

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
<p>1464 Food Services Plan</p> <p>There is a written food services plan that complies with the applicable sections of California Retail food Code (CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50 that do not have a food services manager, the facility manager prepares the plan.</p> <p>The plan includes, but is not limited to the following policies and procedures: menu planning; purchasing; storage and inventory control; food preparation; food serving; transporting food; orientation and on-going training; personnel supervision; budgets and food costs accounting; documentation and record keeping; emergency feeding plan; waste management; and, maintenance and repair.</p>	<p>Do not identify compliance with this section here. See comments.</p>			<p>The Nutrition Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>1465 Food Handlers Education and Monitoring</p> <p><i>CalCode, the California retail food Code(HSC Division 104, Part 7, Chapter 1-13, , Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</i></p> <p>There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967, 113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.</p>	X			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</p>
<p>1466 Kitchen Facilities, Sanitation, and Food Storage</p> <p>Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.</p> <p>In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 114381) is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation.)</i></p>	X			<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties.</p>
HSC § 114419-114423, Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;	X			
HSC § 114130-114141, 114163, New or replacement equipment;	X			
HSC § 114099.6, 114107 Utensil and equipment cleaning and sanitation;	X			

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

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Bedding and Linens				
1500 Standard Bedding and Linen Issue				
Each minor entering a living area and expected to remain overnight, is provided with laundered, clean and suitable bedding and linens which are in good repair. This includes, but is not limited to:	X			
One clean and serviceable mattress (or mattress-pillow combination) which meets the requirements of Title 15 § 1502;	X			
One pillow and a pillow case (unless provided in combination with the mattress;	X			
One mattress cover and a sheet or two sheets;	X			
One towel; and,	X			
One or more blankets, depending upon climatic conditions.	X			
1501 Bedding and Linen Exchange				
There are policies and procedures for the scheduled exchange of laundered bedding and linen issued to each minor housed.	X			
Washable items such as sheets, mattress covers, pillowcases and towels are exchanged for a clean replacement at least once each week.	X			
The covering blanket is cleaned or laundered at least once a month.	X			
1502 Mattresses				
Mattresses conform to the size of the bed (Title 24, Section 460A.25) and are enclosed in an easily cleaned, non-absorbent ticking.	X			Several mattresses with tears greater than 3" were observed in the following cells: Unit 2, room #25 Unit 7, room #16 A crack in the structure which supports the mattress was observed in Unit 5, room #1
Any mattress purchased for issue to a minor in a facility that is locked to prevent unimpeded access to the outdoors, is certified by the manufacturer as meeting all requirements of the State Fire Marshal and Bureau of Home Furnishings test standard for penal mattresses (Technical Information Bulletin Number 121, April 1980).	X			
Article 12. Facility Sanitation and Safety				
1510 Facility Sanitation, Safety and Maintenance				
There are policies and procedures for the maintenance of an acceptable level of cleanliness, repair and safety throughout the facility.	X			
The plan provides for a regular schedule of housekeeping tasks, equipment and physical plant maintenance, and inspections to identify and correct unsanitary or unsafe conditions or work practices in a timely manner.	X			
Medical care housing as described in Title 24, Part I § 13-201(c)6 is cleaned and sanitized according to policies and procedures established by the health administrator.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1511 Smoke Free Environment There are policies and procedures to assure that State laws prohibiting minors from smoking are enforced in all juvenile facilities, related work details, and other programs. Policies and procedures assure that minors are not exposed to second-hand smoke while in the facility or in the custody of staff.	X			
Other Applicable Codes				
Title 24, Uniform Building Code Toilet bowls, wash basins, drinking fountains, and showers are clean and in good repair.	X			Shower facilities with mildew build-up and/or deteriorating finish observed in the following: Unit 1, Unit 7 upstairs Clogged toilet(s) noted in the following: Unit 1, room #22 Unit 2, room #9
Title 24, Uniform Building Code Floors, walls, windows, grillwork and ceilings are clean and in good repair.	X			Graffiti observed in the following rooms: Unit 3, room #20 and #22 Unit 5, room #1 Unit 7, room #19,#21 and #22
Title 24, Part 1, 13-201(c)6 There is provision for a comfortable living environment in accordance with the heating, ventilating, and air conditioning requirements of Parts 2 and 4 and energy conservation requirements, of Part 6, Title 24, CCR.	X			Observed partial blockage of the ventilation ports in the following cells: Unit 5, room #11 Unit 7, room #2
Title 24, Uniform Plumbing Code Floor drains are flushed at least weekly.	X			
Traps contain water to prevent escape of sewer gas.	X			
Grids and grates are present.	X			
CA Safe Drinking Water Act Potable water is supplied from an approved source in satisfactory compliance with this Act.	X			
Local Ordinances Solid, toxic and infectious wastes are disposed of in accordance with state and local laws and regulations.	X			
HSC and CCR Titles 22 and 24 Relating to Public Pools Swimming pools are designed, constructed, operated, and maintained in accordance with state and local laws and regulations			X	
Health and Safety Code, § 1803 and 2271 (Farms, petting zoos, etc.) All animal operations are removed from the immediate living area, designed, constructed, and maintained to minimize odor, vermin, and physical hazards.			X	
The facility is free of vermin (or vermin signs), and general housekeeping is satisfactory.		X		Evidence of mice in the form of droppings observed in the non-food storage room at Camp Parks; remove droppings and monitor regularly for activity; seal any potential openings.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
General Industry Safety Order, Title 8-3362 The facility is free of structural and other safety hazards.	X			Tiles are broken behind the toilet in the intake restroom. Replace broken tiles.

Environmental Health JJC Inspection Notes

On August 5th and 6th 2015 an inspection was conducted of the Juvenile Justice Center at 2200 Fairmont Dr. in San Leandro, CA. There were three main areas of focus for the environmental team. These were 1. **Kitchen**, including the receiving area, cold storage, dry storage, ware washing, food preparation, and garbage. 2. **Units and rooms** including the intake area common areas, exercise and personal hygiene areas. 3. **Camp Sweeney** food service and living quarters.

Food Service

Revolution Foods Prepares the meals offsite, temperatures are taken leaving their facility and upon arrival at JJC. A log is maintained. Hot water is available in the kitchen (measured at 140 degrees F. at the 3 compartment sink.) A sample meal was probed in the walk in cooler at 38 degrees F. No temperature violations were found in the facility.

The kitchen is clean and organized. Meals are sent from the kitchen to the units for service to the population. There are thermal reheating devices in each of the units. They are programed with the appropriate heating information. There are also refrigerators to store milk and fruit. These do not have thermometers but were all maintaining foods at 41 F or below. Mechanical dishwasher are used and achieve the proper temperatures (185 F in final rinse). The garbage and receiving areas were clean.

Units

There are 10 units each with approximately 26 cells. Shower stalls with closing doors are located on each of the two floors within each unit. The common area is open and an exercise area is provided adjacent to each unit. The rooms each have flushing toilets and sinks with hot and cold running water. The beds are one or two to a room, but staff indicated that sharing of rooms is rare at current population levels. The beds are smooth molded surfaces and each has a plastic covered mattress. Linens are provided and exchanged weekly or when soiled. Each room also has its own air exchange vents, but are linked to the unit's heating and air conditioning system. It appears that sometimes residents try to control the temperature by covering the air vents.

Camp Sweeney

Camp Sweeney has one story buildings with residents sleeping in one large room. Beds are fixed in position and mattresses and bedding provided similar to the main facility. There are common restroom and shower facilities within the same building. The kitchen does not prepare food, but receives prepackaged meals from the main kitchen and reheats them (similar to the meal service provided to the Units). Hot water is available and the walk in cooler was keeping the contents at proper temp. (Milk was at 39 F).

Problems/Issues:

Kitchen: None

Units:

Several rooms were inspected in each unit.

Unit 1 room 22 toilet would not flush. Repair toilet. Shower tiles moldy. Clean showers.

Unit 2 room 9 toilet clogged, room 25 mattress cut. Unclog toilet and replace mattress.

