

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

DEPT: Health Services Agency

BOARD AGENDA:6.B.1
AGENDA DATE: December 7, 2021

SUBJECT:

Approval to Accept the Annual Local Detention Facilities Inspection Report Pursuant to Health and Safety Code Section 101045

BOARD ACTION AS FOLLOWS:

RESOLUTION NO. 2021-0577

On motion of Supervisor B. Condit Seconded by Supervisor Withrow
and approved by the following vote,

Ayes: Supervisors: B. Condit, Withrow, Grewal, C. Condit, and Chairman Chiesa

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

- 1) Approved as recommended
- 2) Denied
- 3) Approved as amended
- 4) Other:

MOTION:

ATTEST: Elizabeth A. King
ELIZABETH A. KING, Clerk of the Board of Supervisors

File No.

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

DEPT: Health Services Agency

BOARD AGENDA:6.B.1
AGENDA DATE: December 7, 2021

CONSENT:

CEO CONCURRENCE: YES

4/5 Vote Required: No

SUBJECT:

Approval to Accept the Annual Local Detention Facilities Inspection Report Pursuant to Health and Safety Code Section 101045

STAFF RECOMMENDATION:

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 to evaluate compliance with the legally mandated minimum standards and the submission of a written report to the Board of Corrections, the Sheriff, Probation Chief, Jail Administrators, and the Board of Supervisors. Acceptance of this report ensures the County's compliance with the California Health and Safety Code, Section 101045.

The evaluation is coordinated and compiled every other year by the Health Services Agency (HSA) alternating with the Department of Environmental Resources (DER). The inspections and evaluations of the facilities are conducted using a survey team approach comprised of HSA and DER staff, with the various sections assigned to the appropriate staff at each department. The criteria for evaluation of detention facilities are contained in Title 15 of the California Code of Regulations. The annual inspections and evaluations are included in the 2021 Local Detention Facility Health Inspection Report attached. Summarized findings and comments are below.

Environmental Health Inspections

During 2021, representatives from DER inspected three facilities consisting of the Court Holding Facility, Public Safety Center, and Juvenile Justice Center. No deficiencies were noted at any of the sites.

Nutrition Inspections

Nutritional inspections were conducted by a registered dietician from the HSA's Nutrition Program. The Juvenile Justice Center has an onsite kitchen facility and provides staffing for food service. The kitchen at the Public Safety Center is managed by the Sheriff's Department and provides food service for the Public Safety Center and the Court Holding Facility. In addition, the dietician inspector evaluated compliance with nutritional

guidelines for inmates in the Court Holding Facility. 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 Policy and Procedure Manuals, meetings with facility management, and interviews with key medical and mental health staff. No policy deficiencies were identified; however, it is recommended that staff are informed of changes in State masking guidance for State and local correctional facilities and detention centers and that ongoing training be implemented to ensure consistent adherence to current State mask requirements. The facility managers have commended the current medical/mental health contractor for the services provided to inmates and detainees. Overall, the facilities are following appropriate policy and procedure.

POLICY ISSUE:

The California Health and Safety Code, Section 101045 requires the annual inspection of local jail/detention facilities to evaluate compliance with the legally mandated minimum standards and the submission of a written report to the Board of Corrections, the Sheriff, Probation Chief, Jail Administrators, and the Board of Supervisors. The criteria for evaluation of detention facilities are contained in Title 15 of the California Code of Regulations.

FISCAL IMPACT:

Approximately 90 hours of combined DER and HSA staff time were 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' 2021-2022 Adopted Final Budget.

BOARD OF SUPERVISORS' PRIORITY:

The recommended action is consistent with the Board's priorities of *Supporting Community Health* and *Delivering Efficient Public Services and Community Infrastructure* 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 DER and HSA conducted the inspections/evaluations.

CONTACT PERSON:

Mary Ann Lilly-Tengowski, Managing Director
Lori Williams, Director of Public Health

(209) 558-7163
(209) 558-8804

ATTACHMENT(S):

1. 2021 Stanislaus County Jail Inspection Report

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

BSCC #: _____

FACILITY NAME: The Stanislaus County Public Safety Center		COUNTY: Stanislaus County		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 200 Hackett Road Modesto, CA 95358 (209)525-5630				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II: X	TYPE III: X	TYPE IV: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: February 9, 2021 Population: Male 1041 Female 114 Total 1155		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Waleed Yosif, REHS, Senior Environmental Health Specialist, (209) 525-6703 Alondra Estrada, REHS, Registered Environmental Health Specialist, (209) 525-6733				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant Anthony Elliott, Operations Sergeant, (209) 525-5618 Sergeant Ruben Flores, Operations Sergeant, (209) 491-8784 Sergeant Joe Crabtree, (209) 525-5621 Deputy Travis Jackson, (209) 525-5608				
NUTRITIONAL EVALUATION		DATE INSPECTED: 10/08/2021		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Maricela Torres, MPH, RD., Public Health Nutritionist II, Stanislaus County Health Services Agency, (209) 525-4815				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Cris McNally, Sheriff Support Services Supervisor, Stanislaus County Sheriff's Office, (209)652-2297				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: 07/30/2021		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Angelique Adams-Altamirano, Staff Services Coordinator, Health Services Agency, Public Health Division, 209-558-7576 Daniel Martin, Medical Investigator, Health Services Agency, Public Health Division, 209-558-5110 Hong Yen Nguyen, Public Health Nurse II, Health Services Agency, Public Health Division, 209-558-4585 Barbara Vassell, Communicable Disease Manager, Health Services Agency, Public Health Division, 209-558-7533 Grace Wekhomba, Public Health Nurse II, Health Services Agency, Public Health Division, 209-558-7277				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Augustine Torres, Deputy, Stanislaus County Sheriff's Department Joe Caporgno, Registered Nurse, Nursing Supervisor, WellPath Medical Group Erin Franchi-Baldwin, Registered Nurse, Nurse Supervisor, WellPath Medical Group SGT. A. Wright, Stanislaus County Sheriff's Department SGT. Joe Crabtree, Stanislaus County Sheriff's Department Holly Shwartz, Family Nurse Practitioner, WellPath Medical Group				

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.	X			
1. Food is prepared at another city or county detention facility.		X		Food is prepared on-site.
2. Food is contracted through a private vendor who had been inspected and complies with provisions of CalCode.		X		
1230 Food Handlers The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of inmate food service workers prior to working in the facility kitchen.	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 shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.	X			
1243 Food Service Plan Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures: (a) menu planning; (b) purchasing; (c) storage and inventory control; (d) food preparation; (e) food serving; (f) transporting food; (g) orientation and ongoing training; (h) personnel supervision; (i) budgets and food cost accounting; (j) documentation and record keeping; (k) emergency feeding plan; (l) waste management; (m) maintenance and repair; and (n) three-day mainline sample tray.				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.
		Do not identify compliance with this section here. See comments.		

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1245 Kitchen Facilities, Sanitation and Food Service				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.
(a) 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, Sections 113700 et seq. California Retail Food Code.	X			
(b) In facilities where inmates prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer:			X	
1) HSC §114130-114141.	X			
2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;	X			
3) H & S Sections 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			
4) HSC § 114268-114269; and,	X			
5) HSC § 114279-114282	X			
1246 Food Serving and Supervision				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 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.	X			
Article 13. Inmate Clothing and Personal Hygiene				
1260 Standard Institutional Clothing				Observed the inmate clothing storage area. Clothing was randomly inspected. Clothing appeared satisfactory.
The standard issue of climatically suitable clothing to inmates held after arraignment in all but Court Holding, Temporary Holding and Type IV facilities shall include, but not be limited to:	X			
(a) Clean socks and footwear;	X			
(b) Clean outer garments; and,	X			
(c) Clean undergarments;				
1) for males - shorts and undershirt, and	X			
2) for females - bra and two pairs of panties.				
The inmates' personal undergarments and footwear may be substituted for the institutional undergarments and footwear specified in this regulation. This option notwithstanding, the facility has the primary responsibility to provide the personal undergarments and footwear.	X			
Clothing is reasonably fitted, durable, easily laundered and repaired.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1261 Special Clothing Provision shall be made to issue suitable additional clothing, essential for inmates to perform such special work assignments as food service, medical, farm, sanitation, mechanical, and other specified work.	X			
1262 Clothing Exchange There shall be written policies and procedures developed by the facility administrator for the scheduled exchange of clothing.	X			
Unless work, climatic conditions, illness, or California Retail Food Code necessitates more frequent exchange, outer garments, except footwear, shall be exchanged at least once each week.	X			
Undergarments and socks shall be exchanged twice each week.	X			
1263 Clothing Supply There shall be a quantity of clothing, bedding, and linen available for actual and replacement needs of the inmate population.	X			
Written policy and procedures shall specify handling of laundry that is known or suspected to be contaminated with infectious material.	X			
1264 Control of Vermin in Inmates' Personal Clothing There shall be written policies and procedures developed by the facility administrator to control the contamination and/or spread of vermin in all inmates' personal clothing.	X			
Infested clothing shall be cleaned, disinfected, or stored in a closed container so as to eradicate or stop the spread of the vermin.	X			
1265 Issue of Personal Care Items There shall be written policies and procedures developed by the facility administrator for the issue of personal hygiene items.	X			
Each female inmate shall be provided with sanitary napkins, panty liners, and tampons as requested.	X			
Each inmate to be held over 24 hours who is unable to supply himself/herself with the following personal care items, because of either indigency or the absence of an inmate canteen, shall be issued:	X			
(a) Toothbrush,	X			
(b) Dentifrice,	X			
(c) Soap,	X			
(d) Comb, and	X			
(e) Shaving implements.	X			
Inmates shall not be required to share any personal care items listed in items "a" through "d."	X			Inmates do not share shaving implements. Personal care items are not shared.
Inmates will not share disposable razors. Double edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among inmates, must be disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in Sections 979 and 980, Division 9, Title 16, California Code of Regulations.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1266 Showering There shall be written policies and procedures developed by the facility administrator for inmate showering/bathing.	X			
Inmates shall be permitted to shower/bathe upon assignment to a housing unit and at least every other day or more often if possible.	X			
1267 Hair Care Services (a) Hair care services shall be available.	X			
(b) Inmates, except those who may not shave for reasons of identification in court, shall be allowed to shave daily and receive hair care services at least once a month. The facility administrator may suspend this requirement in relation to inmates who are considered to be a danger to themselves or others.	X			
(c) Equipment shall be 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, Sections 979 and 980, California Code of Regulations.	X			Clippicide is supplied with the barber kits.
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue The standard issue of clean suitable bedding and linens, for each inmate entering a living area who is expected to remain overnight, shall include, but not be limited to:	X			As per the ADPM.
(a) one serviceable mattress which meets the requirements of Section 1272 of these regulations;	X			Randomly selected mattresses appear to be in satisfactory condition.
(b) one mattress cover or one sheet;	X			Randomly selected covers and sheets appear to be in satisfactory condition.
(c) one towel; and,	X			Randomly selected towels appear to be in satisfactory condition.
(d) one blanket or more depending upon climatic conditions. Two blankets or sleep bag may be issued in place of one mattress cover or one sheet.	X			Randomly selected blankets appear to be in satisfactory condition.
1271 Bedding and Linen Exchange There shall be written policies and procedures developed by the facility administrator 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 shall be exchanged for clean replacement at least once each week.	X			
If a top sheet is not issued, blankets or sleep bags shall be laundered or dry cleaned at least once a month or more often if necessary. If a top sheet is issued, blankets shall be laundered or dry cleaned at least every three months.	X			
1272 Mattresses Any mattress issued to an inmate in any facility shall be enclosed in an easily cleaned, non-absorbent ticking, and conform to the size of the bunk as referenced in Title 24, Part 2, Section 1231.3.5, Beds.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Any mattress purchased for issue to an inmate in a facility which is locked to prevent unimpeded access to the outdoors shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and the Bureau of Home Furnishings' test standard for penal mattresses at the time of purchase.	X			
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance The facility administrator shall develop written policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
Such a plan shall provide for a regular schedule of housekeeping tasks and inspections to identify and correct unsanitary or unsafe conditions or work practices which may be found.	X			
Medical care housing as described in Title 24, Part 2, Section 1231.2.14, shall be cleaned and sanitized according to policies and procedures established by the health authority.	X			

Summary of environmental health evaluation:

On February 9, 2021, Senior Environmental Health Specialist, Waleed Yosif, from Stanislaus County Department of Environmental Resources conducted the annual Title 15 inspection with Sgt. Anthony Elliott, Sgt. Ruben Flores, Sgt. Joe Crabtree, and Sgt. Travis Jackson from Stanislaus County REACT Center & Public Safety Center. There were 1041 male inmates and 114 female inmates housed at the facility at the time of inspection. Several occupied holding cells in REACT Center, PSC West, PSC East, and Unit 2 were randomly selected for inspections and found to be in satisfactory condition. The 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 in all inspected facilities was comfortable.

