use alcohol or other drugs;	X			
(6) initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community consistent with Section 1413 and Section 1355; and,	X			
(7) coordination with mental health services in cases of substance abusing youth with known or suspected mental illness.	X			
(c) A medical clearance shall be obtained prior to booking any youth who is intoxicated to the extent that they are a threat to their own safety or the safety of others. Supervision of intoxicated youth who are cleared to be booked into a facility shall include monitoring by personal observation no less than once every 15 minutes until resolution of the intoxicated state.	X			
These observations shall be documented, with actual time of occurrence recorded.	X			
Medical staff, or child supervision staff operating pursuant to medical protocols, shall conduct a medical evaluation for all youth whose intoxicated behavior persists beyond six hours from the time of admission.	X			
<b>1432 Health Appraisals/Medical Examinations</b>				
The health administrator/responsible physician, in cooperation with the facility administrator for each juvenile hall, shall develop and implement written policy and procedures for a health appraisal/medical examination of youth and for the timely identification of conditions necessary to safeguard the health of the youth.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) The health appraisal/medical examination shall be completed within 96 hours of admission, excluding holidays, to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the youth while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the youth and conducted by a physician, or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician.	X			
(1) At a minimum, the health evaluation shall include a health history, examination, laboratory and diagnostic testing, and necessary immunizations as outlined below:	X			
(A) The health history includes: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other drugs), developmental history (e.g., school, home, and peer relations), sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			
(B) The examination includes: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, gross hearing test, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal, neurologic.	X			
(C) Laboratory and diagnostic testing includes: Tuberculosis screening and testing for sexually transmitted diseases for sexually active youth. Additional testing should be available as clinically indicated, including pregnancy testing, pap smears, urinalysis, hemoglobin or hematocrit.	X			
(D) Immunizations shall be verified and, within two weeks of the health appraisal/medical examination, a program shall be started to bring the youth's immunizations up-to-date in accordance with current public health guidelines.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(2) The health examination may be modified by the responsible physician, for youth admitted with an adequate examination done within the last 12 months, provided there is reason to believe that no substantial change would be expected since the last full evaluation. When this occurs, health care staff shall review the intake health screening form and conduct a face-to-face interview with the youth.	X			
(b) For adjudicated youth who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical evaluation and clearance. If this evaluation and clearance cannot be completed at the facility during the initial stay, it shall be completed prior to acceptance at the facility. This evaluation and clearance shall include screening for tuberculosis.	X			
(c) For youth who are transferred to juvenile facilities outside their detention system, the health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that a health appraisal/medical examination:	X			
(1) is received from the sending facility at or prior to the time of transfer;	X			
(2) is reviewed by designated health care staff at the receiving facility; and,	X			
(3) absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the youth within 96 hours of admission, excluding holidays.	X			
(d) The responsible physician shall develop policy and procedures to assure that youth who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination shall be reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.	X			
<b>1433 Requests for Health Care Services</b>				
The health administrator, in cooperation with the facility administrator, shall develop policy and procedures to establish a daily routine for youth to convey requests for emergency and non-emergency health care services.	X			
(a) There shall be opportunities for both written and verbal communications, including provision for youth who have language or literacy barriers.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) Child supervision staff shall relay requests from the youth, initiate referrals when a need for health care services is observed, and advocate for the youth when the need for services appears to be urgent.	X			
(c) Staff shall inquire and make observations regarding the health of each youth on a daily basis and in the event of possible injury.	X			
(d) There shall be opportunities available on a twenty-four hour per day basis for youth and staff to communicate the need for emergency health care services.	X			
(e) Provision shall be made for any youth requesting health care attention, or observed to be in need of health care, to be given that attention by licensed or certified health care personnel.	X			
(f) All health care requests shall be documented and maintained.	X			
<b>1434 Consent for Health Care</b>				
The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to obtain informed consent for health care examinations and treatment.	X			
(a) All examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.	X			
(b) There shall be provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent/guardian or other person standing in loco parentis, including the requirements in Welfare and Institutions Code Section 739.	X			