Unit 3 rooms 20 and 22 graffiti on windows.

Unit 4 room 23 dirty toilet. Clean toilet.

Unit 5 room 1, crack observed in the bed structure, room 11 vent blocked, graffiti on windows. Repair crack and unclog vent.

Unit 6 room 29 inside of door dirty. Clean door.

Unit 7 room 2 vent blocked, 16 mattress torn, rooms 19, 21 and 22 window graffiti. Tiles in upstairs showers moldy. Clean vent, replace mattresses and clean showers.

Unit 8 Unoccupied.

Unit 9 Unoccupied.

Unit 10 Unoccupied.

Intake area: The restroom in the intake area had broken tiles behind the toilet. The tile must be repaired or replaced.

Camp Sweeney:

Mouse droppings continue to be observed in corner of non- food storage area. Area was cleaned and traps set. No other evidence of active infestation. Big Valley Pest Control services the facility. Recommend removing raw wood shelving and replacing with NSF-approved (or equivalent) shelving.

Dust and cob webs were observed on the ventilation ducting in the sleeping area. Clean ducting and treat for spiders if necessary.

In general the facility was clean, organized and well run. Most of the issues above have been resolved by the staff or are in process. A follow-up visit was conducted on September 22nd 2015. All items were corrected except the tile repair in the intake restroom. Facility personnel indicated the tile work was being scheduled. A semi-annual inspection will be conducted by the district inspector.



County of Alameda
 Department of Environmental Health
 1131 Harbor Bay Parkway, Suite 200
 Alameda, Ca 94502-6577
 510-567-6700
 http://www.acgov.org/aceh

OFFICIAL RETAIL FOOD INSPECTION REPORT

Date: 9-22-15
 Time In: 11
 Time Out: 1230
 Page 2 of 2

Facility Name: Alameda Co. Juvenile Justice Center Address: 2500 Fremont Dr City: San Leandro CT:

All violations of the California Health & Safety Code as listed on this report must be corrected. *Major violations must be corrected immediately. Non-compliance may warrant immediate closure of the food facility.* See reverse sides of this inspection report form for code sections that correspond to each violation.

TEMPERATURE CONTROL-Documentation is required for all food facilities with PHF (Potentially Hazardous Foods) No PHF

Food Item	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)	Food Item	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)

OBSERVATIONS AND CORRECTIVE ACTIONS

Follow up.

*No evidence of vermin activity in camp sweepings
 Pest control in place.*

Ventilation ducting in camp sweepings cleaned.

Showers in units 1 & 7 cleaned.

*-Tile behind toilet in intake restroom,
 not yet repaired. Repair tile in intake restroom.*

ACTIONS/STATUS

- 50. Food/Equipment Impounded or VCD (1)
- 51. Permit Suspension / Require Closure (1)
- Inspection Report Total Score _____
- Follow-Up Inspection Date _____

The Person-In-Charge (PIC) is responsible for maintaining this food facility in compliance with all applicable sections of the California Health & Safety Code.

Received by (Sign): Ray Nicholas
 Name & Title (Print): RAY NICHOLAS Food Services mgr.
 EHS: Jan Bal
 Phone: (510) 567-6711

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 Department of Environmental Health
 1131 Harbor Bay Parkway, Suite 200
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OFFICIAL RETAIL FOOD INSPECTION REPORT

Date: 9.22.15
 Time In: 11
 Time Out: 12:30
 Page 1 of _____

Facility Name: Juvenile Justice Center Address: 2500 Fairwood Dr City: San Leandro
 Permit #: 0308407 Exp Date: 3/12/16 PR: _____ SR: _____ CO: _____ Inspection Type: FU Const C/O
 Pmt Holder: Co. of Alameda Food Safety Cert Name: _____ Exp Date: _____ FBI Inv: _____

Major violations pose threats to public health and must be corrected immediately. Non-compliance may warrant closure of the facility.

CDC RISK FACTORS	OUT	PTS	-PTS	APPROVED RETAIL PRACTICES	OUT	PTS	-PTS
Demonstration of Knowledge				Supervision			
1. Demonstration of food safety knowledge		2		24. Person in Charge present & performs duties		1	
Employee Health & Hygienic Practices				Personal Cleanliness			
2. Compliance w/ Communicable disease procedures		4		25. Personal cleanliness & hair restraints		1	
3. No discharge from eyes, nose & mouth		2		General Food Safety Requirements			
4. Proper eating, tasting, drinking or tobacco use		2		26. Approved thawing methods used, frozen food		1	
5. Hands clean and properly washed; gloves used properly; RTE food handling		4		27. Food separated and protected		1	
6. Adequate handwashing facilities supplied & accessible		2		28. Washing fruits and vegetables		1	
Time & Temperature Relationships				29. Toxic substances properly identified, stored, used		1	
7. Proper hot and cold holding temperatures		4/2		Food Storage/Display/Service			
8. Time as a public health control; procedures/ records		4/2		30. Food storage; food storage containers labeled		1	
9. Proper cooling methods		4		31. Consumer self-service		1	
10. Proper cooking time & temperatures		4		32. Food properly labeled & honestly presented		1	
11. Proper reheating procedures for hot holding		4		Equipment/Utensils/Linens			
Protection from Contamination				33. Nonfood contact surfaces clean		1	
12. Returned and reservice of food		2		34. Warewashing facilities: installed, maintained, used; testing devices		1	
13. Food in good condition, safe and unadulterated		4/2		35. Equipment/Utensils ANSI approved		1	
14. Food contact surfaces: clean and sanitized		4/2		36. Equipment, utensils and linens: storage & use		1	
Food from Approved Sources				37. Vending machines maintained		1	
15. Food obtained from approved source		4		38. Approved & adequate ventilation and lighting		1	
16. Compliance with shell stock tags, condition, display		2		39. Food thermometers provided and accurate		1	
17. Compliance with Gulf Oyster Regulations		2		40. Wiping cloths: properly used and stored		1	
Conformance with Approved Procedures				Physical Facilities			
18. Compliance with variance, specialized process & HACCP Plan		2		41. Plumbing: proper backflow devices		1	
Consumer Advisory				42. Garbage and refuse properly disposed; facilities maintained		1	
19. Consumer advisory for raw undercooked foods and foods with 1/2 of 1% alcohol		2		43. Toilet facilities cleaned, supplied, maintained		1	
Highly Susceptible Populations				44. Premises; personal/cleaning items; vermin-proofing		1	
20. Licensed health care facilities/ public & private schools; prohibited foods not offered		4		Permanent Food Facilities			
Water/ Hot Water				45. Floor, walls and ceilings are maintained and clean		1	
21. Hot and cold water available _____ Temp		4/2		46. No living or sleeping quarters inside facility		1	
Liquid Waste Disposal				Signs/ Requirements			
22. Sewage and wastewater properly disposed		4/2		47. Signs and permits posted; last inspection reports and food safety certificates available		1	
Vermin				Compliance & Enforcement			
23. No rodents, insects, birds, or animals		4/2		48. Compliance with plan review requirements		1	
				49. Facility operating with valid permit		1	

Received by: [Signature]

EHS: [Signature]

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OFFICIAL RETAIL FOOD INSPECTION REPORT

Date: 8.5.15
 Time In: 8:30 AM
 Time Out: 3:30 P
 Page 4 of 4

Facility Name: JUC Address: 2500 Fairmount Dr City: San Leandro CT: 305

All violations of the California Health & Safety Code as listed on this report must be corrected. *Major violations must be corrected immediately. Non-compliance may warrant immediate closure of the food facility.* See reverse sides of this inspection report form for code sections that correspond to each violation.

TEMPERATURE CONTROL-Documentation is required for all food facilities with PHF (Potentially Hazardous Foods) No PHF

Food Item	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)	Food Item	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)

OBSERVATIONS AND CORRECTIVE ACTIONS

Unit 5: (11) vent blocked (1) bed cracked, graffiti on windows.