The Public Safety Center and REACT center have multiple food facilities that are inspected by Registered Environmental Health Specialists, Alondra Estrada, from Stanislaus County Department of Environmental Resources. No significant violations were noted during the time of inspections. The overall sanitation and condition of the facilities were good.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
<p>1230 Food Handlers</p> <p><i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i></p> <p>The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of inmate food service workers prior to working in the facility kitchen.</p> <p>There shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.</p>	Do not identify compliance with this regulation here. See comments.			<p><i>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.</i></p>
<p>1240 Frequency of Serving</p> <p>In Temporary Holding, Type I, II, and III facilities, and those Type IV facilities where food is served, food shall be served three times in any 24-hour period.</p>	X			Food is prepared in the main/central kitchen and delivered to each of the facilities. They are heated at the facilities and then served.
At least one of these meals shall include hot food.	X			Breakfast and dinner are served hot. Lunch is cold.
Supplemental food must be served to inmates if more than 14 hours pass between meals.	X			Breakfast – 4:30AM, Lunch at 10:30AM, Dinner at 3:30PM
Supplemental food must be served to inmates on medical diets in less than a 14-hour period if prescribed by the responsible physician.	X			Diabetic and pregnant are served one extra milk and sandwich. Additional food as prescribed by physician.
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those inmates on medical diets where the responsible physician has prescribed additional time.	X			15 minutes are allowed for meals
Provisions shall be made for inmates who may miss a regularly scheduled facility meal. They shall be provided with a substitute meal and beverage, and inmates on medical diets shall be provided with their prescribed meal.	X			Provide sack lunch
<p>1241 Minimum Diet</p> <p>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 2015-2020 Dietary Guidelines for Americans. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served.</p> <p>(a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.</p>	X			
<p>(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating women, the requirement is four servings of milk or milk products.</p>	X			
<p>(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:</p>	X			
<p>(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.</p>	X			
<p>(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.</p>	X			
<p>(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings. Providing only the minimum servings outlined in this regulation is not sufficient to meet the inmates' caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable.	X			All breads are whole wheat.
Facility diets shall consider the recommendations and intentions of the 2015-2020 Dietary Guidelines of Americans of reducing overall sugar and sodium levels	X			
1242 Menus Menus in Type II and III facilities, and those Type IV facilities where food is served, shall be planned at least one month in advance of their use. Menus shall be planned to provide a variety of foods, thus preventing repetitive meals. Menus shall be approved by a registered dietitian before being used.	X			A 4-week cycle is used.
If any meal served varies from the planned menu, the change shall be noted in writing on the menu and/or production sheet.	X			
Menus, as planned, including changes, shall be evaluated by a registered dietitian at least annually.	X			All menus signed off and approved by RD (Registered Dietitian)
1243 Food Service Plan Facilities shall have a written food service plan that shall comply with the applicable California Retail Food Code. In facilities with an average daily population of 100 or more, there shall be employed or available, a trained experienced food services manager to prepare and implement a food service plan. In facilities of less than an average daily population of 100 that do not employ or have a food services manager available, the facility administrator shall prepare a food service plan. The plan shall include, but not limited to, the following policies and procedures:				
(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 ongoing training;	X			
(h) personnel supervision;	X			
(i) budgets and food cost accounting;	X			
(j) documentation and record keeping;	X			
(k) emergency feeding plan;	X			
(l) waste management;	X			
(m) maintenance and repair; and,	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(n) three-day mainline sample tray.	X			Kept in refrigerator.
1245 Kitchen Facilities, Sanitation and Food Service				
a) 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, Sections 113700 et seq. California Retail Food Code.				
b) In facilities where inmates prepare meals for self-consumption or where frozen meals or pre-prepared food from other permitted food facilities (see Health and Safety Code Section 114381) are (re)heated and served, the following applicable California Retail Food Code standards may be waived by the local health officer:				
(1) H & S Sections 114130-114141;				
(2) H & S Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125, if a domestic or commercial dishwasher capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service utensils and multi-service consumer utensils;				
(3) H & S Sections 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;				
(4) H & S Sections 114268-114269; and,				
(5) H & S Sections 114279-114282.				
1246 Food Serving and Supervision Policies and 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.				Served by staff.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1247 Disciplinary Separation Diet</p> <p>(a) A disciplinary separation diet which is nutritionally balanced may be served to an inmate. No inmate receiving a prescribed medical diet is to be placed on a disciplinary separation diet without review by the responsible physician or pursuant to a written plan approved by the physician.</p> <p>Such a diet shall be served twice in each 24 hour period and shall consist of one-half of the loaf (or a minimum of 19 oz. cooked loaf) described in the regulation, or other equally nutritious diet, along with two slices of whole wheat bread and at least one quart of drinking water if the cell does not have a water supply.</p> <p>The use of disciplinary separation diet shall constitute an exception to the three-meal-a-day standard. Should a facility administrator wish to provide an alternate disciplinary diet, such a diet shall be submitted to the Board for approval.</p>	X			
<p>(b) The disciplinary diet loaf shall consist of the following:</p> <ul style="list-style-type: none"> 2-1/2 oz. nonfat dry milk 4-1/2 oz. raw grated potato 3 oz. raw carrots, chopped or grated fine 1-1/2 oz. tomato juice or puree 4-1/2 oz. raw cabbage, chopped fine 7 oz. lean ground beef, turkey or rehydrated, canned, or frozen Textured Vegetable Protein (TVP) 2-1/2 fl. oz. oil 1-1/2 oz. whole wheat flour 1/4 tsp. salt 4 tsp. raw onion, chopped 1 egg 6 oz. dry red beans, pre-cooked before baking (or 16 oz. canned or cooked red kidney beans) 4 tsp. chili powder 	X			The isolation diet is served for breakfast and dinner
<p>1248 Medical Diets</p> <p>The responsible physician, in consultation with the facility administrator, shall develop written policies and procedures that identify the individual(s) who are authorized to prescribe a medical diet.</p>	X			
<p>The medical diets utilized by a facility shall be planned, prepared and served with consultation from a registered dietitian.</p>	X			
<p>The facility manager shall comply with any medical diet prescribed for an inmate.</p>	X			If a medical diet is not included in the manual for reference, the facility manager consults with RD.
<p>The facility manager and responsible physician shall ensure that the medical diet manual, which includes sample menus of medical diets, shall be available in both the medical unit and the food service office for reference and information.</p>	X			
<p>A registered dietitian shall review, and the responsible physician shall approve, the diet manual on an annual basis.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Pregnant women shall be provided a balanced, nutritious diet approved by a doctor.	X			

Summary of nutritional evaluation:

- All meals are prepared in the central kitchen 2 days in advance using “cook/chill” method.
- After delivery to each site, food is heated and served.
- ESHA nutrition analysis program is used and updated yearly.
- The Diet Manual is complete with updated therapeutic diets/sample menus. The manual was approved by RD 04/29/2021.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In Type I, II, III and IV facilities, the facility administrator shall have the responsibility to ensure provision of emergency and basic health care services to all inmates.	X			
Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist respectively.	X			
Security regulations applicable to facility personnel also apply to health personnel.	X			
Each facility shall have at least one physician available to treat physical disorders.	X			
In Type IV facilities, compliance may be attained by providing access into the community; however, in such cases, there shall be a written plan for the treatment, transfer, or referral in the event of an emergency.	X			
In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.	X			
1202 Health Service Audits The health authority shall develop and implement a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually.	X			
The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications State and/or local licensure and/or certification requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply to health care personnel working in the facility the same as to those working in the community.	X			
Copies of licensing and/or certification credentials shall be on file in the facility or at a central location where they are available for review.	X			
1204 Health Care Procedures Health care performed by personnel other than a physician shall be performed pursuant to written protocol or order of the responsible health care staff.	X			
1205 Health Care Records (a) The health authority shall maintain individual, complete and dated health records in compliance with state statute to include, but not be limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) Receiving screening form/history	X			
(2) 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 treated; and,	X			
(6) Medication records in conformance with Title 15 §1216.	X			
(b) The physician/patient confidentiality privilege applies to the health care record. Access to the health record shall be controlled by the health authority or designee.	X			
The health authority shall ensure the confidentiality of each inmate's health care record file (paper or electronic) and such files shall be maintained separately from and in no way be part of the inmate's other jail records.	X			
Within the provisions of HIPAA 45 C.F.R., Section 164.512(k)(5)(i), the responsible physician or designee shall communicate information obtained in the course of 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			
(c) Written authorization by the inmate is necessary for transfer of health care record information unless otherwise provided by law or administrative regulations having the force and effect of law.	X			
(d) Inmates shall not be used for health care recordkeeping.	X			
1206 Health Care Procedures Manual The health authority shall, in cooperation with the facility administrator, set forth in writing, policies and procedures in conformance with applicable state and federal law, which are reviewed and updated at least every two years and include but are not limited to:	X			
(a) Summoning and application of proper medical aid;	X			
(b) Contact and consultation with other treating health care professionals;	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			
(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;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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			Covid-19 plan reviewed. Covid-19 screening done outside of the building. Any inmate that answers yes to any of the questions on the Covid-19 screening are required to quarantine.
(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) the transfer of pertinent individualized health care information, or individual 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 notification pursuant to Health and Safety Code Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease.	X			
Procedures for notification to the transferring health care staff shall allow sufficient time to prepare the summary.	X			
The summary information shall identify the sending facility and be 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 shall be 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 shall not be performed by medical personnel responsible for providing ongoing care to the inmates;	X			
(p) Provisions for application and removal of restraints on pregnant inmates consistent with Penal Code Section 3407;	X			
(q) Other services mandated by statute; and,	X			
(r) provisions for timely and appropriate medical and mental health screenings, access to medical and mental health services, and no-cost access to contraception and STD treatment, for inmates who have reported sexual abuse or sexual harassment, regardless of the location where the incident(s) occurred.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1206.5 Management of Communicable Diseases				Covid-19 plan reviewed, and a written plan is in place.
(a) The responsible physician, in conjunction with the facility administrator and the county health officer, shall develop a written plan to address the identification, treatment, control and follow-up management of tuberculosis and other communicable diseases.	X			
The plan shall cover the intake screening procedures, identification of relevant symptoms, referral for a medical evaluation, treatment responsibilities during incarceration and coordination with public health officials for follow-up treatment in the community.	X			
The plan shall reflect the current local incidence of communicable diseases which threaten the health of inmates and staff.	X			
(b) Consistent with the above plan, the health authority shall, in cooperation with the facility administrator and the county health officer, set forth in writing, policies and procedures in conformance with applicable state and federal law, which include, but are not limited to:	X			
(1) The types of communicable diseases to be reported;	X			
(2) The persons who shall receive the medical reports;	X			
(3) Sharing of medical information with inmates and custody staff;	X			
(4) Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
(5) Medical confidentiality requirements;	X			
(6) Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
(7) Provision for inmate consent that address the limits of confidentiality; and,	X			
(8) Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			
1207 Medical Receiving Screening				
With the exception of inmates transferred directly within a custody system with documented receiving screening, a screening shall be completed on all inmates at the time of intake	X			
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.	X			Screening questionnaire and Covid-19 supplemental screening is completed in accordance with written processes and custody staff will contact medical staff for evaluation when indicated.
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening.	X			
The training depends on the role staff are expected to play in the receiving screening process.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).	X			
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.	X			
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.	X			
1207.5 Special Mental Disorder Assessment An additional mental health screening will be performed, according to written procedures, on women who have given birth within the past year and are charged with murder or attempted murder of their infants. Such screening will be performed at intake and if the assessment indicates postpartum psychosis a referral for further evaluation will be made.	X			
1208 Access to Treatment The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during his/her incarceration subsequent to the receiving screening.	X			
The written plan shall also include the assessment and treatment of such inmates as described in Title 15, Section 1207, Medical Receiving Screening.	X			
Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and/or direction of licensed health personnel.	X			
1208.5. Health Care Maintenance For inmates undergoing prolonged incarceration, an age appropriate and risk factor based health maintenance visit shall take place within the inmate's second anniversary of incarceration.	X			
The specific components of the health maintenance examinations shall be determined by the responsible physician based on the age, gender, and health of the inmate.	X			
Thereafter, the health maintenance examinations shall be repeated at reasonable intervals as determined by the responsible physician.	X			
1209 Mental Health Services and Transfer to a Treatment Facility (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:	X			
1. Identification and referral of inmates with mental health needs;	X			
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.	X			
3. Crisis intervention services;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
4. Basic mental health services provided, as clinically indicated;	X			
5. Medication support services; and,	X			
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.	X			
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility. Prior to the transfer, the inmate may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the inmate meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.	X			
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:	X			
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;	X			
2. Designation of an appropriate setting where the involuntary administration of medication will occur;	X			
3. Designation of restraint procedures and/or devices that may be used to maintain the safety of the inmate and facility staff;	X			
4. 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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and	X			
6. Documentation of the administration of involuntary medication in the inmate's medical record.	X			
1210 Individualized Treatment Plans				
(a) For each inmate treated by a mental health service in a jail, the responsible health care shall develop a written treatment plan.	X			
The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	X			
(b) For each inmate treated for health conditions for which additional treatment, special accommodations and/or a schedule of follow-up care is/are needed during the period of incarceration, responsible health care staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.	X			
1211 Sick Call There shall be written policies and procedures developed by the facility administrator, in cooperation with the health authority, which provides for a daily sick call conducted for all inmates or provision made that any inmate requesting medical/mental health attention be given such attention.	X			Policies and procedures were reviewed for sick call requests made by inmates.
1212 Vermin Control The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.	X			
1213 Detoxification Treatment The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.	X			
1214 Informed Consent The health authority shall set forth in writing a plan for informed consent of inmates in a language understood by the inmate.	X			
Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any inmate who has not been adjudicated to be incompetent may refuse non-emergency medical and mental health care.	X			
Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an inmate.	X			
1215 Dental Care The facility administrator shall develop written policies and procedures to ensure emergency and medically required dental care is provided to each inmate, upon request, under the direction and supervision of a dentist, licensed in the state.	X			A dentist and a dental hygienist are available to provide dental care for inmates in the dental lab.
1216 Pharmaceutical Management (a) The health authority in consultation with a pharmacist and the facility administrator, shall develop written plans, establish procedures, and provide space and accessories for the secure storage, the controlled administration, and disposal of all legally obtained drugs. Such plans, 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) Procedures for administration/delivery of medicines to inmates as prescribed;	X			
(4) Confirming that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, Section 1216(d);	X			
(5) That prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			
(6) Prohibiting the delivery of drugs by inmates;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(7) Limitation to the length of time medication may be administered without further medical evaluation; and,	X			
(8) Limitation to the length of time required for a physician's signature on verbal orders.	X			
(9) 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			
(b) Consistent with pharmacy laws and regulations, the health authority shall establish written protocols that limit the following functions to being performed by the identified personnel:	X			
(1) Procurement shall be done 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 be accessed only by licensed health personnel. Supplies of legend medications that have been dispensed and supplies of over-the-counter medications may be accessed by either licensed or 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 only be done by a physician, dentist, pharmacist or other persons, either licensed or 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 inmate. Labels shall be prepared in accordance with section 4076, Business and Professions Code.	X			
(5) Dispensing shall only be done by a physician, dentist, pharmacist, or persons authorized by law.	X			
(6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication acting on the order of a prescriber.	X			WellPath Nursing staff distribute pharmaceuticals to inmates
(7) Delivery of medication may be done by either licensed or non-licensed personnel, e.g., custody staff, acting on the order of a prescriber.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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 the Drug Enforcement Administration disposal procedures.	X			
(c) Policy and procedures on “over-the-counter” medications shall include, but not be limited to, how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.	X			
(d) Policy and procedures may allow inmate self-administration of prescribed medications under limited circumstances. Policies and procedures shall include but are not limited to the following considerations:			X	Inmates do not self-administer prescribed medication
(1) Medications permitted for self-administration are limited to those with no recognized abuse potential. Medications for treatment of tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential are excluded from self-administration.			X	Inmates do not self-administer prescribed medication
(2) Inmates with histories of frequent rule violations of any type, or who are found to be in violation of rules regarding self-administration, are excluded from self-administration.			X	Inmates do not self-administer prescribed medication
(3) Prescribing health care staff 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	Inmates do not self-administer prescribed medication
(4) Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person.			X	Inmates do not self-administer prescribed medication
(5) Provisions are made for the 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 self-administration.			X	Inmates do not self-administer prescribed medication
(6) Provisions are made for health care staff to perform 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	Inmates do not self-administer prescribed medication