(c) Policy and procedures shall be consistent with applicable statutes in those instances where the youth's consent for testing or treatment is sufficient or specifically required.	X			
(d) Conservators can provide consent only within limits of their court authorization.	X			
Youth may refuse, verbally or in writing, non-emergency medical and mental healthcare.	X			
<b>1435 Dental Care</b>				
The health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to require that dental treatment be provided to youth as necessary to respond to acute conditions and to avert adverse effects on the youth's health and require preventive services as recommended by a dentist. Treatment shall not be limited to extractions.	X			
Annual dental exams shall be provided to any youth detained for longer than one year.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1436 Prostheses and Orthopedic Devices</b>				
(a) The health administrator, in cooperation with the facility administrator and the responsible physician shall develop written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			
(b) Prostheses shall be provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.	X			
(c) Procedures for retention and removal of prostheses shall comply with the requirements of Penal Code Section 2656.	X			
<b>1437 Mental Health Services and Transfer to a Treatment Facility</b>				
The health administrator/responsible physician, in cooperation with the mental health director and the facility administrator, shall establish policies and procedures to provide mental health services. These services shall include, but not be limited to:	X			
(a) screening for mental health problems at intake;	X			
(b) crisis intervention and the management of acute psychiatric episodes;	X			
(c) stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;	X			
(d) elective therapy services and preventive treatment where resources permit;	X			
(e) medication support services;	X			
(f) provision for timely referral, transportation, and admission to licensed mental health facilities, and follow-up for youth whose psychiatric needs exceed the treatment capability of the facility; and,	X			
(g) assurance that any youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication shall be provided a mental status assessment by a licensed mental health clinician, psychologist, or psychiatrist.	X			
(h) transition planning for youth undergoing mental health treatment, including arrangements for continuation of medication and therapeutic services.	X			
Mentally disordered youth who appear to be a danger to themselves or others, or to be gravely disabled, shall be evaluated either pursuant to applicable statute or by on-site licensed health personnel to determine if treatment can be initiated at the juvenile facility.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Absent an emergency, unless the juvenile facility has been designated as a Lanterman-Petris-Short (LPS) facility, and youth meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code Section 5000 et seq., all services shall be provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code Section 4011.8 or Welfare and Institutions Code Section 6552.	X			
<b>1438 Pharmaceutical Management</b>				
For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.	X			
(a) Such policies, procedures, space and accessories shall include, but not be limited to, the following:	X			
(1) securely lockable cabinets, closets, and refrigeration units;	X			
(2) a means for the positive identification of the recipient of the prescribed medication;	X			
(3) administration/delivery of medicines to youth as prescribed;	X			
(4) confirmation that the recipient has ingested the medication;	X			
(5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
(6) prohibition of the delivery of medication from one youth to another;	X			
(7) limitation to the length of time medication may be administered without further medical evaluation;	X			
(8) the length of time allowable for a physician's signature on verbal orders, not to exceed seven (7) days;	X			
(9) training for non-licensed personnel which 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 consultation for confirming ingestion of medication; and, consultation with health care staff for monitoring the youth's response to medication; and,	X			
(10) a written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.	X			
(11) transition planning.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:	X			
(1) Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law.	X			
(2) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health 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 personnel.	X			
(3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.	X			
(4) Preparation of labels can be done by a physician, dentist, pharmacist or other personnel, both licensed and 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 youth. Labels shall be prepared in accordance with Section 4047.5 of the Business and Professions Code.	X			
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law.	X			
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.	X			
(7) Licensed health care personnel and trained non-licensed personnel may deliver medication acting on the order of a prescriber.	X			
(8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures.	X			
(c) The responsible physician shall establish policies and procedures for managing and providing over -the-counter medications to youth.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1439 Psychotropic Medications</b>  The health administrator/responsible physician, in cooperation with the mental health director and the facility administrator, shall develop and implement written policies and procedures governing the use of voluntary and involuntary psychotropic medications. (a) These policies and procedures shall include, but not be limited to:	X			
(1) protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate to the youth's need;	X			
(2) the length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;	X			