Unit 6: (29) inside of door dirty

Unit 7: upstairs tile dirty, (16) mattress tear (2) vent blocked (19)(21)(22) window graffiti

ACTIONS/STATUS

50. Food/Equipment Impounded or VCD (1)
 51. Permit Suspension / Require Closure (1)
 Inspection Report Total Score 95/100
16 REEW
 Follow-Up Inspection Date 2 weeks

The Person-In-Charge (PIC) is responsible for maintaining this food facility in compliance with all applicable sections of the California Health & Safety Code.

Received by (Sign): [Signature]
 Name & Title (Print): RAY NIGRA - Food service mgr.
 EHS: [Signature]
 Phone: (510) 567-6711

County of Alameda
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 1131 Harbor Bay Parkway, Suite 200
 Alameda, Ca 94502-6577
 510-567-6700
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OFFICIAL RETAIL FOOD INSPECTION REPORT

Date: 8.5.15
 Time In: 8:30A
 Time Out: 3:30P
 Page 3 of 4

Facility Name: JJC Address: 2500 Fairmont City: San Leandro CT: 303

All violations of the California Health & Safety Code as listed on this report must be corrected. *Major violations must be corrected immediately. Non-compliance may warrant immediate closure of the food facility.* See reverse sides of this inspection report form for code sections that correspond to each violation.

TEMPERATURE CONTROL-Documentation is required for all food facilities with PHF (Potentially Hazardous Foods) No PHF

Food Item	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)	Food Item	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)
milk	40		cut 1		milk	41		5	
milk	40		2		milk	41		6	
milk	41		3		milk	41		7	
milk	41		4						

OBSERVATIONS AND CORRECTIVE ACTIONS

Living Quarters

Camp Sweeney I observed dust & cob webs on ventilation conduits. Clean & dust. Treat for spiders if necessary.

JJC

Intake women's restroom - observed broken tile behind toilet. Repair tile.

Units - general scratched glass, blocked air ducts, showers require deep cleaning, graffiti. Blue paint on underside of cushions.

Unit 1: (22) toilet not flushing - shower tiles moldy/broken

Unit 2: (9) toilet clog (25) mattress cut

Unit 3: (7) (2) Graffiti in windows

Unit 4: (23) Dirty toilet.

ACTIONS/STATUS

- 50. Food/Equipment Impounded or VCD (1)
- 51. Permit Suspension / Require Closure (1)

Inspection Report Total Score _____
 Follow-Up Inspection Date _____

The Person-In-Charge (PIC) is responsible for maintaining this food facility in compliance with all applicable sections of the California Health & Safety Code.

Received by (Sign): [Signature]
 Name & Title (Print): RAY NICKOLOFF - Food Services Mgr.
 EHS: [Signature]
 Phone: (510) 567-6711

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OFFICIAL RETAIL FOOD INSPECTION REPORT

Date: 8.5.15
 Time In: 8:30
 Time Out: 3:30
 Page 2 of 3

Facility Name: Juvenile Justice Center Address: 2500 Farmway Dr City: San Leandro CT: 305

All violations of the California Health & Safety Code as listed on this report must be corrected. *Major violations must be corrected immediately. Non-compliance may warrant immediate closure of the food facility.* See reverse sides of this inspection report form for code sections that correspond to each violation.

TEMPERATURE CONTROL-Documentation is required for all food facilities with PHF (Potentially Hazardous Foods)

No PHF

Food Item	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)	Food Item	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)
Chicken	38		Refrigerator		'Naked Juice'	38		True	
Breakfast Sand.	39		Refrigerator		Sweeney Milk.	39		Sweeney	RT
milk	38		Refrigerator						
Ice cream	-5		Freezer						

OBSERVATIONS AND CORRECTIVE ACTIONS

(21) Camp Sweeney had a few mouse droppings in the storage room. Clean shelves + contact pest control company to treat. (corrected)

(43) Camp Sweeney. Observed dust + cob webs on ventilation duct. Clean ducts.

ACTIONS/STATUS

- 50. Food/Equipment Impounded or VCD (1)
- 51. Permit Suspension / Require Closure (1)

Inspection Report Total Score _____

Follow-Up Inspection Date _____

The Person-In-Charge (PIC) is responsible for maintaining this food facility in compliance with all applicable sections of the California Health & Safety Code.

Received by (Sign): [Signature]

Name & Title (Print): RAY Nickoloff Food Services mgr

EHS: [Signature]

Phone: (510) 567-6711

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 1131 Harbor Bay Parkway, Suite 200
 Alameda, CA 94502-6577
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OFFICIAL RETAIL FOOD INSPECTION REPORT

Date: 8.5.15
 Time In: 8:30 AM
 Time Out: 3:50 PM
 Page 1 of 4

Facility Name: Juvenile Justice Center Address: 2500 Fairmont Dr City: San Leandro CT: 305

Permit #: _____ Exp Date: _____ PR: PRO505531 SR: _____ CO: _____ Inspection Type
 (R) FU C/O
 FBInv Const Consult
 Prnt Holder: Co. of Alameda Food Safety Cert Name: Roy Nickaloff Exp Date: 8/23/16

Major violations pose threats to public health and must be corrected immediately. Non-compliance may warrant closure of the facility.

CDC RISK FACTORS	OUT	PTS	-PTS	APPROVED RETAIL PRACTICES	OUT	PTS	-PTS
Demonstration of Knowledge				Supervision			
1. Demonstration of food safety knowledge		2		24. Person in Charge present & performs duties		1	
Employee Health & Hygienic Practices				Personal Cleanliness			
2. Compliance w/ Communicable disease procedures		4		25. Personal cleanliness & hair restraints		1	
3. No discharge from eyes, nose & mouth		2		General Food Safety Requirements			
4. Proper eating, tasting, drinking or tobacco use		2		26. Approved thawing methods used, frozen food		1	
5. Hands clean and properly washed; gloves used properly; RTE food handling		4		27. Food separated and protected		1	
6. Adequate handwashing facilities supplied & accessible		2		28. Washing fruits and vegetables		1	
Time & Temperature Relationships				29. Toxic substances properly identified, stored, used		1	
7. Proper hot and cold holding temperatures		4/2		Food Storage/Display/Service			
8. Time as a public health control; procedures/ records		4/2		30. Food storage; food storage containers labeled		1	
9. Proper cooling methods		4		31. Consumer self-service		1	
10. Proper cooking time & temperatures		4		32. Food properly labeled & honestly presented		1	
11. Proper reheating procedures for hot holding		4		Equipment/Utensils/Linens			
Protection from Contamination				33. Nonfood contact surfaces clean		1	
12. Returned and reservice of food		2		34. Warewashing facilities: installed, maintained, used; testing devices		1	
13. Food in good condition, safe and unadulterated		4/2		35. Equipment/Utensils ANSI approved		1	
14. Food contact surfaces: clean and sanitized		4/2		36. Equipment, utensils and linens: storage & use		1	
Food from Approved Sources				37. Vending machines maintained		1	
15. Food obtained from approved source		4		38. Approved & adequate ventilation and lighting		1	
16. Compliance with shell stock tags, condition, display		2		39. Food thermometers provided and accurate		1	
17. Compliance with Gulf Oyster Regulations		2		40. Wiping cloths: properly used and stored		1	
Conformance with Approved Procedures				Physical Facilities			
18. Compliance with variance, specialized process & HACCP Plan		2		41. Plumbing: proper backflow devices		1	
Consumer Advisory				42. Garbage and refuse properly disposed; facilities maintained		1	
19. Consumer advisory for raw undercooked foods and foods with 1/2 of 1% alcohol		2		43. Toilet facilities cleaned, supplied, maintained		1	
Highly Susceptible Populations				44. Premises; personal/cleaning items; vermin-proofing		1	
20. Licensed health care facilities/ public & private schools; prohibited foods not offered		4		Permanent Food Facilities			
Water/ Hot Water				45. Floor, walls and ceilings are maintained and clean	✓	1	-1
21. Hot and cold water available <u>120°</u> Temp		4/2		46. No living or sleeping quarters inside facility		1	
Liquid Waste Disposal				Signs/ Requirements		1	
22. Sewage and wastewater properly disposed		4/2		47. Signs and permits posted; last inspection reports and food safety certificates available		1	
Vermin				Compliance & Enforcement			
23. No rodents, insects, birds, or animals	✓	4/2	-4	48. Compliance with plan review requirements		1	
				49. Facility operating with valid permit		1	