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1217 Psychotropic Medications The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications.	X			
An inmate found by a physician to be a danger to him/herself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis.	X			
Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders	X			
An emergency is a situation in which action to impose treatment over the inmate's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first gain consent. It is not necessary for harm to take place prior to treatment.	X			
If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition. The medication shall be prescribed by a physician following a clinical evaluation. The responsible physician shall develop a protocol for the supervision and monitoring of inmates involuntarily receiving psychotropic medication.	X			
Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his or her informed consent in accordance with Welfare and Institutions Code Section 5326.2, or has been found to lack the capacity to give informed consent consistent with the county's hearing procedures under the Lanterman-Petris-Short Act for handling capacity determinations and subsequent reviews.	X			
There shall be a policy which limits the length of time both voluntary and involuntary psychotropic medications may be administered and a plan of 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			
1220 First Aid Kits First aid kit(s) shall be available in all facilities.	X			Inspected and verified First Aid Kits
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
ARTICLE 4, RECORDS AND PUBLIC INFORMATION				
1046 Death in Custody				Review completed within 30 days by Medical Team and Jail Administration.
(a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.	X			
Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.	X			
(b) Death of a Minor. In any case in which a minor dies while detained in a jail, lockup, or court holding facility:			X	This is an adult only facility, there are no minors housed at this facility.
(1) the administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.	X			
(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.			X	This is an adult only facility, there are no minors housed at this facility.
ARTICLE 3, TRAINING, PERSONNEL AND MANAGEMENT				
1030. Suicide Prevention Program. The facility shall have a comprehensive written suicide prevention program developed by the facility administrator, in conjunction with the health authority and mental health director, to identify, monitor, and provide treatment to those inmates who present a suicide risk.	X			Annual training is completed.
(a) Suicide prevention training for all staff that have direct contact with inmates.	X			
(b) Intake screening for suicide risk immediately upon intake and prior to housing assignment.	X			
(c) Provisions facilitating communication among arresting/transporting officers, facility staff, medical and mental health personnel in relation to suicide risk.	X			
(d) Housing recommendations for inmates at risk of suicide.	X			
(e) Supervision depending on level of suicide risk.	X			
(f) Suicide attempt and suicide intervention policies and procedures.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(g) Provisions for reporting suicides and suicides attempts.	X			
(h) Multi-disciplinary administrative review of suicides and attempted suicides as defined by the facility administrator.	X			
ARTICLE 5, CLASSIFICATION AND SEGREGATION				
1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.	X			Written policy and procedures have been reviewed for all inmate's displaying any symptom's that would require segregation of an inmate.
At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.	X			
The response shall be noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled.	X			
An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.	X			
1055 Use of Safety Cell The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others	X			
The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.	X			
In no case shall the safety cell be used for punishment or as a substitute for treatment.	X			
An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.	X			
A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured within 12 hours of placement.	X			
Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented.	X			
Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.	X			
1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.	X			
At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.	X			
Such observation shall be documented.	X			
1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.	X			
The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.	X			
1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained persons; provision for hydration and sanitation needs; and exercising of extremities.	X			
In no case shall restraints be used for punishment or as a substitute for treatment.	X			
Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.	X			
Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.	X			
Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.	X			
A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.	X			
If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.	X			
Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented.	X			
While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.	X			Inmates that are restrained are in a cell alone.
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.	X			
1058.5 Restraints and Pregnant Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant inmates. In accordance with Penal Code 3407 the policy shall include reference to the following:	X			Restraints are not used on pregnant woman
(1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.	X			Restraints are not used on pregnant woman

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(2) A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, or the public.	X			Restraints are not used on pregnant woman
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.	X			Restraints are not used on pregnant woman
(4) Upon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates.	X			

Summary of medical/mental health evaluation:

Nursing chart audit and review of the Electronic Medical Records:

A WellPath Nurse assisted the nurse reviewer team which consisted of two Communicable Disease Nurses from the Public Health Department to review records. Ten records were randomly selected for the audit, all records reviewed had timely entries with thorough documentation.

RECOMMENDATIONS:

Timely checks need to be completed for the autoclave and scales.

Medical/Mental Health Audit by the Public Health Division:

The annual Title 15 inspection was completed on 07/30/2021. Representatives from the Stanislaus County Sheriff's Department, WellPath and Stanislaus County Health Services Agency, Public Health Division completed a tour of the East, West and Unit 2 sections of the facility. Each facility seemed to be in order, the Sheriff and Nursing staff have made changes to abide by the screening process for inmates and jail staff.

Public Health representatives reviewed the policy and procedures manual, last updated 3/2020, the Infection Control Manual last updated 7/2019 and the Professional Nursing Protocols last updated 01/2021.

RECOMMENDATIONS:

Review state guidance on masking requirements. (State guidance on face coverings "masks are required for all individuals, in the following indoor settings, regardless of vaccination status (and surgical masks are recommended): State and local correctional facilities and detention centers. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>.) Recommend ongoing training be implemented to ensure consistent adherence to current State mask requirements.

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

FACILITY NAME: Stanislaus County Juvenile Hall and Commitment Facility		COUNTY: Stanislaus
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2215 Blue Gum Avenue Modesto, CA 95358 (209) 525-5400		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL <input checked="" type="checkbox"/>	CAMP <input type="checkbox"/>
ENVIRONMENTAL HEALTH EVALUATION	DATE EVALUATED: April 22, 2021 Population: Male 44 Female 6 Total 50 DEFICIENCIES OR NON-COMPLIANCE ISSUES NOTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ENVIRONMENTAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Waleed Yosif, REHS, Senior Environmental Health Specialist, (209) 525-6703 Jessica Bizzanelli, REHS, Registered Environmental Health Specialist, (209) 525-6752		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Emily Herrera Hammond, Facility Superintendent, (209) 525-4573, HerreraE@stanpro.org Brent Rabe,, probation Manager, (209) 567-4722, RabeB@stanpro.org Ramiro Romero, Supervising Probation Corrections Officer, (209) 567-4719, romrora@stanpro.org		

Purpose

Pursuant to Title 15, California Code of Regulations, Article 2, Section 1313, Subsection (c) “On an annual basis, or as otherwise required by law, each juvenile facility administrator shall obtain a documented inspection and evaluation from the local health officer, inspection in accordance with Health and Safety Code Section 101045.”

Per California Health and Safety Code 101045, the county health officer shall annually investigate health and sanitary conditions in every operated detention facility in the county. He or she may make additional investigations of any county jail or other detention facility of the county as he or she determines necessary. He or she shall submit a report to the Board of State and Community Corrections (BSCC), to the person in charge of the detention facility and to the County Board of Supervisors.

Instructions

To complete the evaluation, assess each element listed and document the findings on the checklist. Columns in the checklist identify compliance as "Yes," "No" or "N/A" (not applicable). If the evaluator assessing the Environmental Health of the facility "checks" a column to indicate that a facility is either out of compliance with all or part of a regulation or indicates that all or part of a regulation is not applicable, a brief explanation is required in the comments section. This explanation is critical. It assists both the BSCC and facility staff in understanding the rationale for the decision and highlights what needs correction.

Evaluators may elect to assess areas that are not covered by the inspection checklists. If this is done, the additional issues must be clearly delineated on a separate sheet to maintain their distinction from the BSCC Title 15 checklist. For information purposes, this additional sheet should be attached and distributed with the checklist.

Checklists and regulations are available on the BSCC website (http://www.bscc.ca.gov/s_fsoresources). Please contact the BSCC Field Representative assigned to your county at the number below or through e-mail access on the web site.