(3) provision that youth who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;	X			
(4) 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			
(5) provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation.	X			
(b) Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity.	X			
(1) Youth shall be informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
(2) Absent an emergency, youth may refuse treatment.	X			
(c) Youth found by a physician to be a danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment.	X			
(d) Assessment and diagnosis must support the administration of psychotropic medications. Administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1452 Collection of Forensic Evidence</b></p> <p>The health administrator, in cooperation with the facility administrator, shall establish policies and procedures assuring that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing ongoing health care to the minor.</p>	X			
<p><b>1453 Sexual Assaults</b></p> <p>The health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures for treating victims of sexual assaults and for reporting such incidents to local law enforcement when they occur in the facility.</p>	X			
<p>The evidentiary examination and initial treatment of victims of sexual assault shall be conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.</p>	X			
<p><b>1454 Participation in Research</b></p> <p>The health administrator, in cooperation with the facility administrator, shall develop site specific policy and procedures governing biomedical or behavioral research involving youth. Such research shall occur only when ethical, medical and legal standards for human research are met. Written policy and procedure shall require assurances for the safety of the youth and informed consent.</p>	X			
<p>Participation shall not be a condition for obtaining privileges or other rewards in the facility. This regulation does not preclude the collection and analysis of routine facility data or use of Investigational New Drug protocols that are available in the community. Neither does it prohibit blind studies of disease prevalence performed under the auspices of the local health officer. The court, health administrator, and facility administrator shall be informed of all such proposed actions.</p>	X			
<p><b>1358 Use of Physical Restraints</b></p> <p>(a) The facility administrator, in cooperation with the responsible physician and mental health director, shall develop and implement written policies and procedures for the use of restraint devices.</p>	X			
<p>(b) Physical restraints may be used only for those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. The circumstances leading to the application of restraints must be documented.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
(d) In addition to the areas specifically outlined in this regulation, as a minimum, the policy shall address the following areas: known medical conditions that would contraindicate certain restraint devices and/or techniques; acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained youth; provision for hydration and sanitation needs; and exercising of extremities.	X			
(e) Youth shall be placed in restraints only with the approval of the facility manager or designee. The facility manager may delegate authority to place a youth in restraints to a physician. Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour.	X			
(f) A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than two hours from the time of placement. The youth shall be medically cleared for continued retention at least every three hours thereafter.	X			
(g) A mental health consultation shall be secured as soon as possible, but in no case longer than four hours from the time of placement, to assess the need for mental health treatment.	X			
(h) Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the youth. Observations of the youth's behavior and any staff interventions shall be documented at least every 15 minutes, with actual time of the documentation recorded. While in restraint devices all youth shall be housed alone or in a specified housing area for restrained youth which makes provision to protect the youth from abuse. In no case shall restraints be used as punishment or discipline, or as a substitute for treatment. Additionally, the affixing of hands and feet together behind the back (hogtying) is prohibited.	X			
(i) The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain youth for movement or transportation reasons.	X			
(j) The use of restraints on pregnant youth is limited in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1359 Safety Room Procedures</b>				
The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures governing the use of safety rooms, as described in Title 24, Part 2, Section 1230.1.13.	X			
The room shall be used to hold only those youth who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. A safety room shall not be used for punishment or discipline, or as a substitute for treatment. Policies and procedures shall:	X			
The safety room is not to be used for punishment, discipline, or as a substitute for treatment. Policies and procedures:	X			
(a) include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;	X			
(b) provide for approval of the facility manager, or designee, before a youth is placed into a safety room;	X			
(c) provide for continuous direct visual supervision and documentation of the youth's behavior and any staff interventions every 15 minutes, with actual time recorded;	X			
(d) provide that the youth shall be evaluated by the facility manager, or designee, every four hours;	X			
(e) provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call;	X			
(f) provide that a youth shall be medically cleared for continued retention every 24 hours;	X			
(g) provide that a mental health opinion is secured within 24 hours; and,	X			
(h) provide a process for documenting the reason for placement, including attempts to use less restrictive means of control, and decisions to continue and end placement.	X			