Received by: [Signature]

EHS: [Signature]

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

BOC #: _____

FACILITY NAME: Juvenile Hall Detention Facility		COUNTY: Alameda	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 2200 Fairmont Drive San Leandro, CA 94578-1090 510-667-4970			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	JUVENILE HALL: XX	SPECIAL PURPOSE JUVENILE HALL:	CAMP:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: August 5, 2015	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Annette Laverty, MPH, RD 510-595-6446			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Meredith Eley, MS, RD, Revolution Foods Nutrition and Compliance Manager meley@revolutionfoods.com Jane Upritchard, PhD, Director of Nutrition Compliance jupritchard@revolutionfoods.com Shanta Ramdeholl, Medical Services Director, Children's Hospital of Oakland 510-667-3131 Renee Brunell, Probation, Assistant Manager of Food Service Ray Nickaloff, JJC Food Services Manager			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 9. Food				
1460 Frequency of Serving				
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			
If more than 14 hours passes between these meals, supplemental food is served.	X			
Supplemental food is offered at initial intake.	X			
Food is served to minors on medical diets as prescribed by the attending physician.	X			
A minimum of twenty minutes is allowed for the actual consumption of each meal except for those minors on medical diets where the responsible physician has prescribed additional time.	X			Minors are provided with a minimum of 20 minutes to eat. Minors stated that this was enough time to consume their meals.
Minors who miss a regularly scheduled facility meal, are provided with a beverage and a substitute meal.	X			
Minors on medical diets are provided with their prescribed meal.	X			A system is in place to ensure that minors are provided with their prescribed meals.
1461 Minimum Diet <i>Note: See regulations for equivalencies and serving requirements. Snacks may be included as part of the minimum diet. A wide variety of foods should be served and spices should be used to improve the taste and eye appeal of food that is served.</i>				
The minimum diet that is provided in the facility is based on the nutritional and caloric requirements found in the 1999-2002 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2005 California Daily Food Guide; and, the 2000 Dietary Guidelines for Americans.	X			The menu analysis of the new two week cycle (including snacks) reveals the following nutrient breakdown: 2,250 Calories 2,151mg sodium Protein, Carbohydrate, and Fat content is within dietary requirements for the School Food Program, Dietary Guidelines for Americans, and California Title 15 Standards.
Religious and vegetarian diets conform to these nutritional standards.	X			
Protein Group. There are two servings each day and an additional third serving from the legumes three days a week.	X			Each day there is a minimum of two servings of protein with the addition of legumes served three to four days per week.
One serving equals 14 or more grams of protein.	X			
Milk Group. There are four daily servings of milk or milk equivalents for persons 9-18 years of age, including pregnant and lactating women.	X			Every meal now contains a minimum of four servings of milk/milk equivalent.
A serving is equivalent to eight ounces of fluid milk and provides at least 250 mg. of calcium.	X			
All milk products are pasteurized and fortified with vitamins A and D.	X			
Vegetable-Fruit Group. There are at least six servings each day, including the specified type and frequency in each of the following categories:	X			Eight (8) to 11 fruits and vegetables are provided daily, with at least one serving of a good vitamin C source and one serving of a good vitamin A source.
One serving of a fresh fruit or vegetable.	X			
One serving of a Vitamin C source containing 30 mg. or more.	X			
One serving of a Vitamin A source fruit or vegetable containing at least 200 micrograms Retinol Equivalents (RE).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Grain Group. There are at least six servings each day, at least three of which are made with some whole grain products.	X			A minimum of six servings of whole grains are served daily.
Calories. <i>Note: Providing only the minimum serving is not sufficient to meet the minor's caloric requirements. Based on activity levels, additional servings from dairy, vegetable-fruit, and bread-cereal (grain) groups must be provided to meet caloric requirements. Pregnant minors must receive a supplemental snack if medically indicated. The RDA allows for a plus or minus 20% of the recommended caloric intake.</i> The average daily caloric allowance for female minors between 11-18 years of age is 2200 calories and for males in that age category, 2500-3000 calories each day.	X			Average caloric value is 2,250 Kcal. Additional food is provided on the unit as needed.
Total dietary fat does not exceed 30% of total calories on a weekly basis.	X			
1462 Medical Diets Only the attending physician prescribes a medical diet.	X			According to the Medical contractor, Children's Hospital of Oakland, the guidelines for therapeutic diet prescription includes not only the physician, but also the nurse practitioner. Orders written by any other professional must be co-signed by attending physician or nurse practitioner.
Medical diets that are utilized by a facility are planned, prepared and served in consultation with a registered dietitian.	X			
The facility manager provides any medical diet prescribed for a minor.	X			Kidango provides all therapeutic meals.
Diet orders are maintained on file for at least one year.	X			
There is a medical diet manual that includes sample menus. It is available in the medical and food service offices.		X		A diet manual was not available in the Food Service Office. See Recommendation 1
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.		X		Unable to determine, since the diet manual was not available. The subcontractor, Kidango, which is responsible for therapeutic diets, had a diet manual, but it was not approved in the past year. See Recommendation 2
1463 Menus Menus are planned at least one month in advance of their use. Menus provide a variety of foods considering the cultural and ethnic makeup of the facility thus preventing repetitive meals.	X			Rev Foods menu is planned one month in advance. The menu provides a variety of cultural foods, including American, Mexican, and Southern foods, which accommodates a majority of the ethnic audience at the facility.
A registered dietitian approves menus before they are used.	X			Nutrition and Compliance Managers involved in menu planning with the contract vendor, Revolution Foods, are all RD's.
Changes are noted on the menu and/or production worksheet when any meal that is served varies from the planned menu.	X			Meals only deviate when there is an emergency shortage with suppliers. The partner is notified in advance of any deviation. Substitutions are very rare.
Menus, as planned and including changes, are retained for one year and evaluated by a registered dietitian at least annually.	X			Per USDA regulations, Rev Foods retains their menu documentation for 3 years. Their menu is evaluated by members of the Nutrition and Compliance Department which is made up of Registered Dietitians and Nutritionists.

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<p>1464 Food Services Plan</p> <p>There is a written food services plan that complies with the applicable sections of California Retail food Code (CalCode). In facilities with an average daily population of 50 or more, a trained and experienced food services manager is employed or available to prepare a food services plan. In facilities with an average daily population that is less than 50, that do not have a food services manager, the facility manager prepares the plan.</p> <p>The plan includes, but is not limited to the following policies and procedures;</p>	X			The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1464. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
menu planning;	X			
purchasing;	X			
storage and inventory control;	X			
food preparation;	X			
food serving;	X			
transporting food;	X			
orientation and on-going training;	X			
personnel supervision;	X			
budgets and food costs accounting;	X			
documentation and record keeping;	X			
emergency feeding plan;		X		A 3 day emergency feeding plan needs to be created and filed in the Policy and Procedure Manuals, should an emergency occur. There is water available in case of emergency. See Recommendation 3
waste management; and,	X			
maintenance and repair.	X			Documentation records of all service and repair activities are kept in the GSA office.
<p>1465 Food Handlers Education and Monitoring</p> <p><u>CalCode, the California retail food Code(HSC Division 104, Part 7, Chapters 1-13, Section 11370 et seq.) has been incorporated into Title 15 for local detention facilities through the rulemaking process.</u></p> <p>There are procedures to ensure that supervisory staff and food handlers receive ongoing training in safe food handling and hygiene techniques, in accordance with HSC § 113967,113952-113961,113973,113977. Compliance with food handling and hygiene requirements is monitored.</p>				<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1465. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
	Do not identify compliance with this regulation here. See comments.			