Board of State and Community Corrections; FSO Division
2590 Venture Oaks Way, Suite 200, Sacramento, CA 95833
Phone: 916-445-5073; <http://www.bscc.ca.gov/>

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
<p>1464 Food Services Plan</p> <p>Facilities shall have a written site specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete 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 manager shall complete a written food service plan.</p> <p>The plan shall include, but not be limited to the following policies and procedures:</p> <ul style="list-style-type: none"> (a) menu planning; (b) purchasing; (c) storage and inventory control; (d) food preparation; (e) food serving; (f) transporting food; (g) orientation and on-going training; (h) personnel supervision; (i) budgets and food costs accounting; (j) documentation and record keeping; (k) emergency feeding plan; (l) waste management; (m) maintenance and repair; (n) hazard analysis critical control point plan; and, (o) provision for maintaining three days of meals for testing in the event of food-borne illness. 				<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>Do not identify compliance with this section here. See comments.</p>
<p>1465 Food Handlers Education and Monitoring</p> <p>The facility manager, 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 Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.</p>	X			<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>

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1466 Kitchen Facilities, Sanitation, and Food Storage</p> <p>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, Sections 113700 et seq. California Retail Food Code (CalCode).</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 Section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:</p>	X			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.
(a) Health and Safety Code Sections 114130-114141;	X			
(b) Health and Safety Code Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;	X			
(c) Health and Safety Code Sections 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			
(d) Health and Safety Code Sections 114268-114269; and,	X			
(e) Health and Safety Code Sections 114279-114282.	X			
<p>1467 Food Serving and Supervision</p> <p>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/or served only under the immediate supervision of a staff member.</p>	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.
Article 10. Clothing and Personal Hygiene				
<p>1480 Standard Facility Clothing Issue</p> <p>The youth's personal clothing, undergarments 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.</p> <p>Clothing provisions shall ensure that:</p>	X			The laundry room is in a sanitary condition. Randomly inspected garments are clean and in good condition.
(a) clothing is clean, reasonably fitted, durable, easily laundered, in good repair, and free of holes and tears.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>(b) The standard issue of climatically suitable clothing for youth shall consist of but not be limited to:</p> <ul style="list-style-type: none"> (1) socks and serviceable footwear; (2) outer garments; (3) new non-disposable underwear which shall remain with the youth throughout their stay, and; (4) undergarments, that are freshly laundered and free of stains, including tee shirts and bras. 	X			
<p>(c) clothing is laundered at the temperature required by local ordinances for commercial laundries and dried completely in a mechanical dryer or other laundry method approved by the local health officer.</p>	X			
<p>(d) suitable clothing is issued to pregnant youth.</p>				
<p>1481 Special Clothing</p>				
<p>Provision shall be made to issue suitable additional clothing essential for minors to perform special work assignments where the issue of regular clothing would be unsanitary or inappropriate.</p>	X			
<p>1482 Clothing Exchange</p>				
<p>The facility administrator shall develop and implement written policies and site-specific procedures for the cleaning and scheduled exchange of clothing.</p>	X			
<p>Unless work, climatic conditions, or illness necessitates more frequent exchange, outer garments, except footwear, shall be exchanged at least once each week.</p>	X			
<p>Tee shirts, bras, and underwear shall be exchanged daily; youth shall receive their own underwear back at exchange.</p>	X			
<p>1483 Clothing, Bedding and Linen Supply</p>				
<p>There shall be a quantity of clothing, bedding, and linen available for actual and replacement needs of the facility population. Each facility shall have a written procedure for acquisition, handling, storage, transportation and processing of clothing, bedding and linen in a clean and sanitary manner.</p>	X			
<p>Consideration shall be given to mattress type for pregnant youth or youth with other medical-related needs.</p>				
<p>1484 Control of Vermin in Minors' Personal Clothing</p>				
<p>There shall be written policies and site-specific procedures developed and implemented by the facility administrator to control the contamination and/or spread of vermin and ecto-parasites in all youths' personal clothing.</p>	X			
<p>Infested clothing shall be cleaned or stored in a closed container so as to eradicate or stop the spread of the vermin.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1485 Issue of Personal Care Items				
There shall be written policies and site-specific procedures developed and implemented by the facility administrator for the availability of personal hygiene items.	X			
Each female youth shall be provided with sanitary napkins, panty liners and tampons as requested.	X			
Each youth to be held over 24 hours shall be provided with the following personal care items:	X			
(a) toothbrush;	X			
(b) toothpaste;	X			
(c) soap;	X			
(d) comb;	X			
(e) shaving implements;	X			
(f) deodorant;	X			
(g) lotion;	X			
(h) shampoo; and,	X			
(i) post-shower conditioning hair products.	X			
Youth shall not be required to share any personal care items listed in items (a) through (d). Liquid soap provided through a common dispenser is permitted. Youth shall not share disposable razors. Double edged safety razors, electric razors, and other shaving instruments capable of breaking the skin, when shared among youth, shall be disinfected between individual uses by the method prescribed by the State Board of Barbering and Cosmetology in Sections 979 and 980, Chapter 9, Title 16, California Code of Regulations.	X			No items are shared.
1486 Personal Hygiene				
There shall be written policies and site-specific procedures developed and implemented by the facility administrator for showering/bathing and brushing of teeth.	X			
Youth shall be 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			
1487 Shaving				
Youth shall have access to a razor daily, unless their appearance must be maintained for reasons of identification in Court.	X			
All youth shall have equal opportunity to shave face and body hair. The facility administrator may suspend this requirement in relation to youth who are considered to be a danger to themselves or others.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1488 Hair Care Services				
Written policies and site-specific procedures shall be developed and implemented by the facility administrator to comply with Title 16, Chapter 9, Sections 979 and 980, California Code of Regulations. Hair care services shall be available in all juvenile facilities. Youth shall receive hair care services monthly.	X			
Equipment shall be cleaned and disinfected after each haircut or procedure, by a method approved by the State Board of Barbering and Cosmetology.	X			Barber kits are available with disinfectant.
Article 11. Bedding and Linens				
1500 Standard Bedding and Linen Issue				
Clean laundered, suitable bedding and linens, in good repair, shall be provided for each youth entering a living area who is expected to remain overnight, shall include, but not be limited to:	X			Bedding and linens were inspected in randomly selected rooms in unit 1, unit 3, unit 5, unit 6, unit 8, and unit C. Bedding and linens appear acceptable and in good condition.
a) one mattress or mattress-pillow combination which meets the requirements of Section 1502 of these regulations;	X			
(b) one pillow and a pillow case unless provided for in (a) above;	X			
(c) one mattress cover and a sheet or two sheets;	X			
(d) one towel; and,	X			
(e) one blanket or more, upon request.	X			
1501 Bedding and Linen Exchange				
The facility administrator shall develop and implement site specific written policies and procedures for the scheduled exchange of laundered bedding and linen issued to each youth housed.	X			
Washable items such as sheets, mattress covers, pillow cases and towels shall be exchanged for clean replacement at least once each week.	X			
The covering blanket shall be cleaned or laundered once a month.	X			
1502 Mattresses				
Any mattress issued to a youth in any facility shall conform to the size of the bed as referenced in Title 24, Section 1230.2.5 and be enclosed in an easily cleaned, non-absorbent ticking.	X			
Any mattress purchased for issue to a youth in a facility, which is locked to prevent unimpeded access to the outdoors, shall be certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses at the time of purchase.	X			
Article 12. Facility Sanitation and Safety				
1510 Facility Sanitation, Safety and Maintenance				
The facility administrator shall develop and implement written policies and site-specific 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 shall provide for a regular schedule of housekeeping tasks, equipment, including restraint devices, and physical plant maintenance and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner.	X			
The use of chemicals shall be done in accordance to the product label and Safety Data Sheet which may include the use of Personal Protection Equipment (PPE).	X			
Medical care housing as described in Title 24, Section 13-201(c)6 shall be cleaned and sanitized according to policies and procedures as established by the health administrator.	X			
1511 Smoke Free Environment				
The facility administrator shall develop policies and procedures that assure youth are not exposed to use of tobacco products or electronic nicotine delivery system devices while in the facility or in the custody of staff.	X			

Summary of environmental health evaluation:

On April 22, 2021, Senior Environmental Health Specialist Waleed Yosif from Stanislaus County Department of Environmental Resources conducted the annual Title 15 inspection with Emily Herrera Hammond, Brent Rabe, and Ramiro Romero from Stanislaus County Probation Department Juvenile Justice Center. There were 44 male juveniles and 6 female juveniles housed in this facility at the time of inspection. Several occupied cells were randomly selected for inspections (Unit 1, 3, 5, 6, 8, and C) and were found to be in satisfactory condition. The plumbing was in proper working order. The on-site laundry facilities was sanitary. Storage and washing area was in 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 12, 2021 by Register Environmental Health Specialist Jessica Bizzanelli from Stanislaus County Department of Environmental Resources. No significant violations were noted during the time of inspection. The overall sanitation and condition of the facility was good.

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

FACILITY NAME: Stanislaus County Juvenile Hall and Commitment Facility		COUNTY: Stanislaus
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2215 Blue Gum Ave., Modesto, CA 95358, 209-525-5400		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL <input checked="" type="checkbox"/>	CAMP <input type="checkbox"/>
JUVENILE FACILITY NUTRITIONAL HEALTH REVIEW AND EVALUATION	DATE EVALUATED: DEFICIENCIES OR NON COMPLIANCE ISSUES NOTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
NUTRITIONAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Maricela Torres, MPH, RD Public Health Nutritionist II Stanislaus County Health Services Agency (209) 525-4815		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Carrie Van Roekel Supervising Custodial Cook Stanislaus County Probation Department (209) 541-8402		

Purpose

Pursuant to Title 15, California Code of Regulations, Article 2, Section 1313, Subsection (c) "On an annual basis, or as otherwise required by law, each juvenile facility administrator shall obtain a documented inspection and evaluation from the local health officer, inspection in accordance with Health and Safety Code Section 101045."

Per California Health and Safety Code 101045, the county health officer shall annually investigate health and sanitary conditions in every operated detention facility in the county. He or she may make additional investigations of any county jail or other detention facility of the county as he or she determines necessary. He or she shall submit a report to the Board of State and Community Corrections (BSCC), to the person in charge of the detention facility and to the County Board of Supervisors.

Instructions

To complete the evaluation, assess each element listed and document the findings on the checklist. Columns in the checklist identify compliance as "Yes," "No" or "N/A" (not applicable). If the evaluator assessing the Nutritional Health of the facility "checks" a column to indicate that a facility is either out of compliance with all or part of a regulation or indicates that all or part of a regulation is not applicable, a brief explanation is required in the comments section. This explanation is critical. It assists both the BSCC and facility staff in understanding the rationale for the decision and highlights what needs correction.

Evaluators may elect to assess areas that are not covered by the inspection checklists. If this is done, the additional issues must be clearly delineated on a separate sheet to maintain their distinction from the BSCC Title 15 checklist. For information purposes, this additional sheet should be attached and distributed with the checklist.