**Summary of medical/mental health evaluation:**

Ten medical records were randomly selected for review. All records were found to be well organized and in compliance with the components of the BSCC checklist. The policy and procedure manual was reviewed and there has been no addition since the previous inspection in 2016. Public health representatives continue to attend the quarterly Quality Assurance meetings.

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

BSCC #: \_\_\_\_\_

FACILITY NAME: Turlock Public Safety Facility (Temporary Detention Facility)		COUNTY: Stanislaus
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 224 N. Broadway Ave., Turlock, CA 95380 (209) 668-5550		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY:	TEMPORARY HOLDING FACILITY: X
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED: 3/29/2017	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Wallace Low, R.E.H.S. Senior Environmental Health Specialist, (209) 525-6741		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant Neil J. Cervenka, (209) 668-6506		
NUTRITIONAL EVALUATION	DATE INSPECTED: N/A	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): N/A		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): John Walker MD, Senior Public Health Advisor, (209) 558-8804		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sgt. Russ Holeman, Professional Standards and Training, (209) 668-6524		

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
<b>Article 12. Food</b>				
<p><b>Approach for Providing Food Service</b> <i>(Not applicable for CH.)</i></p> <p><i>The 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.</i></p> <p>Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.</p>			X	Food services are not provided at this facility. This facility will hold detainees for no more than 6 hours.
1. Food is prepared at another city or county detention facility.			X	
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.			X	
<p><b>1245 Kitchen Facilities, Sanitation and Food Service</b> <i>(Not applicable for CH.)</i></p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p>			X	
<p>In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to HSC §114381 is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation in these situations.)</i></p>			X	
HSC § 114130-114141			X	
HSC § 114099.6, 114095-114099.5, 114101-114109, 114123 and 114125 if a domestic or commercial dishwasher, capable of providing heat to the surface of utensils of at least 165 degrees Fahrenheit, is used to clean and sanitize multi-service utensils and multi-service consumer utensils;			X	
HSC § 114149-114149.3 except that, 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;			X	
HSC § 114268-114269			X	
HSC § 114279-114282			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1246 Food Serving and Supervision</b>				
Policies and procedures ensure that appropriate work assignments are made and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.			X	
<b>Article 14. Bedding and Linens</b>				
<b>1270 Standard Bedding and Linen Issue</b> <i>(Not applicable for CH.)</i>				Facility will hold detainees for no more than six hours.
The standard issue of clean suitable bedding and linens, for each inmate held for longer than 12 hours includes:			X	
One serviceable mattress which meets the requirements of Title 15 § 1272;			X	
One mattress cover or one sheet;			X	
One blanket, or more, depending upon climatic conditions.			X	
<b>1272 Mattresses</b> <i>(Not applicable for CH.)</i>				
Mattresses are enclosed in an easily cleaned, non-absorbent ticking and conform to the size of the bunk as referenced in Title 24, Section 470 A.3.5 Beds (at least 30" wide X 76" long).			X	
Any mattress purchased for issue to an inmate in a facility, which is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings for penal mattresses at the time of purchase.			X	
<b>Article 115. Facility Sanitation and Safety</b>				
<b>1280 Facility Sanitation, Safety and Maintenance</b>				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices.	X			
<b>Other Applicable Codes</b>				
<b>Title 24, Uniform Building Code – Plumbing</b>				
Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			
<b>Title 24, Uniform Building Code – Cleanliness and Repair</b>				
Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Title 24, Part 1, 13-102(c)6 – Heating and Cooling</b>				
There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements of Part 6, Title 24, CCR.	X			
<b>Title 24, Uniform Plumbing Code – Floor Drains</b>				
Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
<b>Title 24, Part 2, 470A.3.6 – Lighting</b>				
Lighting in housing units, dayrooms and activity areas is sufficient to permit easy reading by a person with normal vision.	X			
20 foot candles light are provided at desk level and in the grooming area. ( <i>Applicable to facilities constructed after 1980.</i> )			X	Unable to determine. It is comfortable to read at the desk level with the existing lighting level.
Lighting is centrally controlled or occupant controlled in housing cells or rooms.	X			
Night lighting provides good vision for supervision. ( <i>Applicable to facilities constructed after 1980.</i> )	X			
<b>CA Safe Drinking Water Act</b>				
Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			Water services are provided by city of Turlock Municipal Services.
<b>Local Ordinances</b>				
Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
<b>HSC § 114244-114245.8</b>				
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.	X			
<b>General Industry Safety Order, Title 8-3362</b>				
The facility is free of structural and other safety hazards.	X			