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 comply with standards set forth in CalCode. In facilities where minors prepare meals for self-consumption, or where frozen meals or prepared food from other facilities (permitted pursuant to HSC § 114381) is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: While the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that provide for food safety and sanitation.)</i></p> <p>HSC § 114419-114423 Hazard Analysis Critical Control Point (HACCP) plans, review, approval, suspension, revocation; hearing;</p> <p>HSC § 114130-114141, 114163, New or replacement equipment;</p> <p>HSC § 114099.6, 114107 Utensil and equipment cleaning and sanitation;</p> <p>HSC § 114149-114149.3 Ventilation;</p> <p>HSC § 114268-114269 Floors; and,</p> <p>HSC § 114185-114185.5 Storage area for cleaning equipment and supplies; disposal of mop bucket and wastes and other liquid wastes.</p>			<p>Do not identify compliance with this regulation here. See comments.</p>	<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1466. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>
<p>1467 Food Serving and Supervision</p> <p>There are policies and procedures to ensure that appropriate work assignments are made, that food handlers are adequately supervised and that food is prepared and served only under the immediate supervision of a staff member.</p>			<p>Do not identify compliance with this regulation here. See comments.</p>	<p>The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1467. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.</p>

Summary of Nutritional Evaluation

Alameda County Juvenile Justice Center was inspected on August 5th and 6th, 2015. At the previous inspection in July 2014 there were many significant infractions found regarding section 1461 Minimum Diet, causing the facility to be out of compliance on several standards. During the year, a Public Health Department Nutritionist worked closely with staff from Revolution Foods (vendor of regular juvenile meals), Kindango (vendor of medical diets), and Probation to assist them in understanding Title 15 standards and options for bringing the current menu into compliance.

This Nutritional Health Evaluation reviewed all departments relating to nutritional provisions of minors housed at this facility, including food service, medical, and four housing units. Findings of this inspection showed marked improvement since the previous inspection.

Approximately 139 minors were housed in the main facility and 30 minors were housed at Camp Sweeney at the time of inspection. Minors held at this facility are generally in good health or have minimal health issues. Forty-nine (49) of the 139 minors (35%) are on a special therapeutic diet. Special diets typically include lactose intolerant and allergy diets, with a smaller need for diabetic/high protein/high cal, vegetarian, and dental soft diets.

Revolution Foods manages the food service and operations are conducted off-site (ordering food, performing administrative duties and documenting activities during food production). Kindango is a subcontractor of Revolution Foods and provides medically-restricted diets. Alameda County staff supervises on-site food service staff. A chill system is used with mobile re-therming units at each juvenile unit. Meals are served three times a day. Meal service consists of individual trays for each minor with vegetables served "family style" at round tables in each unit.

Food from outside sources has been restricted. Food used as rewards by JIOs is now discouraged.

Eliminating fish as an allergen on the MDO, as this food item is *never served* at this facility, would spare JIOs and kitchen staff confusion and time (and therefore money) as there would no longer be a need to process paperwork regarding this allergy since it is *not served* at the facility. Instead, a food allergy to fish should only be documented in the minor's medical file and at the residing unit, as there is no reason to fax MDO's with a fish allergy to the diet office.

There is a system in place to insure that minors receive their prescribed special diets. With the delivery of each mobile re-therm cart to its respective unit, kitchen staff drops off a hard-copy of the special diet receipt form provided by Kidango and then the JIO signs off, acknowledging the minors in his/her unit who receive therapeutic diets. The minors themselves also sign that they indeed receive their special diet. Similarly, signatures are requested for minors receiving diabetic diets with snack bags. An Alpha Daily Detention Report Summary, Unit Assignments/Transfer List, Youth Release Form, and a roster of Camp Sweeney minors are provided to the food service department on a daily basis to alert the department of the whereabouts of minors on a special diet on a daily basis.

Four housing units were visited during the inspection (units 1, 2, 3, & 4). JIOs who were interviewed at each unit were aware of the policy of feeding minors who are special diets; were aware of the special diet receipt form and the need to sign it; had a listing of each minor who is to receive a special diet; and were aware of the meal procedure.

Taste tests of two hot samples were conducted by the inspection team. The appearance of both was outstanding, as was the palatability.

Twenty (20) medical charts were reviewed. Of these 20 charts (all of which represented a minor receiving a therapeutic diet) 2 (10% of charts reviewed) were missing a MD's signature and one (5% of charts reviewed) was missing a MDO form.

Review 2014 Findings and Recommendations

Recommendation 1. Protein Group – deficiency (Compliant)

Recommendation is to provide legumes an additional day during each week.

Recommendation 2. Milk Group - deficiency (Compliant)

Recommendation is to supplement these two days with one more serving of yogurt or cottage cheese (for variety).

Recommendation 3. Vegetable – Fruit Group - deficiency (Compliant)

Recommendation is to supplement the weekend cycle days with one extra serving of fruit and one extra serving of vegetables.

Recommendation 4. Vitamin C – deficiency (Compliant)

Recommendation is to serve fruits or vegetables that are a dense-source of Vitamin C; Examples found within the Rev Foods menu that met this requisite included: an orange (48mg Vit C) and broccoli (81mg Vit C).

Recommendation 5. Grain group - deficiency (Compliant)

Recommendation is to supplement an additional 1-2 servings of whole grain on the above menu days.

Recommendation 6. Calories - deficiency (Compliant)

Recommendation to increase caloric value of daily meals (across the board) by 550 calories.

Recommendation 7. Medical Diet Orders (MDO) forms, Calorie-controlled, Diabetic Diets (Compliant)

Recommendation is to update the Medical Diet Order (MDO) by (a) eliminating the option for specific ranges of calorie restriction and (b) analyzing the current diabetic diet to determine the total energy value (calorie level) it actually provides.

Recommendation 8. Policy and Procedure Manuals (Non-Compliant)

A Registered Dietitian from Revolution Foods, as well as from Kidango, need to sign off on a copy of the menu in two Policy and Procedure binders: 1) medical unit 2) kitchen.

Both manuals also need to be updated with an Emergency Feeding Plan.

Suggestion 1. Sodium - Compliant

Current USDA guidelines are to consume less than 2,300 mg/day sodium. While four out of five days had a daily sodium content under this level, one day's meals (Thursday) exceeded this limit by providing 2,591mg sodium (over by 291mg).

2015 Findings and Recommendations

Recommendation 1: Diet Manual

A medical diet manual that includes sample menus needs to be available in the medical and food service offices. The Administration, Medical and Food Service departments need to approve of the manual, as determined by the presence of their signature of approval. There is a manual for Kidango, but one needs to be developed by Rev Foods.

Recommendation 2:

A Registered Dietitian from Revolution Foods, as well as from Kidango, need to sign off on a copy of the menu in two Policy and Procedure binders: 1) medical unit and 2) kitchen.

Both manuals also need to be updated with an Emergency Feeding Plan.

Recommendation 3:

A 3 day emergency feeding plan needs to be created and filed in the Policy and Procedure Manuals, should an emergency occur.

Closing remarks:

After several meetings between Rev Foods, Kidango, and the Public Health Department dietitian to address the lack of nutrients provided to the minors, Article 1461 Minimum Diet, Article 1462 Medical Diet, and Article 1463 Menu are now in full compliance with Title 15 standards. Much effort was put forth by all parties to work together to develop a menu that met the minimum requirements, budgetary confines, and palatability of the minors who eat the food. The team that worked to develop the two week cycle menu is to be commended for the time and energy put forth to meet this challenging task.

The Food Service department was remarkably organized again this year. The only thing lacking is a diet manual from Rev Foods in the Food Service and Medical offices. Once this is developed and approved, the facility will be near perfect.

Finally, the policies for medical charting were much improved at this inspection over last year. There are still orders not documented in the progress notes. Minors placed on a therapeutic diet require the signature of a medical doctor, as well as a MDO in the progress notes.