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Board of State and Community Corrections; FSO Division
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Phone: 916-445-5073; <http://www.bscc.ca.gov/>

NUTRITIONAL HEALTH EVALUATION

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1460 Frequency of Serving Meals shall be served at least three times in any 24-hour period.	X			Breakfast 7:00 – 7:45AM, Lunch 12:00 PM – 1:00PM, Dinner 5:10 – 6:00PM. Snack provided between 8:30 – 9:00 PM before bedtime.
At least one of these meals shall include hot food. Food shall be offered to youth at the time of initial intake, shall be served to youth if more than 14 hours pass between meals, and shall be served to youth on medical diets as prescribed by the attending physician.	X			Most days – at least 2 hot meals. If youth misses a meal, either meal is heated, or sack lunch is offered.
A snack shall be provided to all youth between 2 to 4 hours after the dinner meal is served.	X			Nightly snacks provided at 8:30-9:00PM.
A minimum of twenty minutes shall be allowed for the actual consumption of each meal except for those youth on medical diets where the responsible physician has prescribed additional time.	X			20 minutes are allowed for consumption of meals and snacks.
Provisions shall be made for youth who may miss a regularly scheduled facility meal.	X			Food heated if kitchen still open, otherwise a sack lunch is offered.
They shall be provided with a substitute meal and beverage, and youth on medical diets shall be provided with their prescribed meal.	X			
1461 Minimum Diet Facility meals are based on nutritional standards which may include the Federal Child Nutrition Meal Program. 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 2015-2020 Dietary Guidelines for Americans.	X			Per New Title 15 guidelines daily calorie requirements are 2500-3000, which upon review of menus, all within guidelines.
Facilities shall have a written process for how vegetarian or vegan diets may be requested and granted or denied. Religious diets, and when provided, vegetarian or vegan diets, must conform to these nutrition standards.	X			
The nutritional requirements for the minimum diet are specified in the following subsections. Snacks may be included as part of the minimum diet. A wide variety of foods should be served.	X			
(a) Protein Group. Includes: beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter, and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall equal two servings (a total of 196 grams per week). In addition, there shall be a requirement to serve a third serving from the legumes three days a week, and/or three servings from another protein group. One serving equals, but is not limited to, one of the following examples:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
2 to 3 oz. (without bone) lean, cooked meat, poultry or fish 2 medium eggs 1 cup cooked dry beans, peas, or lentils 4 Tbsp. peanut butter 8 oz. tofu 2 1/4 oz. dry, or 1 cup rehydrated, canned, or frozen TVP 1/2 cup seeds 2/3 cup nuts	X			
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat; 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk, and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg of calcium.	X			All choices are 1% fat milk or non-fat chocolate milk offered
All milk shall be pasteurized and fortified with vitamins A and D. For persons 9-18 years of age, including pregnant and lactating women, the daily requirement is four servings.	X			
One serving equals, but is not limited to, one of the following examples:	X			
8 oz. fluid milk (nonfat, 1% or 2% reduced fat) 1 1/2 oz. natural cheese 2 oz. processed cheese 1 1/2 cups of low fat, or nonfat cottage cheese 1 1/2 cups of ice milk, or ice cream 1/3 cup nonfat dry milk 1/2 cup nonfat, or low-fat evaporated milk 1 cup nonfat, or low fat plain yogurt 1 cup pudding	X			
(c) Vegetable-Fruit Group. Includes: fresh, frozen, dried, and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 oz. of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit, or 1/4 cup dried fruit.	X			
The daily requirement shall be at least six servings; at least one serving per day, or seven (7) 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. One serving equals, but is not limited to the foods described in the regulation.	X			
(3) One serving of a Vitamin A source fruit or vegetable containing 200 micrograms Retinol Equivalents (RE) or more. One serving equals, but is not limited to the foods described in the regulation.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Grain Group. Includes: bread, rolls, pancakes, sweet rolls, ready-to-eat, or cooked cereals, corn bread, pasta, rice, tortillas, etc., and any food item containing whole or enriched grains. At least four (4) servings from this group must be made with some whole grains. The daily requirement for youth shall be a minimum of six (6) servings, or 42 servings per week. One serving equals, but is not limited to the foods described in the regulation.	X			All breads offered are whole grain
(e) Calories. Recommended daily caloric allowances for both females and males is a minimum of 2500 calories not to exceed 3000. Calorie increases with the exception of a medical diet may occur as collaboratively determined by the facility manager, dietitian, food service manager and physician.	X			
(1) 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.	X			Extra milk offered at each meal and snack provided at night consists of sandwich, fresh fruit, and milk.
(2) In keeping with chronic disease prevention goals, total dietary saturated fat shall not exceed 10 percent of total calories on a weekly basis. Facility dietitians shall consider the recommendations and intent of the 2015-2020 Dietary Guidelines of Americans of reducing overall added sugar and sodium levels. Herbs and spices may be used to improve the taste and eye appeal of food served.	X			Special diets menu reviewed. Signed by RD on 7/26/21
1462 Medical Diets 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 youth.	X			
Diet orders shall be maintained on file for at least one year.	X			Keep last 3 years, and current year in file
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			RD consulted for diet/menu changes
1463 Menus 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 cycle menus
Menus shall be approved by a registered dietitian before being used.	X			Signed by RD on 7/26/2021

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
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			
1464 Food Service Plan Facilities shall have a written site-specific food service plan that shall comply with the applicable California Retail Food Code (CalCode). In facilities with an average daily population of 50 or more, there shall be employed or available, a trained and experienced food services manager or designee to complete 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 manager shall complete a written food service plan. The plan shall include, but not be limited to the following policies and procedures:				
(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			All onsite, no transportation
(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			
(n) hazard analysis critical control point plan; and,	X			HACCP manual onsite
(o) provision for maintaining three days of meals for testing in the event of food-borne illness.	X			
1465 Food Handlers Education and Monitoring The facility manager, 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 Section 113947 of the Health and Safety Code, California Retail Food Code (CalCode). The procedures shall include provisions for monitoring compliance that ensure appropriate food handling and personal hygiene requirements.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1466 Kitchen Facilities, Sanitation, and Food Storage 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, Sections 113700 et seq. California Retail Food Code (CalCode).</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 Section 114381) are (re)heated and served, the following applicable CalCode standards may be waived by the local health officer:</p> <p>(a) Health and Safety Code Sections 114130-114141;</p> <p>(b) Health and Safety Code Sections 114099.6, 114095-114099.5, 114101-114109, 114123, and 114125. If a domestic or commercial dishwasher, capable of providing heat to the surface of the utensils of a temperature of at least 165 degrees Fahrenheit, is used for the purpose of cleaning and sanitizing multi-service kitchen utensils and multi-service consumer utensils;</p> <p>(c) Health and Safety Code Sections 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>(d) Health and Safety Code Sections 114268-114269; and,</p> <p>(e) Health and Safety Code Sections 114279-114282.</p>				
<p>1467 Food Serving and Supervision</p> <p>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/or served only under the immediate supervision of a staff member.</p>				

Summary of nutritional evaluation:

- All menus are approved and signed off by RD on 7/26/21.
- Diet Manual signed off by all appropriate staff
- NutriKids (USDA approved nutrient analysis program) used for NSLP compliance
- All documents and paperwork in order.

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

FACILITY NAME: Stanislaus County Juvenile Hall and Commitment Facility		COUNTY: Stanislaus
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2215 Blue Gum Ave., Modesto, CA 95358, 209-525-5400		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL <input checked="" type="checkbox"/>	CAMP <input type="checkbox"/>
MEDICAL/MENTAL HEALTH EVALUATION	DATE EVALUATED: 07.28.2021 DEFICIENCIES OR NON-COMPLIANCE ISSUES NOTED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL/MENTAL EVALUATOR(S) (NAME, TITLE, TELEPHONE): Angelique Adams-Altamirano, Staff Services Coordinator, Health Services Agency, Public Health Division, 209-558-7576 Daniel Martin, Medical Investigator, Health Services Agency, Public Health Division, 209-558-5110 Hong Yen Nguyen, Public Health Nurse II, Health Services Agency, Public Health Division, 209-558-4585 Darla Sapwell, Staff Services Analyst, Health Services Agency, Public Health Division, 209-558-8942 Barbara Vassell, Communicable Disease Manager, Health Services Agency, Public Health Division, 209-558-7533 Grace Wekhomba, Public Health Nurse II, Health Services Agency, Public Health Division, 209-558-7277		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Franchesca Chavez-Martinez, Nurse Manager, WellPath Medical Group, 209-525-5667 Emily Herrera, Facility Superintendent Juvenile Institutions, Probation Department, 209-585-4573 Andrea Pires, Staff Nurse-Facility Coordinator, WellPath Medical Group, 209-525-5480 Brent Rabe, Institutions Manager, Probation Department, 209-527-4722		

Purpose

Pursuant to Title 15, California Code of Regulations, Article 2, Section 1313, Subsection (c) "On an annual basis, or as otherwise required by law, each juvenile facility administrator shall obtain a documented inspection and evaluation from the local health officer, inspection in accordance with Health and Safety Code Section 101045."

Per California Health and Safety Code 101045, the county health officer shall annually investigate health and sanitary conditions in every operated detention facility in the county. He or she may make additional investigations of any county jail or other detention facility of the county as he or she determines necessary. He or she shall submit a report to the Board of State and Community Corrections (BSCC), to the person in charge of the detention facility and to the County Board of Supervisors.

Instructions

To complete the evaluation, assess each element listed and document the findings on the checklist. Columns in the checklist identify compliance as "Yes," "No" or "N/A" (not applicable). If the evaluator assessing the Medical and Mental Health of the facility "checks" a column to indicate that a facility is either out of compliance with all or part of a regulation or indicates that all or part of a regulation is not applicable, a brief explanation is required in the comments section. This explanation is critical. It assists both the BSCC and facility staff in understanding the rationale for the decision and highlights what needs correction.

Evaluators may elect to assess areas that are not covered by the inspection checklists. If this is done, the additional issues must be clearly delineated on a separate sheet to maintain their distinction from the BSCC Title 15 checklist. For information purposes, this additional sheet should be attached and distributed with the checklist.

Checklists and regulations are available on the BSCC website (http://www.bscc.ca.gov/s_fsoresources). Please contact the BSCC Field Representative assigned to your county at the number below or through e-mail access on the web site.

Board of State and Community Corrections; FSO Division
2590 Venture Oaks Way, Suite 200, Sacramento, CA 95833
Phone: 916-445-5073; <http://www.bscc.ca.gov/>