**Summary of environmental health evaluation:**

The annual Title 15 inspection was conducted on March 29, 2017. Representative present the Turlock Public Safety Facility was Sergeant Neil J. Cervenka from the Turlock Police Services Department and myself, Wallace Low, R.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 Sergeant Neil J. Cervenka.

At the time of inspection, the facility was not occupied. The facility was observed in a clean and sanitary condition. All the plumbing fixtures was noted functioning properly. Hot water temperature of 110°F was observed in holding cell # 3.

This facility does not have a built-in food facility and does not maintain storage of inmate personal belongings. Facility does not provide inmate clothing.

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p><b>1213 Detoxification Treatment</b> (Not applicable for CH.)</p> <p>Medical policies on detoxification include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.</p>			X	Referred for medical evaluation. Detoxification not done. No detoxification cell.
<p>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.</p>			X	Detention limited to six (6) hours.
<p><b>1219 Suicide Prevention Program</b></p> <p>There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.</p>	X			
<p><b>1220 First Aid Kits</b></p> <p>One or more first aid kits are available in the facility.</p>	X			
<p>The facility administrator has approved the contents, number, location and procedure for periodic inspection of the kit(s).</p>	X			
<p><b>1046 Death in Custody</b></p> <p>Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.</p>	X			
<p>When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.</p>	X			
<p><b>1051 Communicable Diseases</b></p> <p>Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed.</p>	X			
<p>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.</p>	X			
<p>The inmate's response is noted on the booking form and/or screening device.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>1052 Mentally Disordered Inmates</b>				
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.			X	Not detained.
<b>1055 Use of Safety Cell (Not applicable for CH)</b>				
A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.			X	No Safety Cells.
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.			X	
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	
<b>1056 Use of Sobering Cell (Not applicable for CH)</b>				
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.			X	
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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	
<b>1057 Developmentally Disabled Inmates</b>				
There are procedures for the identification and evaluation of all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>	X			
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>			X	
<b>1058 Use of Restraint Devices</b>				
(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 policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every two hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than <u>four</u> hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every <u>six</u> hours.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
A mental health consultation is secured as soon as possible, but no later than <u>eight</u> hours from the time of placement.	X			

**Summary of medical/mental health evaluation:**

The new Policy and Procedure Manual, dated December 2016, was reviewed. An electronic copy of the manual was requested and obtained. The most noteworthy addition since the 2011 edition was the section regarding the Prison Rape Prevention program. Manual contents also included the sections on special precautions for adolescent and female detainees.

Dr. Walker requested the 2017 detention log, and inquired specifically regarding adolescent detainees. None were noted during prior inspections since the 2013 facility opening. There were four during 2017, and all four were reviewed. All were consistent with code guidelines and requirements.

Overall, this low-volume Temporary Detention Facility continues to be commendably compliant with Health and Safety Standards.