For questions, contact:

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Alameda County Nutrition Services
510-595-6446 Annette.Lavery@acgov.org



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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Article 11. Health Services				
1200 Responsibility For Health Care Services				
The facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates.	X			
Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively.	X			Series 100
Security regulations are applicable to facility staff and health care personnel.	X			
At least one physician is available.	X			
In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. <i>(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)</i>			X	Series 100/Juvenile support services
1202 Health Service Audits <i>(Applicable to facilities with on-site health care staff)</i>				Series 100
There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided.	X			
There is a mechanism to assure that the quality and adequacy of health care services are assessed annually.	X			
There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered.	X			
Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered.	X			
1203 Health Care Staff Qualifications <i>(Applicable to facilities with on-site health care staff)</i>				Series 200 Personnel
There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel in the facility.	X			
Health care staff credentials are on file at the facility or another central location where they are available for review.	X			
1204 Health Care Procedures <i>(Applicable to facilities with on-site health care staff)</i>				Personnel Series 200
Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician.	X			
1205 Health Care Records <i>(Applicable to facilities with on-site health care staff)</i>				Series 500
Individual, complete and dated health records are maintained and include, but are not limited to:	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
(1) Receiving screening form/history (<i>Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.</i>);	X			
(2) Medical/mental health evaluation reports;	X			H&P
(3) Complaints of illness or injury;	X			
(4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication;	X			
(5) Location where treatment is provided; and,	X			
(6) Medication records in conformance with Title 15 § 1216.	X			
Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.				CONFIDENTIALITY OF HEALTH RECORD Series 500
The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order.	X			
The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation.	X			
Inmates are not used for medical record keeping.	X			
1206 Health Care Procedures Manual (<i>Applicable to facilities with on-site health care staff</i>)				CONFIDENTIALITY OF HEALTH RECORD Protocol and Standards Procedure Binder
There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least annually.	X			
The health care manual includes, but is not limited to:				
Summoning and application of proper medical aid;	X			
Contact and consultation with private physicians;	X			
Emergency and non-emergency medical and dental services, including transportation;	X			0 VISION CARE REV.
Provision for medically required dental and medical prostheses and eyeglasses;	X			VISION CARE REV.
Notification of next of kin or legal guardian in case of serious illness which may result in death;	X			
Provision for screening and care of pregnant and lactating women, including postpartum care, and other services mandated by statute;	X			Pg.19 Standards and Procedure Binder
Screening, referral and care of mentally disordered and developmentally disabled inmates;	X			HEALTH SCREENING/EVALUATION Series 300
Implementation of special medical programs;	X			
Management of inmates suspected of or confirmed to have communicable diseases;	X			INFECTION CONTROL PROGRAM Series 300
The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals;	X			Series 400

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Use of non-physician personnel in providing medical care;	X			NP-RN-LVN OR MA
Provision of medical diets;	X			Pg. 13 Protocols Standardized Procedures
Patient confidentiality and its exceptions;	X			
Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease;	X			Series 100 Support Services
Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary.	X			
The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care.	X			Series 300 Essential Standards
Necessary inmate medication and healthcare information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission dtransport.	X			Medical info./Transfer form
Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates.	X			"FORRENSIC INFORMATION" Series 300
1206.5 Management of Communicable Diseases There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes:	X			"INFECTION CONTROL PROGRAM" Series 300
Intake health screening procedures;	X			Series 300
Identification of relevant symptoms;	X			
Referral for medical evaluation;	X			
Treatment responsibilities during incarceration; and,	X			
Coordination with public and private community-based resources for follow-up treatment.	X			
Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to:	X			
The types of communicable diseases to be reported;	X			Series 300
The persons who must receive the medical reports;	X			
Sharing of medical information with inmates and custody staff;	X			Series 500

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;	X			
Medical confidentiality requirements;	X			
Housing considerations based upon behavior, medical needs, and safety of the affected inmates;	X			
Provision for inmates consent that address the limits of confidentiality; and,	X			
Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.	X			Series 300 Care and Treatment
1207 Medical Receiving Screening A receiving screening is performed on all inmates at the time of intake. <i>(See regulation for exception.)</i>	X			"RECEIVING SCREENING" Series 300 Essential Standards
This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator.	X			
The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases.	X			Series 300
The screening is performed by licensed health care staff or by trained facility staff.	X			Series 200 Personnel
There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined.	X			Series 300
There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment.	X			Series 300
1207.5 Special Mental Disorder Assessment <i>(Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)</i> There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made.	X			
1208 Access to Treatment A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration.	X			Series 300 Care and Treatment
Health care personnel perform the evaluation.	X			
1209 Transfer to a Treatment Facility <i>(Not applicable Type I and IV.)</i> There are policies and procedures to provide mental health services that include but are not limited to:	X			Series 500 Health Records
Screening for mental health problems;	X			
Crisis intervention and management of acute psychiatric episodes;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Stabilization and treatment of mental disorders; and,	X			
Medication support services.	X			
Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility.	X			
1210 Individualized Treatment Plans				Series 300 Ind. Tx Plan
Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff.	X			
Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.	X			
Where recommended by treatment staff, the plan includes referral to treatment after release from the facility.	X			
1211 Sick Call				
There are policies and procedures for daily sick call for all inmates.	X			
Any inmate requesting health care is provided that attention.	X			
1212 Vermin Control				Series 300 Care and Tx
There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates.	X			
1213 Detoxification Treatment (Not applicable Type IV.)				Series 300 Care and Tx
Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.	X			
When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility.	X			
1214 Informed Consent				Series 600
There is a written plan to assure informed consent of inmates in a language understood by the inmate.	X			
Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care.	X			
For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care.	X			
1215 Dental Care				Pg. 1 Dental Binder
Emergency and medically required dental care is provided to inmates, upon request.	X			
1216 Pharmaceutical Management				Series 400
Pharmaceutical policies, procedures, space and accessories include, but are not limited to:	X			
Securely lockable cabinets, closets and refrigeration units:	X			
A means for the positive identification of the recipient of the prescribed medication;	X			
Administration/delivery of medicines to minors as prescribed;	X			
Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216;	X			
Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;	X			MARS
Prohibiting delivery of drugs by inmates;	X			
Limitation to the length of time medication may be administered without further medical evaluation;	X			
Limitation to the length of time allowable for a physician's signature on verbal orders, and,	X			
An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator.	X			
There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel:	X			
Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law.	X			
Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff.	X			
Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law.			X	
Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076.	X			PERSONNEL PRE-LABEL RX
Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law.	X			

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

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1217 Psychotropic Medications <i>(Not applicable Type IV.)</i>	X			Series 400 Pharmaceuticals
There are policies and procedures governing the use of psychotropic medications.				
Involuntary administration of psychotropic medication is limited to emergencies. <i>(See Business and Professional Code § 2397 and the text of Title 15 § 1217 for definition of an emergency.)</i>	X			J-I-02 EMERGENCY PSYCHOTROPIC MEDICATION
If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition.	X			
Medication is prescribed by a physician in written form in the inmate's record or by verbal order in a dosage appropriate to the inmate's need. Verbal orders are entered in the inmate's record and signed by a physician within 72 hours.	X			
There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication.				
Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. <i>(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)</i>	X			
Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered.	X			
There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations.	X			
The administration of psychotropic medication is not allowed for disciplinary reasons.	X			
1219 Suicide Prevention Program				Series 300
There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk.	X			
1220 First Aid Kits				Series 100
One or more first aid kits are available in the facility.	X			
The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s).	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
1046 Death in Custody				Series 100
Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident.	X			
When a <u>minor</u> dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death.	X			
1051 Communicable Diseases				Series 300
Upon identification, all inmates with suspected communicable diseases are segregated until a <u>medical evaluation can be completed.</u>	X			
In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority.	X			
The inmate's response is noted on the booking form and/or screening device.	X			
1052 Mentally Disordered Inmates				Pg..21 Protocols and Standardized procedure
There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others.	X			
A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest.	X			
1055 Use of Safety Cell				
A safety cell, specified in Title 24, Section 2-470A.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.	X			
There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use.	X			
Safety cells are not used for punishment or as a substitute for treatment.	X			
Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager.	X			
There are procedures that assure necessary nutrition and fluids are administered.	X			
Continued retention of the inmate is reviewed a minimum of every eight hours.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented.	X			
Direct visual observation is conducted at least twice every 30 minutes and is documented.	X			
Continued retention of inmate is reviewed a minimum of every eight hours.	X			
A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter.	X			
A mental health opinion on placement and retention is secured within 24 hours of placement.	X			
1056 Use of Sobering Cell				Series 300 Care and Tx
Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part 2 § 470A.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females.	X			
Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour.	X			
An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours.	X			
Such inmates are removed from the sobering cell when they are able to continue with processing.	X			
1057 Developmentally Disabled Inmates				Did Not Sec This Policy
There are procedures to identify and evaluate all developmentally disabled inmates. <i>(Note: Appropriate housing is based on T-15 § 1050, Classification.)</i>		X		
A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. <i>(Applicable only in facilities holding inmates in excess of 24 hours.)</i>	X			
1058 Use of Restraint Devices				Series 300
<i>(Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)</i>	X			
Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others.				