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 8. Health Services				
1400 Responsibility for Health Care Services				
The facility administrator shall ensure that health care services are provided to all youth.	X			
The facility shall have a designated health administrator who, in cooperation with the behavioral/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			
1401 Patient Treatment Decisions				
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			
Safety and security policies and procedures that are applicable to youth supervision staff also apply to health care personnel.	X			
1402 Scope of Health Care				
(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 health care provider to provide treatment; and,	X			
(2) health care services which meet the minimum requirements of these regulations and be at a level to address emergency, acute symptoms and/or conditions and avoid preventable deterioration of health while in confinement.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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			
(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, behavioral/mental health or other remedial treatment of youth that is permitted under law.	X			
1403 Health Care Monitoring and Audits				
(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.	X			
(c) Medical, behavioral/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			
1404 Health Care Staff Qualifications				
(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 and understanding of the facility population. Hiring practices will take into consideration cultural awareness and linguistic competence.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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 youth.	X			
(c) Appropriate credentials shall be accessible for review. Policy and procedures shall provide that these credentials are periodically reviewed and remain current.	X			
(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			
1405 Health Care Staff Procedures 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			
1406 Health Care Records In juvenile facilities providing on-site health care, the health administrator, in cooperation with the facility administrator, shall maintain individual and dated health records that include when applicable, but are not limited to:	X			Medical records are kept confidential, each record that was reviewed had thorough documentation.
(a) intake health screening form;	X			Along with the 1-page intake medical screening form, the Juvenile Hall Facility has included a Coronavirus Supplemental Screening at intake.
(b) health appraisals/medical examinations;	X			
(c) health service reports (e.g., emergency department, dental, psychiatric, and other consultations);	X			If juvenile needs dental care, the juvenile will be transported for dental care.
(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, Section 1438;	X			
(h) progress notes;	X			
(i) consent forms;	X			
(j) authorizations for release of information;	X			
(k) copies of previous health records;	X			
(l) immunization records;	X			
(m) laboratory reports; and,	X			
(n) individual treatment plan.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Written policy and procedures shall provide for maintenance of the health record in a locked area or secured electronically, separate from the confinement record. Access to the medical and/or behavioral/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.	X			
Health care records shall be retained in accordance with community standards.	X			
<p>1407 Confidentiality</p> <p>(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 youth'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 youth or others, management of the facility, maintenance of security, and preservation of safety and order.</p>	X			
(b) Medical and behavioral/mental health services shall be conducted in a private manner such that information can be communicated confidentially consistent with HIPAA.	X			
(c) Youth shall not be used to translate confidential medical information for other non-English speaking youth.	X			
<p>1408 Transfer of Health Care Summary and Records</p> <p>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 youth is transferred to another jurisdiction, and to the local health officer, when applicable.</p> <p>Policies shall include:</p>	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) notification to health care staff of the receiving facility prior to or at the time of the release or transfer of youth with known or suspected communicable diseases;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) applicable authorization from the youth 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			
1408.5 Release of Health Care Summary and Records				
After youth are released to the community, health record information shall be promptly transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the youth and/or parent/guardian.	X			
In special purpose juvenile halls and other facilities that do not have on-site health care staff, policy and procedures shall assure that youth supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.			X	This facility is a full-service juvenile facility with on-site health care staff.
1409 Health Care Procedures Manual				
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.	X			The Health Care Procedures Manual was reviewed by the Health Services Agency Public Health Division representatives.
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			
1410 Management of Communicable Diseases				
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:	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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(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.	X			
1411 Access to Treatment				
The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to provide unimpeded access to health care.	X			Policy and procedures are in place. Health service request slip available in each unit. Exam room on site, if needed or transport to hospital.
1412 First Aid/AED and Emergency Response				
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			Policy and procedures in place.
(a) First aid kits shall be available in designated areas of each juvenile facility. The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kits.	X			First Aid kits are kept in all units.
(b) Automated external defibrillators (AED) shall be available in each juvenile facility. The facility administrator shall ensure that device is maintained properly per manufacturer standard.	X			AED's kept in all units near the first kits.
Youth supervision and health care staff shall be trained and written policies and procedures established to respond appropriately to emergencies requiring first aid and AED.	X			Ongoing training is in place for medical and facility staff.
1413 Individualized Treatment Plans				
With the exception of special purpose juvenile halls, the health administrator and behavioral/mental health director responsible physician, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that coordinated and integrated health care treatment plans are developed for all youth who are receiving services for significant medical, behavioral/mental health or dental health care concerns.	X			
Policies and procedures shall assure:	X			
(a) 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) Relevant health care treatment plan information shall be shared with youth supervision staff in accordance with Section 1407 for purposes of programming, implementation and continuity of care.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(d) Accommodations for youth who may have special needs when using showers and toilets and dressing/undressing.	X			
Treatment planning by health care providers shall address:	X			
(a) Pre-release and discharge planning for continuing medical, dental and behavioral/mental health care, including medication, following release or transfer, which may include relevant authorization for transfer of information, insurance, or communication with community providers to ensure continuity of care.	X			
(b) Participation in relevant programs upon return into the community to ensure continuity of care.	X			
(c) Youth and family participation (if applicable and available).	X			
(d) Cultural responsiveness, awareness and linguistic competence.	X			
(e) Physical and psychological safety.	X			
(f) Traumatic stress and trauma reminders when applicable.	X			
1414 Health Clearance for in-Custody Work and Program Assignments 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.	X			
1415 Health Education 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 to assure that interactive and gender and developmentally appropriate medical, behavioral/mental health and dental health education and disease prevention programs are provided to youth.	X			
The education program content shall be updated as necessary to address current health and community priorities that meet the needs of the confined population.	X			
1416 Reproductive Services and Sexual Health For all juvenile facilities, the health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure that reproductive and sexual health services are available to all youth in accordance with current public health guidelines	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			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Section 1417. Pregnant/Post-Partum Youth				
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 and post-partum youth 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 Sections 220, 221, and 222.	X			
Written policies and procedures shall also include the following:				
(a) Pregnant youth will receive information regarding options for continuation of pregnancy, termination of pregnancy and adoption.	X			
(b) Pregnant youth receive prenatal care, including physical examination, nutrition guidance, childbirth, breast feeding and parenting education, counseling and provisions for follow up and post-partum care,	X			
(c) Availability of a breast pump and procedures for storage, delivery or disposal for lactating youth.	X			
(d) Qualified medical professionals develop a plan for pregnant youth that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community.	X			
1418. Youth with Developmental Disabilities				
Policy and procedures shall require that any youth who is suspected or confirmed to have a developmental disability 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			
1430 Medical Clearance/Intake Health and Screening				
The health administrator/responsible physician, in cooperation with the facility administrator and behavioral/mental health director shall establish policies and procedures for a documented intake health screening procedure to be conducted immediately upon entry to the facility. Policies and procedures shall also define when a health evaluation and/or treatment shall be obtained prior to acceptance for booking.	X			
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. This evaluation and clearance shall include screening for communicable disease.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The responsible physician shall establish criteria defining the types of apparent health conditions that would preclude acceptance of a youth into the facility without a documented medical clearance. The criteria shall be consistent with the facility's resources to safely hold the youth.	X			
Intake personnel shall ensure that youth who are unconscious, semi-conscious, profusely bleeding, severely disorientated, known to have ingested substances, intoxicated to the extent that they are a threat to their own safety or the safety of others, in alcohol or drug withdrawal or otherwise urgently in need of medical attention shall be immediately referred to an outside facility for medical attention and clearance for booking.	X			In this instance, youth are taken directly to Doctors Medical Center for medical clearance.
Written documentation of the circumstances and reasons for requiring a medical clearance whenever a youth is not accepted for booking is required.	X			
Written medical clearance, and when possible, a medical evaluation with progress notes are required for admission to the facility.	X			
Procedures for an intake health screening shall consist of a defined, systematic inquiry and observation of every youth 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 youth supervision staff.	X			
Screening procedures shall include but not be limited to:				Screening procedures are in place.
(a) Medical, dental and behavioral/mental health concerns that may pose a hazard to the youth or others in the facility;	X			
(b) Health conditions that require treatment while the youth is in the facility; and,	X			
(c) Identification of the need for accommodations, e.g., physical or developmental disabilities, gender identity or medical holds.	X			
Any youth 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 healthcare staff.	X			The juvenile hall facility has put in place new protocols for the Covid-19 screening and isolation of all incoming youth to the facility.
Procedures shall require timely referral for health care commensurate with the nature of any problems or complaint identified during the screening process.	X			
1431 Intoxicated Youth and Youth With a Substance Use Disorder (a) The responsible health administrator/physician, in cooperation with the facility administrator, shall develop and implement written policy and procedures that address the identification and management of alcohol and other substance intoxication. Withdrawal, and treatment of substance use disorder in accordance with Section 1430.	X			All intoxicated minors, minors that have been in an accident or pepper sprayed go to the hospital for clearance before they are accepted into the facility.

(b) Policy and procedures shall address:				
(1) a medical clearance shall be obtained prior to booking any youth who is intoxicated to the extent that they are a threat to themselves or others;	X			All intoxicated minors, minors that have been in an accident or pepper sprayed go to the hospital for clearance before they are accepted into the facility.
(2) designated housing, including use of any intoxicated youth;	X			
(3) symptoms known history of ingestion or withdrawal that should prompt immediate referral for medical evaluation and treatment;	X			All intoxicated minors, minors that have been in an accident or pepper sprayed go to the hospital for clearance before they are accepted into the facility.
(4) determining when the youth is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;	X			All intoxicated minors, minors that have been in an accident or pepper sprayed go to the hospital for clearance before they are accepted into the facility.
(5) medical responses to youth experiencing intoxication or withdrawal reactions;	X			All intoxicated minors, minors that have been in an accident or pepper sprayed go to the hospital for clearance before they are accepted into the facility.
(6) management of pregnant youth who use alcohol or other substances;	X			All intoxicated minors, minors that have been in an accident or pepper sprayed go to the hospital for clearance before they are accepted into the facility.
(7) initiation of substance abuse counseling and/or treatment during confinement and referral procedures for continuation upon release to the community consistent with Section 1413 and Section 1355;	X			
(8) coordination with behavioral/mental health services in cases of substance abusing youth with known or suspected mental illness.	X			
(9) how, when and by whom the youth will be monitored when intoxicated;	X			All intoxicated minors, minors that have been in an accident or pepper sprayed go to the hospital for clearance before they are accepted into the facility.
(10) the frequency of monitoring and the documentation required;	X			
(11) that when a youth is intoxicated, experiencing progressive or severe intoxication or withdrawal, they shall be immediately medically evaluated; and,	X			All intoxicated minors, minors that have been in an accident or pepper sprayed go to the hospital for clearance before they are accepted into the facility.
(12) that intoxication beyond four hours from the time of admission shall require a medical evaluation	X			All intoxicated minors, minors that have been in an accident or pepper sprayed go to the hospital for clearance before they are accepted into the facility.
1432 Health Assessment				
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 assessment of youth and for the timely identification of conditions necessary to safeguard the health of the youth	X			Written Policy is in place for a health assessment of youth for the timely identification of conditions necessary to safeguard the health of the youth.
(a) The health assessment 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 assessment shall include, but is not limited to, health history, examination, laboratory and diagnostic testing, and immunization reviews as outlined below:	X			
(A) The health history includes but is not limited to: 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 substances), developmental history including strengths and supports available to the youth (e.g., school, home, and peer relations, activities, interests), history of recent trauma-exposure which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss) and current traumatic stress symptoms, pregnancy needs, sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.	X			
(B) The physical examination includes but is not limited to: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, hearing screening, 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, but is not limited to: Tuberculosis screening and testing for sexually transmitted diseases for sexually active youth. Additional testing should be available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.	X			
(D) Review and update of the immunization records within two weeks in accordance with current public health guidelines.	X			

<p>(2) The physical examination and laboratory and diagnostic testing components of the health assessment may be modified by the health care provider, 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. The health history and immunization review should be done within 96 hours of admission excluding holidays.</p>	X			
<p>(3) Physical exams shall be updated annually for all youth.</p>	X			
<p>(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 assessment. If this assessment 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 communicable disease.</p>	X			
<p>(c) For youth who are transferred to and from 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 assessment:</p>	X			
<p>(1) is received from the sending facility at or prior to the time of transfer;</p>	X			
<p>(2) is reviewed by designated health care staff at the receiving facility; and,</p>	X			
<p>(3) is identified and any missing required assessments are scheduled within 96 hours.</p>	X			
<p>(d) The health administrator/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 record shall be reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.</p>	X			
<p>1433 Requests for Health Care Services</p> <p>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 medical, dental and behavioral/mental health care services.</p>	X			<p>Medical request/healthcare forms are available to youth in each unit and kept confidential.</p>
<p>(a) Youth shall be provided the opportunity to confidentially convey either through, written or verbal communications, request for medical, dental or behavioral/mental health services. Provisions shall be made for youth who have language or literacy barriers.</p>	X			

(b) Youth supervision staff shall relay requests from the youth, initiate referrals when a need for services is observed, and advocate for the youth when the need for medical, dental and behavioral/mental services appears to be urgent.	X			
(c) Staff shall inquire and make observations of each youth regarding their medical, dental and behavioral/mental health including the presence of trauma-related behaviors, injury and illness.	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 medical and behavioral/mental health care services.	X			
(e) Provision shall be made for any youth requesting medical, dental and behavioral/mental 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 medical, dental and behavioral/mental health care requests shall be documented and maintained.	X			
1434 Consent and Refusal for Health Care				
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 immunizations, 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, dental and behavioral/mental health care.	X			
1435 Dental Care				
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			
1436 Prostheses and Orthopedic Devices				
(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 youth 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			
1437 Mental Health Services				
The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures to provide behavioral/mental health services. These services shall include, but not be limited to:	X			
(a) screening for behavioral/mental health problems at intake performed by either behavioral/mental/medical health personnel or trained youth supervision staff; history of recent exposure to trauma which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss), current traumatic stress symptoms, and pregnancy needs	X			
(b) assessment by a behavioral/mental health provider when indicated by the screening process;	X			
(c) therapeutic services and preventive services where resources permit;	X			
(d) crisis intervention and the management of acute psychiatric episodes;	X			
(e) stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;	X			
(f) initial and periodic medication support services;	X			
(g) assurance that any youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self-destructive behaviors, shall be provided a mental status assessment by a licensed behavioral/mental health clinician, psychologist, or psychiatrist.	X			
(h) transition planning for youth undergoing behavioral/mental health treatment, including arrangements for continuation of medication and services from behavioral/mental health providers, including providers in the community where appropriate.	X			

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			
1437.5 Transfer to a Treatment Facility The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures for the transfer of youth to a treatment facility. These policies and procedures shall include but are not limited to:	X			
(a) Youth who appear to be a danger to themselves or others, or to be gravely disabled, due to a mental health condition shall be evaluated either pursuant to applicable statute or by on-site health personnel to determine if treatment can be initiated at the juvenile facility, and	X			
(b) 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.	X			
1438 Pharmaceutical Management 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: (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 by medical staff 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;	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; and,	X			
(11) transition planning, including plan for uninterrupted continuation of medication.	X			
(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 licensed physician, dentist, pharmacist or other personnel, 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 4076 and 4076.5 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			
1439 Psychotropic Medications				
The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall develop and implement written policies and procedures governing the use of voluntary and involuntary psychotropic medications.	X			
(a) These policies and procedures shall include, but not be limited to:	X			
(1) protocols for health care providers written and verbal orders for psychotropic medications in dosages appropriate to the youth's need;	X			
(2) the length of time medications may be ordered and administered before re-evaluation by a health care provider;	X			
(3) provision that youth who are on psychotropic medications prescribed in the community are continued on their medications when clinically indicated pending verification in a timely manner by a health care provider	X			
(4) re-evaluation and further determination of continuing psychotropic medication, if needed, shall be made by a health care provider;	X			
(5) provision that the necessity for uninterrupted continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program including authorization for transfer of prescriptions; and,	X			
(6) 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 psychotropic medication without disciplinary consequences.	X			