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Restraints are not used as a discipline or as a substitute for treatment.	X			
There are policies and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities.	X			
Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician.	X			
All inmates in restraints are housed alone or in a specified area for restrained inmates.	X			
Direct visual observation is conducted and logged at least twice every 30 minutes.	X			
Continued retention in such restraints is reviewed every two hours.	X			
A medical opinion on placement and retention is secured as soon as possible but no later than four hours from the time of placement.	X			
Medical review for continued retention in restraint devices occurs at a minimum of every six hours.	X			
A mental health consultation is secured as soon as possible, but no later than eight hours from the time of placement.	X			
1121 HEALTH EDUCATION FOR MINORS IN JAILS				Series 300
Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.	X			
The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population.	X			
1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS				Series 300
Written policy and procedures assure that reproductive health services are available to both male and female minors.	X			
Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450.	X			
1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS				Series 300
For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination:				
is received from the sending facility;	X			
is reviewed by designated health care staff at the receiving facility; and,	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission.	X			
1124 PROSTHESES AND ORTHOPEDIC DEVICES				
There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.	X			
Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.	X			
Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656.	X			
1125 PSYCHOTROPIC MEDICATIONS				Series 400
<i>The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:</i>	X			
(a; 4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;				
(a; 5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,	X			
(b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications.	X			
Other Applicable Codes				
Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability				
In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must:	X			
Be suitably equipped;	X			
Be located within the security area and provide for inmate privacy;	X			
Have at least 100 square feet of floor space with no single dimension less than 7 feet;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Provide hot and cold running water (<i>Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room"</i>); and,	X			
Have lockable storage for medical supplies (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space				
There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216.	X			
Title 24 Part 2 § 470A.2.14 – Medical Care Housing				
There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must:	X			
Provide lockable storage space for medical instruments; and,	X			
Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either.	X			
If negative pressure isolation rooms are being planned, they are designed to the community standard (<i>Applicable to facilities constructed after 2-1-99</i>).	X			
Title 24 Part 2 § 470.2.25– Confidential Interview Rooms				Observed Interview Room
In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must:	X			
Be suitably equipped;	X			
Be located within the security area accessible to both female and male inmates; and,	X			
Provide no less than 70 square feet of floor space with no single dimension less than 6 feet.	X			
HSC 11222 and 11877 Addicted Arrestee Care				Series 300
Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms.	X			
In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director.	X			
PC 4023.6 Female Inmates' Physician				
Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy.	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Procedures allow female inmates to receive needed medical services.	X			
These procedures are posted in at least one conspicuous place in which all female inmates have access.	X			
PC 4023.5 Female Inmate -- Personal Care				Series 300
At their request, female inmates are allowed to continue use of materials for:	X			
Personal hygiene regarding menstrual cycle; and,	X			
Birth control measures as prescribed by their physician.	X			
The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services.	X			
Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release.	X			
PC 4028 Abortions				
Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates.	X			

Summary of medical/mental health evaluation:

No written policy and procedure for available for review for 1057 Developmentally Disabled Inmates, which specifies procedures to identify and evaluate all developmentally disabled inmates.

Juvenile Justice Center Jail Walk Through Inspection
Date of Inspection: August 5-6, 2015
Medical Narrative Summary

I. Housing Cell Units

Note: Units 1 through 7 were inspected; housing 112 juveniles at time of inspection

- A. All fire extinguishers within the housing units and hallways between the units were clearly visible with proper signage. All were in compliance. Date of last annual GSA inspection on all of the fire extinguishers was 8/12/14 or 8/14/14.
- B. All of the First Aid kits in all units were stored in a clearly marked cabinet behind unit monitor desks. All kits were fully stocked, in compliance and checked off monthly by staff per a log located on the bottom of the kits. Contents list located on top of the kit.
- C. All AEDs were in working condition and checked regularly. Check off log is located within the box that holds the AED. All AEDs were mounted on the wall, clearly visible behind staff desks, and easily accessible. The expiration date on all of the AED pads in all units is December 2016.
- D. Ambu-bags were readily accessible in every unit and stored near AED boxes.
- E. Medical rooms in all the individual units were available. Each room contained a working sharps container and a hands-free foot pedal medical waste can.
- F. No recommendations needed at this time.

II. Medical Clinic

A. Exam Room

1. Red med box was inspected; all contents were in compliance. Fully stocked per contents list located within the box.
2. AED located on the wall was in working condition. Check off log located within the box; AED is checked monthly per log; last checked on 7/22/2015. AED pads expire December 2016.
3. All multi-use containers were clearly labeled with date of first use.
4. Oxygen tank was full and in working order; masks and tubing located in a bag on the tank.

B. Pharmacy

1. All multi-use containers were clearly labeled with date of first use.
2. Storage of immunizations was in compliance according to VFC guidelines. Refrigerator and stand alone freezer temperatures are checked and logged twice per day according to log located on the side of the refrigerator. Immunization expiration dates are listed on baskets which contain them and also listed outside on refrigerator door.
3. Per staff, all juveniles are on CAIR.
4. Per staff, pharmacy has stock medication as well as patient specific meds. Patient specific meds are ordered from pharmacy in Tennessee and these meds arrive by overnight delivery.

- C. Eyewash station
 - 1. Station is in working order. Station is checked daily according to log that is signed by staff; log is located at the eyewash station.
- D. Fire extinguisher located on the wall in the clinic, near the front desk. In compliance and checked regularly. Last GSA inspection date was 8/12/14.

III. **Intake Office**

- A. Fire extinguisher located on the wall behind front desk, clearly visible. In compliance and checked regularly. Last GSA inspection date was 8/12/14.
- B. AED located on the wall behind front desk was in working condition. AED log checked monthly; last checked on 7/22/15. AED pads expire December 2016.
- C. Medical screening room contained a working sharps container and a hands-free foot pedal medical waste can.
- D. Refrigerator containing tuberculin skin tests is checked regularly for adequate temperatures per log listed on refrigerator. Tuberculin skin tests were within expiration dates.

IV. **Camp Sweeney**

Housing 30 residents at time of inspection

A. Kitchen/Dining Hall

- 1. AED located on the wall was in working condition. Check off log located within the box; AED is checked monthly per log; last checked on 7/7/2015. AED pads expire September 2016. Ambu-bag located with AED.
- 2. First Aid kit was fully stocked, in compliance. Iodine swabs located in first aid kit were expired (exp. date: 1/2014); this was immediately discarded by staff. Contents list located on top of the kit.
- 3. One fire extinguisher located on the wall, clearly visible. In compliance and checked regularly. Last GSA inspection date was 8/12/14.

B. Dormitory

- 1. AED located on the wall was in working condition. Check off log located within the box; AED is checked monthly per log; last checked on 7/29/2015. AED pads expire September 2016. Ambu-bag located with AED.
- 2. Fire extinguishers in compliance and checked regularly. Last GSA inspection date was 11/13/14.
- 3. First Aid kit was fully stocked, in compliance and checked off monthly by staff. Last checked off July 2015. Contents list located on top of the kit.