<p>(c) Youth found by a health care provider to be an imminent 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. All involuntary administrations of psychotropic medications shall be documented and reviewed by the facility administrator or designee and health administrator.</p>	X			
<p>(d) Assessment and diagnosis must support the administration of psychotropic medications. Administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.</p>	X			
<p>1452 Collection of Forensic Evidence</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 youth.</p>	X			
<p>1453 Sexual Assaults</p> <p>The health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures for treating victims of sexual assaults, preservation of evidence and for reporting such incidents to local law enforcement.</p>	X			Abide by the Prison Rape Elimination Act (PREA)
<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>1454 Participation in Research</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. Human subjects' research shall occur only when ethical, medical and legal standards for human research are met as verified by Institutional Review Board (IRB) approvals. 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. The court, health administrator, and facility administrator shall be informed of all such proposed actions.</p>	X			

<p>1329 Suicide Prevention Plan</p> <p>The facility administrator, in collaboration with the healthcare and behavioral/mental health administrators, shall plan and implement written policies and procedures which delineate a Suicide Prevention Plan. The plan shall consider the needs of youth experiencing past or current trauma. Suicide prevention responses shall be respectful and in the least invasive manner consistent with the level of suicide risk.</p>	X			There are policies and procedures in place for suicide prevention.
<p>The plan shall include the following elements: (a) Suicide prevention training as required in Section 1322, Youth Supervision Staff Orientation, and Training and the Juvenile Corrections Officer Core Course.</p>	X			
<p>(b) Screening, Identification Assessment and Precautionary Protocols</p>	X			
<p>(1) All youth shall be screened for risk of suicide at intake and as needed during detention.</p>	X			
<p>(2) All youth supervision staff who perform intake processes shall be trained in screening youth for risk of suicide.</p>	X			
<p>(3) All youth who have been identified during the intake screening process to be at risk of suicide shall be referred to behavioral/mental health staff for a suicide risk assessment.</p>	X			
<p>(4) Precautionary protocols shall be developed to ensure the youth's safety pending the behavioral/mental health assessment.</p>	X			
<p>(c) Referral process to behavioral/mental health staff for assessment and/or services.</p>	X			Behavioral Health is also on site from 8:00 AM – 5:00 PM and on call after hours.
<p>(d) Procedures for monitoring of youth identified at risk for suicide.</p>	X			
<p>(e) Safety Interventions</p>	X			
<p>(1) Procedures to address intervention protocols for youth identified at risk for suicide which may include, but are not limited to:</p>	X			
<p>(A) Housing consideration</p>	X			
<p>(B) Treatment strategies including trauma-informed approaches</p>	X			
<p>(2) Procedures to instruct youth supervision staff how to respond to youth who exhibit suicidal behaviors.</p>	X			
<p>(f) Communication</p>	X			
<p>(1) The intake process shall include communication with the arresting officer and family guardians regarding the youth's past or present suicidal ideations, behaviors or attempts.</p>	X			
<p>(2) Procedures for clear and current information sharing about youth at risk for suicide with youth supervision, healthcare, and behavioral/mental health staff.</p>	X			
<p>(g) Debriefing of Critical Incidents Related to Suicides or Attempts</p>	X			

(1) Process for administrative review of the circumstances and responses proceeding, during and after the critical incident.	X			
(2) Process for a debriefing event with affected staff.	X			
(3) Process for a debriefing event with affected youth.	X			
(h) Documentation	X			
(1) Documentation processes shall be developed to ensure compliance with this regulation	X			
Youth identified at risk for suicide shall not be denied the opportunity to participate in facility programs, services and activities which are available to other non-suicidal youth, unless deemed necessary for the safety of the youth or security of the facility. Any deprivation of programs, services or activities for youth at risk of suicide shall be documented and approved by the facility manager.	X			
Section 1357 Use of Force The facility administrator, in cooperation with the responsible physician, shall develop and implement written policies and procedures for the use of force, which may include chemical agents. Force shall never be applied as punishment, discipline, retaliation or treatment.	X			This facility does not use chemical agents.
(a) At a minimum, each facility shall develop policies and procedures which: (1) restricts the use of force to that which is deemed reasonable and necessary, as defined in Section 1302 to ensure the safety and security of youth, staff, others and the facility.	X			
(2) outline the force options available to staff including both physical and non-physical options and define when those force options are appropriate.	X			
(3) describe force options or techniques that are expressly prohibited by the facility.	X			
(4) describe the requirements of staff to report any inappropriate use of force, and to take affirmative action to immediately stop it.	X			
(5) define a standardized reporting format that includes time period and procedure for documenting and reporting the use of force, including reporting requirements of management and line staff and procedures for reviewing and tracking use of force incidents by supervisory and or management staff, which include procedures for debriefing a particular incident with staff and/or youth for the purposes of training as well as mitigating the effects of trauma that may have been experienced by staff and/or the youth involved.	X			
(6) Include an administrative review and a system for investigating unreasonable use of force.	X			
(7) define the role, notification, and follow-up procedures required after use of force incidents for medical, mental health staff and parents or legal guardians.	X			

(8) describe the limitations of use of force on pregnant youth in accordance with Penal Code Section 6030(f) and Welfare and Institutions Code Section 222.	X			
(b) Facilities that authorize chemical agents as a force option shall include policies and procedures that: (1) identify who is approved to carry and/or utilize chemical agents in the facility and the type, size and the approved method of deployment for those chemical agents.			X	This facility does not use chemical agents.
(2) mandate that chemical agents only be used when there is an imminent threat to the youth's safety or the safety of others and only when de-escalation efforts have been unsuccessful or are not reasonably possible.			X	This facility does not use chemical agents.
(3) outline the facility's approved methods and timelines for decontamination from chemical agents. This shall include that youth who have been exposed to chemical agents shall not be left unattended until that youth is fully decontaminated or is no longer suffering the effects of the chemical agent.			X	This facility does not use chemical agents.
(4) define the role, notification, and follow-up procedures required after use of force incidents involving chemical agents for medical, mental health staff and parents or legal guardians.			X	This facility does not use chemical agents.
(5) provide for the documentation of each incident of use of chemical agents, including the reasons for which it was used, efforts to de-escalate prior to use, youth and staff involved, the date, time and location of use, decontamination procedures applied and identification of any injuries sustained as a result of such use.			X	This facility does not use chemical agents.
(c) Facilities shall develop policies and procedure which require that agencies provide initial and regular training in use of force and chemical agents when appropriate that address: (1) known medical and behavioral health conditions that would contraindicate certain types of force;			X	This facility does not use chemical agents.
(2) acceptable chemical agents and the methods of application.			X	This facility does not use chemical agents.
(3) signs or symptoms that should result in immediate referral to medical or behavioral health.	X			
(4) instruction on the Constitutional Limitations of Use of Force.	X			
(5) physical training force options that may require the use of perishable skills.	X			
(6) timelines the facility uses to define regular training.	X			Training is done on a regular basis.

1358 Use of Physical Restraints				
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. Restraint devices include any devices which immobilize a youth's extremities and/or prevent the youth from being ambulatory.	X			
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. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the youth's behavior.	X			
In no case shall restraints be used as punishment or discipline, or as a substitute for treatment. The use of restraint devices that attach a youth to a wall, floor or other fixture, including a restraint chair, or through affixing of hands and feet together behind the back (hogtying) is prohibited. 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			
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 within the facility. Movement within the facility shall be governed by Section 1358.5, Use of Restraint Devices for Movement Within the Facility.	X			
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			
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			
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			
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.	X			
In addition to the requirements above, policies and procedures shall address:	X			
(a) documentation of the circumstances leading to an application of restraints.	X			
(b) known medical conditions that would contraindicate certain restraint devices and/or techniques.	X			

(c) acceptable restraint devices.	X			
(d) signs or symptoms which should result in immediate medical/mental health referral.	X			
(e) availability of cardiopulmonary resuscitation equipment.	X			
(f) protective housing of restrained youth. 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.	X			
(g) provision for hydration and sanitation needs.	X			
(h) exercising of extremities.	X			
1358.5 Use of Restraint Devices for Movement and Transportation Within the Facility				
The Facility Administrator, in cooperation with the responsible physician and behavioral/mental health director, shall develop and implement written policies and procedures for the use of restraint devices when the purpose is for movement or transportation within the facility that shall include the following:	X			
(a) identification of acceptable restraint devices, staff approved to utilize restraint devices and the required training.	X			
(b) the circumstances leading to the application of restraints must be documented.	X			
(c) an individual assessment of the need to apply restraints for movement or transportation that includes consideration of less restrictive alternatives, consideration of a youth's known medical or mental health conditions, trauma informed approaches, and a process for documentation and supervisor review and approval.	X			
(d) consideration of safety and security of the facility, with a clearly defined expectation that restraint devices shall not be used for the purposes of discipline or retaliation.	X			
(e) 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			
1359 Safety Room Procedures				
(a) The facility administrator, and where applicable, 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. 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			
(1) include provisions for administration of necessary nutrition and fluids, access to a toilet, and suitable clothing to provide for privacy;	X			
(2) provide for approval of the facility manager, or designee, before a youth is placed into a safety room;	X			

(3) 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			
(4) provide that the youth shall be evaluated by the facility manager, or designee, every four hours;	X			
(5) provide for immediate medical assessment, where appropriate, or an assessment at the next daily sick call; and,	X			
(6) 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			
(b)The placement of a youth in the safety room shall be accomplished in accordance with the following:	X			
(1) safety room shall not be used before other less restrictive options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any youth or staff.	X			
(2) safety room shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.	X			
(3) safety room shall not be used to the extent that it compromises the mental and physical health of the youth.	X			
(c) A youth may be held up to four hours in the safety room. After the youth has been held in the safety room for a period of four hours, staff shall do one or more of the following:	X			
(1) return the youth to general population.	X			
(2) consult with mental health or medical staff,	X			
(3) develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the youth to general population.	X			
(d) If confinement in the safety room must be extended beyond four hours, staff shall develop an individualized plan that includes the requirements of Section 1354.5 and the goals and objectives to be met in order to integrate the youth to general population.	X			

Summary of medical/mental health evaluation:

Nurse Reviewer Team:

Thirteen (13) electronic medical records were randomly selected for review by the nurse reviewer team; all thirteen (13) medical chart records were found to be well organized, in depth and thorough documentation was entered timely and in compliance within the components of the BSCC checklist.

RECOMMENDATION:

- To include opt out syphilis/HIV testing (rapid tests) as rates are increasing for this age group.

Medical/Mental Health Inspection:

On July 28, 2021 the Medical/Mental Health Inspection was completed by the Institutions Manager of the Juvenile Detention Facility. Overall very informative tour with all our questions answered.

RECOMMENDATION:

- To ensure that all emergency kits have proper labeling with the contents of the supplies located inside the kit.