C. Rec Room

- 1. AED located on the wall, near the stage was in working condition. Check off log located within the box; AED is checked monthly per log; last checked on 7/7/15. AED pads expire September 2016.
- 2. Two new fire extinguisher locked metal boxes were located in this room near the doors. Only one of the boxes had proper signage with a labeled sticker on the outside. Unable to inspect the fire extinguishers themselves due to staff being unable at this time, to unlock the boxes that housed them.
- 3. *2014 recommendation implemented (fire extinguishers to be added to Rec Room): Completed.*

4. 2015 recommendation (fire extinguishers): Add proper signage to metal box to confirm placement of the fire extinguishers to easily locate in an event of an emergency.
 5. 2015 recommendation (fire extinguishers): Ensure that all staff members have a working key to access locked fire extinguisher boxes.
- D. Weight Room
1. First Aid kit was missing a Vaseline packet which was immediately stocked by staff; otherwise, all contents in the kit were in compliance and checked off monthly by staff. Contents list located on top of the kit.
 2. Fire extinguisher located on the wall near an entryway, clearly visible. In compliance and checked regularly. Last GSA inspection date was 11/13/14. The metal box that contains this fire extinguisher had no door/no glass enclosure.
 3. 2015 recommendation (fire extinguishers): Ensure that fire extinguisher is in a closed compartment.
- E. Administration Building (front office)
1. First Aid kit was fully stocked, in compliance and checked off monthly. Contents list located on top of the kit. Kit was located on top of a desk in the front staff room.
 2. AED located on the wall was in working condition. Check off log located within the box and checked regularly per log. AED pads expire September 2016. Ambu-bag located with AED.
 3. One fire extinguisher located on the wall, clearly visible. In compliance and checked regularly. Last GSA inspection date was 11/13/14.

Interviews

3 interviews were conducted

Interview #1: Hx of GSW

- Received adequate medical treatment secondary to GSW to left arm, including but not limited to pain control, physical therapy and visits with chiropractor. Juvenile feels that with the medical follow up he has received at JJC, he has been able to regain almost full range of motion.
- Juvenile feels that there is adequate health information offered to him through health visits with medical team and also there is information available to him at any time. Juvenile mentioned STD posters hanging on the walls in the clinic.
- Juvenile is aware that he can have access to a RN and/or MD with a sick call request which he has done in the past. Juvenile is satisfied with sick call response time which he says is usually 30 minutes or less but never more than 24 hours.
- Juvenile has visited dental clinic while at JJC where he was able to get a chipped tooth fixed; also was able to save a lost tooth.
- Juvenile reviewed with the team a typical day's schedule which included time for large muscle exercise which takes place outdoors.
- Understands that there will be continuity of care once released; will get follow up primary care at Highland Hospital.

Interview #3: hx of type I diabetes mellitus

- Diagnosed almost two years ago and has been followed by Children's Hospital Oakland endocrine clinic with regular visits before he was detained.
- Juvenile is knowledgeable about his diagnosis; discussed his A1C levels with inspection team. He has also taken carb count classes at Children's Hospital and is aware of what his diet should be like. Juvenile confirms that his meals and snacks that are offered to him are low carb/high protein; no complaints about his meals. Juvenile mentioned that there is fruit available to him at all times within the unit.
- Currently is using an insulin pump and well versed in the use of it; confirms that he is capable of switching cartridges/tubing out on his own with supplies replenished by medical staff at JJC.
- Juvenile has been seen at the dental clinic and optometry clinic at JJC at least once during his stay.
- Juvenile is satisfied with sick call response time which he says is usually under 24 hours.

Interview #3: hx of type I diabetes mellitus

- Diagnosed 8 years ago; well versed and knowledgeable on the subject of diabetes. Juvenile mentions that staff is encouraging and supportive regarding her diabetes; staff continually completes diabetes health teaching at every interaction; she was also given handouts/pamphlets.
- Juvenile confirms that she is able to check her blood sugar 4 times/day; she is given insulin as needed per sliding scale. Juvenile confirms that she is aware and knowledgeable about the two types of insulin that she takes and understands the importance of insulin. Also confirms that she is aware of signs/symptoms of hypoglycemia and what to do should she ever experience them.
- Juvenile confirms that she receives a high protein diet for meals and snacks.
- Sick call requests response time is typically within an hour but no more than 24 hours.
- Juvenile is aware that she will have access to follow up care once released; she was told that JJC medical staff will set up her appointments at Children's Hospital Oakland before she is released to ensure continuity of care.

JJC Medical Narrative Summary

Completed on: August 5, 2015

Completed by: Christina Yamat, PHN
510-670-8443

Juvenile Justice Center Jail Inspection
Date of Inspection: August 5-6, 2015
Medical Chart Review Summary

- I. Medical Chart Reviews
 - a. Medical Record Completeness—no irregularities noted. Behavioral health education given and documented in EPIC online charting system. Prescribed daily medication is charted in the M.D.G. charting system.
 - b. Medical Receiving and Screening—audit indicators were met for the charts reviewed.
 - c. Sexually transmitted Infections (STI), Chlamydia—audit indicators were met for the charts reviewed.
 - d. Pregnant inmates—no irregularities noted. One chart included a patient who was released from JJC within two days of arriving and there wasn't sufficient time to complete a prenatal visit while at JJC. It was found in the chart, however, that this patient was scheduled by JJC staff, a prenatal appointment at an outside clinic after release.
 - e. Sexually active inmates, females—all of the audit indicators were met for the charts reviewed. Per staff, PAP is not warranted until age 25 unless required by a positive STD test. None of the available charts required PAP testing.
 - f. Sexually active inmates, males—all of the audit indicators were met for the charts reviewed. Health education is charted in EPIC. MDG charting system will indicate that patient took full course of appropriate medication to get treated for positive STD testing.
 - g. Inmates transferred to Hospital- audit indicators were met for the charts reviewed.

Chart review completed by:
Paulina Lopez, PHN
Robert Fischer, PHN
Marta Gonzalez, PHN
Christina Yamat, PHN
Completed on: August 6, 2015



MEMORANDUM

DATE: Jan 11, 2016
TO: Dr. Muntu Davis, Health Officer and Acting Dept. Director
FROM: Baharak Amanzadeh, DDS, MPH

Subject: Jail Inspection Juvenile Justice Center – Dental August 5th, 2015 Site Visit

On August 5, 2015 I made a site visit to Juvenile Justice Center to perform a chart audit and interview with the dental staff at the Center. Ten randomly selected recent patient records were evaluated for diagnostic integrity, treatment planning, timeliness and comprehensiveness of care. In addition, I reviewed the manual for dental procedures. Overall, the professional care that was provided seemed to be within the community standard given the restrictions of custody, legal appointments, etc. In more detail, presence or absence of medical alerts, presence and review of updated medical history, charting of hard and soft tissues, documentation of oral and extra-oral examination, doctor comments, and quality of radiographs and adequacy of diagnostic data seemed to be complete and justify the treatment planning.

Summary of chart audit and dental director interview:

- 1) The facility provided preventive and restorative treatment needed for the patients in a timely manner. I noted from the documentation a timely appointment was often provided when patients asked for that. This facilitated access to care. In addition, a preliminary dental exam was done within the first week of entry for almost all of the patients I reviewed other than one patient.
- 2) It was noted that the interface between Dental and Medical Electronic Health Records (HER) and paper charts, was causing difficulties in follow up and getting necessary information on Medical history and x-rays. I suggest a thoughtful analysis of the best platform for the Dental facility in consultation with the dentist. The facility will need to find and acquire a user friendly Dental EHR to improve the efficiency of accessing dental records.
- 3) I noted that the dentist would perform Root Canals when needed; this is a valuable service for the youth and I encourage the facility to keep supporting him in offering this service.
- 4) I noted that the consents and court order language around dental procedure could be improved. The consents and court orders language need to be changed to include "dental treatments including dental anesthesia and surgery" in addition to "dental Assessments".
- 5) The manual was very comprehensive and included details on goals and objectives, procedures and time frames.

In summary, I am impressed by the quality of the dental services at JJC and believe that the dental clinic is offering much needed service to the youth that need it tremendously while in custody.