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

BSCC #: _____

FACILITY NAME: Court Holding Facility		COUNTY: Stanislaus County
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:	COURT HOLDING FACILITY: X	TEMPORARY HOLDING FACILITY:
ENVIRONMENTAL HEALTH EVALUATION	DATE INSPECTED: May 27, 2021 Population: Male 39 Female 5 Total 44	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Waleed Yosif, R.E.H.S., Senior Environmental Health Specialist, (209) 525-6703 Alondra Estrada, R.E.H.S., Registered Environmental Health Specialist, (209) 525-6733		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Sergeant Maria Marroquin, (209) 491-8723		
NUTRITIONAL EVALUATION	DATE INSPECTED: 10/08/2021	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Maricela Torres, MPH, RD, Public Health Nutritionist II, Stanislaus County Health Services Agency, (209) 525-4815		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Cris McNally, Sheriff Support Services Supervisor, Stanislaus County Sheriff's Office, (209)652-2297		
MEDICAL/MENTAL HEALTH EVALUATION	DATE INSPECTED: 07/30/2021	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Angelique Adams-Altamirano, Staff Services Coordinator, Health Services Agency, Public Health, 209-558-7576 Daniel Martin, Medical Investigator, Health Services Agency, Public Health, 209-558-5110		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Erin Baldwin, Registered Nurse, WellPath Medical Group, 209-525-5676 Sergeant Maria Marroquin, Operations Sergeant, Probation		

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
Approach for Providing Food Service <i>(Not applicable to CH)</i> Food served in the facility is prepared in the facility. If "No," respond to items 1 and 2 below prior to continuing with the checklist.		X		
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		
1245 Kitchen Facilities, Sanitation and Food Service <i>(Not applicable to CH)</i> 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 are pre-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. HSC §114130-114141			X	This facility does not prepare any food. All food is prepared at the Public Safety Center.
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			
1246 Food Serving and Supervision <i>(Not applicable to CH)</i> 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.
Article 14. Bedding and Linens				
1270 Standard Bedding and Linen Issue <i>(Not applicable to CH)</i> The standard issue of clean suitable bedding and linens, for each inmate entering a living area who is expected to remain overnight, shall include, but not be limited to:			X	Inmates are only held for court appearances. Inmates are transferred back to original holding facility after 5:30 PM.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(a) One serviceable mattress which meets the requirements of Title 15 §1272;			X	
(b) one mattress cover or one sheet;			X	
(c) one blanket or more depending upon climatic conditions. Two blankets or sleep bag may be issued in place of one mattress cover or one sheet			X	
(d) one towel			X	
Temporary Holding facilities which hold persons longer than 12 hours shall meet the requirements of 1, 2 and 3 above.			X	
1272 Mattresses <i>(Not applicable to 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, Part 2, §1231.3.5 Beds (at least 30" wide X 76" long).			X	Inmates are only held for court appearances. Inmates are transferred back to original holding facility after 5:30 PM.
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	Inmates are only held for court appearances. Inmates are transferred back to original holding facility after 5:30 PM.
Article 15. Facility Sanitation and Safety				
1280 Facility Sanitation, Safety and Maintenance 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			

Summary of environmental health evaluation:

On May 27, 2021, Environmental Health Specialists Waleed Yosif from Stanislaus County Department of Environmental Resources conducted the annual Title 15 inspection with Sergeant Maria Marroquin, from the Stanislaus County Men's Jail. There was a total of 44 inmates housed in this facility at the time of inspection. Several cells were randomly selected for inspection and observed 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 108°F or above. The climate inside the facilities was comfortable.

The facility's food facility was inspected on June 16, 2021 by the Registered Environmental Health Specialist, Alondra Estrada, from Stanislaus County Department of Environmental Resources. No significant violations were noted during the time of inspection. The overall sanitation and condition of the facility was good.

II. NUTRITIONAL HEALTH EVALUATION
Adult Temporary Holding Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 12. Food				
1240 Frequency of Serving		X		
Food is served three times in any 24-hour period.		X		
At least one meal includes hot food.		X		
If more than 14 hours passes between these meals, supplemental food is served.		X		
Supplemental food is served in less than the 14-hour period for inmates on medical diets.		X		
A minimum of fifteen minutes shall be allowed for the actual consumption of each meal except for those inmates on medical diets where the responsible physician has prescribed additional time.		X		
Inmates who miss or may miss a regularly scheduled facility meal, are provided with substitute meal and beverage	X			
Inmates on medical diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			
1241 Minimum Diet				
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 2015-2020 Dietary Guidelines for Americans. Facilities providing religious, vegetarian or medical diets, shall also conform to these nutrition standards. The nutritional requirements for the minimum diet are specified in the following subsections. A daily or weekly average of the food group's requirement is acceptable. A wide variety of food should be served.	X			
(a) Protein Group. Includes beef, veal, lamb, pork, poultry, fish, eggs, cooked dry beans, peas, lentils, nuts, peanut butter and textured vegetable protein (TVP). One serving equals 14 grams or more of protein; the daily requirements shall be equal to three servings (a total of 42 grams per day or 294 grams per week). In addition, there shall be a requirement to serve a fourth serving from the legumes three days a week.	X			
(b) Dairy Group. Includes milk (fluid, evaporated or dry; nonfat, 1% or 2% reduced fat, etc.); cheese (cottage, cheddar, etc.); yogurt; ice cream or ice milk; and pudding. A serving is equivalent to 8 oz. of fluid milk and provides at least 250 mg. of calcium. All milk shall be pasteurized and fortified with Vitamins A and D. The daily requirement is three servings. One serving can be from a fortified food containing at least 150 mg. of calcium. For persons 15-17 years of age, or pregnant and lactating women, the requirement is four servings of milk or milk products.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(c) Vegetable-Fruit Group. Includes fresh, frozen, dried and canned vegetables and fruits. One serving equals: 1/2 cup vegetable or fruit; 6 ounces of 100% juice; 1 medium apple, orange, banana, or potato; 1/2 grapefruit; or 1/4 cup dried fruit. The daily requirement of fruits and vegetables shall be five servings. At least one serving shall be from each of the following three categories:				
(1) One serving of a fresh fruit or vegetable per day, or seven (7) servings per week.	X			
(2) One serving of a Vitamin C source containing 30 mg. or more per day or seven (7) servings per week.			X	
(3) One serving of a Vitamin A source, fruit or vegetable, containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.			X	
(d) Grain Group. Includes bread, rolls, pancakes, sweet rolls, ready-to-eat cereals, cooked cereals, corn bread, pasta, rice, tortillas, etc. and any food item containing whole or enriched grains. At least three servings from this group must be made with whole grains. The daily requirements shall be a minimum of six servings.	X			
Providing only the minimum servings outlined in this regulation is not sufficient to meet the inmates' caloric requirements. Additional servings from the dairy, vegetable-fruit, and bread-cereal groups must be provided in amounts to meet caloric requirements. Saturated dietary fat should not exceed 10 percent of total calories on a weekly basis. Fat shall be added only in minimum amounts necessary to make the diet palatable. Facility diets shall consider the recommendations and intentions of the 2015-2020 Dietary Guidelines of Americans of reducing overall sugar and sodium levels.				
1243 Food Service Plan 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.			X	

Summary of nutritional health evaluation:

- This facility is for court holding. Sack lunch is brought daily depending on number of inmates who are scheduled to appear in court that day. Sack lunch consists of 2 sandwiches, fresh fruit/vegetable and nonfat milk.

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility for Health Care Services In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.	X			
1207 Medical Receiving Screening <i>(Not applicable to CH)</i> A receiving screening is performed on all inmates at the time of intake, with the exception of inmates transferred directly within a custody system with documented receiving screening			X	
This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, tuberculosis and other communicable diseases.			X	
The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.			X	
The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).			X	
There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.			X	
Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.			X	
1209 Mental Health Services and Transfer to a Treatment Facility <i>(Not applicable to CH)</i> (a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:			X	
1. Identification and referral of inmates with mental health needs;			X	
2. Mental health treatment programs provided by qualified staff, including the use of telehealth.			X	
3. Crisis intervention services;			X	
4. Basic mental health services provided, as clinically indicated;			X	
5. Medication support services; and,			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.			X	
(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility.			X	
Prior to the transfer, the inmate may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the inmate meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.			X	
(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:			X	
1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;			X	
2. Designation of an appropriate setting where the involuntary administration of medication will occur;			X	
3. Designation of restraint procedures and/or devices that may be used to maintain the safety of the inmate and facility staff;			X	
4. 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	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and			X	
6. Documentation of the administration of involuntary medication in the inmate's medical record.			X	
1212 Vermin Control <i>(Not applicable to CH)</i> The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.			X	
1213 Detoxification Treatment <i>(Not applicable to CH)</i> The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.			X	
Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.			X	
1220 First Aid Kits First aid kit(s) shall be available in all facilities.	X			2 kits available
The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1046 Death in Custody (a) Death in Custody Reviews for Adults and Minors. The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to ensure that there is an initial review of every in-custody death within 30 days. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.</p>	X			
<p>Deaths shall be reviewed to determine the appropriateness of clinical care; whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.</p>	X			
<p>(b) Death of a Minor. In any case in which a minor die while detained in a jail, lockup, or court holding facility:</p>	X			There are no minors at this facility.
<p>(1) The administrator of the facility shall provide to the Board a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted within 10 calendar days after the death.</p>	X			
<p>(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.</p>	X			
<p>1051 Communicable Diseases The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures specifying those symptoms that require segregation of an inmate until a medical evaluation is completed.</p>	X			
<p>At the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases, such as tuberculosis or has observable symptoms of tuberculosis or any other communicable diseases, or other special medical problem identified by the health authority.</p>	X			
<p>The response shall be noted on the booking form and/or screening device.</p>	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1052 Mentally Disordered Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates, and may include telehealth. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled.</p>	X			
<p>An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.</p>			X	This facility is for court use only.
<p>1055 Use of Safety Cell The safety cell described in Title 24, Part 2, Section 1231.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others</p>			X	
<p>The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.</p>			X	
<p>In no case shall the safety cell be used for punishment or as a substitute for treatment.</p>			X	
<p>An inmate shall be placed in a safety cell only with the approval of the facility manager or designee, or responsible health care staff; continued retention shall be reviewed a minimum of every four hours.</p>			X	
<p>A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter.</p>			X	
<p>The facility manager, designee or responsible health care staff shall obtain a mental health opinion/consultation with responsible health care staff on placement and retention, which shall be secured within 12 hours of placement.</p>			X	
<p>Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented.</p>			X	
<p>Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.</p>			X	

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1056 Use of Sobering Cell The sobering cell described in Title 24, Part 2, Section 1231.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem.</p>			X	
<p>At 12 hours from the time of placement, all inmates will receive an evaluation by responsible health care staff. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.</p>			X	
<p>Such observation shall be documented.</p>			X	
<p>1057 Developmentally Disabled Inmates The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation, appropriate classification and housing, protection, and nondiscrimination of all developmentally disabled inmates.</p>	X			
<p>The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.</p>	X			
<p>1058 Use of Restraint Devices The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a responsible health care staff.</p>			X	Court holding facility, restraints are not used.
<p>In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas:</p> <ul style="list-style-type: none"> • acceptable restraint devices; • signs or symptoms which should result in immediate medical/mental health referral; • availability of cardiopulmonary resuscitation equipment; • protective housing of restrained persons; • provision for hydration and sanitation needs; and • exercising of extremities. 			X	Court holding facility, restraints are not used.
<p>In no case shall restraints be used for punishment or as a substitute for treatment.</p>			X	Court holding facility, restraints are not used.
<p>Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory.</p>			X	Court holding facility, restraints are not used.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.			X	Court holding facility, restraints are not used.
Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, responsible health care staff; continued retention shall be reviewed a minimum of every hour.			X	Court holding facility, restraints are not used.
A medical opinion on placement and retention shall be secured within one hour from the time of placement. A medical assessment shall be completed within four hours of placement.			X	Court holding facility, restraints are not used.
If the facility manager, or designee, in consultation with responsible health care staff determines that an inmate cannot be safely removed from restraints after eight hours, the inmate shall be taken to a medical facility for further evaluation.			X	Court holding facility, restraints are not used.
Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented.			X	Court holding facility, restraints are not used.
While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provisions to protect the inmate from abuse.			X	Court holding facility, restraints are not used.
The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.			X	Court holding facility, restraints are not used.
1058.5 RESTRAINTS AND PREGNANT INMATES The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices on pregnant inmates. In accordance with Penal Code 3407 the policy shall include reference to the following:			X	Court holding facility, restraints are not used.
(1) An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs behind the body.			X	Court holding facility, restraints are not used.
(2) A pregnant inmate in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, or the public.			X	Court holding facility, restraints are not used.
(3) Restraints shall be removed when a professional who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.			X	Court holding facility, restraints are not used.
(4) Upon confirmation of an inmate's pregnancy, she shall be advised, orally or in writing, of the standards and policies governing pregnant inmates.			X	Court holding facility, restraints are not used.

Summary of medical/mental health evaluation:

Public Health Representatives Angelique Adams-Altamirano, Staff Services Coordinator, and Daniel Martin, Medical Investigator reviewed the policy and procedures manual. A visual inspection was completed on 07/30/2021 which consisted of a tour around the Nurse's station, logs and emergency kits were sight verified. All logs were updated and emergency kits are checked monthly by nursing staff.

Recommendation:

None, everything was in order.